Annual Report

2017-18

NSW GOVERNMENT | Health

THE NSW HEALTH SYSTEM WORKS TO PROTECT, PROMOTE AND MAINTAIN THE HEALTH AND WELLBEING OF THE PEOPLE OF NSW.

OUR VISION IS:

HEALTHY PEOPLE, EXCELLENT HEALTH CARE.

NSW MINISTRY OF HEALTH
73 Miller Street
NORTH SYDNEY NSW 2060
Tel. (02) 9391 9000
Fax. (02) 9391 9101
TTY. (02) 9391 9900
Website. www.health.nsw.gov.au

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October 2018

ABOUT THIS REPORT

This annual report describes the performance and operation of NSW Health during 2017-18. The report has been prepared according to parliamentary reporting and legislative requirements and is arranged in six sections:

SECTION 1: OVERVIEW

Introduction to NSW Health values and priorities, organisation structure and NSW Health executive.

SECTION 2: PERFORMANCE

Summarises performance against the NSW Health Strategic Priorities 2017-18.

SECTION 3: MANAGEMENT AND ACCOUNTABILITY

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

SECTION 4: FINANCES

Details key financial management reporting.

SECTION 5: FINANCIAL REPORTS

NSW Health audited financial statements for 2017-18.

SECTION 6: NSW HEALTH ORGANISATIONS

Year in review reports are provided for the NSW Ministry of Health, Statutory Health Corporations, Speciality Health Networks, Health Administration Corporation, and local health districts.

APPENDICES

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* and the *Public Finance and Audit Act 1983*, I submit the Annual Report and Financial Statements of NSW Health organisations for the financial year ended 30 June 2018, 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 2017-18. I am also sending a copy of the report to the Treasurer.

Yours sincerely

Elizabeth Koff
Secretary, NSW Health

NSW HEALTH
SNAPSHOT

THE NSW PUBLIC HEALTH SYSTEM IS WORLD CLASS.
IT IS THE LARGEST PUBLIC HEALTH SYSTEM IN AUSTRALIA.

7.9 MILLION NSW RESIDENTS IN **809,444** SQ. KM

$25.1 BILLION 2018-19 BUDGET

110,747 FULL-TIME EQUIVALENT STAFF

228 HOSPITALS

17 LOCAL HEALTH DISTRICTS & SPECIALTY HEALTH NETWORKS

2.9 MILLION EMERGENCY DEPARTMENT ATTENDANCES

320,000 SURGERIES PERFORMED

1.9 MILLION INPATIENT EPISODES

1,056,743 AMBULANCE EMERGENCY RESPONSES

THE NSW COMMUNITY

16.3% PEOPLE 65 AND OVER

57.8% DRIVE TO WORK

5.4% PEOPLE WHO NEED ASSISTANCE WITH CORE ACTIVITIES

18.5% ARE 14 AND UNDER

2.9% ARE ABORIGINAL PEOPLE

65.5% PEOPLE BORN IN AUSTRALIA

ON A TYPICAL DAY IN NSW...

40,000
CLINICIANS USE THE ELECTRONIC MEDICAL RECORD SYSTEM

1,700
PEOPLE SPEND THE NIGHT IN A PUBLIC HOSPITAL

5600
PEOPLE ARE ADMITTED TO A PUBLIC HOSPITAL

750
PATIENTS HAVE PLANNED SURGERY PERFORMED IN A PUBLIC HOSPITAL

263
PATIENTS HAVE UNPLANNED SURGERY PERFORMED IN PUBLIC HOSPITALS

205
BABIES ARE BORN IN PUBLIC HOSPITALS

62,000
NON-ADMITTED PATIENT TREATMENTS

IN 2017-18

1.2 million
calls for an ambulance

3260
helicopter transfers to NSW hospitals

155,000
children cared for by The Sydney Children's Hospitals Network

160,000
units of blood issued to hospitals

more than
61 million
tests performed by NSW Pathology

more than
3 million
samples made available to researchers through NSW Health Statewide Biobank

45
notifiable diseases tracked by the Centre for Epidemiology and Evidence

4695
downloads of the 'My Surgery Journey' app, helping patients prepare for surgery

3508
people transitioned to the National Disability Insurance Scheme

1 Excludes St Vincent's Health Network Sydney and Justice Health and Forensic Mental Health Network. **Sources:** Australian Bureau of Statistics, 2016 census; NSW Ministry of Health. Some figures are approximate.

SECRETARY YEAR IN REVIEW

OUR HEALTH SYSTEM WORKS TO MAINTAIN THE HEALTH OF THE CITIZENS OF NSW AND DELIVER EXCELLENT HEALTHCARE

2017-18 was another strong year of growth for NSW Health. We delivered record levels of activity for our hospitals and health services, invested in infrastructure and grew our clinical workforces, services and partnerships. Our growth is driven by our desire to continue to deliver innovative and contemporary healthcare.

Growing our services

The volume of public hospital services across NSW continued to increase to meet the demands of a growing and ageing population. In 2017-18, over 2.88 million patients presented to a NSW public emergency department, almost 96,000 more than the previous year. This increase was largely a result of the worst flu season on record, but despite this, 80 per cent of patients were treated within clinically appropriate timeframes; a result which maintains NSW health's position as the best performing jurisdiction for this performance indicator in Australia.

Under the Increasing Access to Elective Surgery Initiative, we improved access to elective surgery with funding provided to districts and networks to complete additional cataract extraction, hip replacement and knee replacement procedures. The percentage of patients who receive their elective surgery within clinically recommended timeframes remains strong in NSW. Overall, 97 per cent of patients received their surgery on time, with 100 per cent on time for category 1 (urgent surgery). More heart, kidney and liver transplants were done than ever before.

In 2017-18, $17.4 million was allocated to growing and strengthening palliative care services. NSW Health is developing an End of Life and Palliative Care Framework, informed by 10 roundtables across NSW in 2017 and a survey of 2000 health consumers, professionals and advocates. The Framework will set the vision and direction for end of life and palliative care in NSW, to ensure all people can access the best possible end of life and palliative care no matter their age, health condition or where they live.

The Mental Health reform program enhanced efforts to improve care in the community by providing funding to increase specialist community mental health teams, enhance psychosocial supports in the community and transition long-stay patients to appropriate community accommodation in 2017-18. In addition, work was undertaken to develop a plan for a statewide Mental Health capital works program and a NSW mental health strategic and workforce framework. These initiatives are part of the decade long whole of government enhancement of mental health care that puts people, not process, at the centre of the mental health care system.

Patient safety continued to be a primary focus. System wide engagement on a Safety and Quality Framework, which will provide contemporary statewide guidance to organisations and complement the current priorities set out for NSW Health Patient Safety First, took place. The Framework will describe the broader aim across NSW to deliver safer care to every patient, every time and support local health districts and health networks as they establish their local patient safety programs.

Growing our clinical workforce

Growing service demand plus growing the range of services requires growing our clinical workforce. As of June 2018, NSW Health employs 117,047 full-time equivalent staff.

There were 12,137 full time doctors employed within the NSW health system – approximately 10 per cent of the total health workforce – and 10,445 allied health professionals. A record 48,286 full time equivalent nurses and midwives were working in NSW Health hospitals and health services were working in the NSW health system in 2017-18.

NSW Health offered a record 999 medical intern training positions in public hospitals in 2018, an increase of 149 positions since 2012, and an investment of $101 million. NSW Health funded 15 additional medical specialist training positions across a range of specialties, including endocrinology, genetic pathology, palliative care and psychiatry, in line with identified workforce priorities.

Building and strengthening our Aboriginal workforce has been a strong focus for NSW Health for many years, and continued in 2017-18. A total of 20 Aboriginal doctors were recruited and 20 Aboriginal medical graduates started as interns in NSW; the highest since the Aboriginal Medical Workforce recruitment pathway started. The rate of Aboriginal employment in NSW Health has risen to 2.5 per cent from 1.8 per cent in 2011. Local health districts and other public health organisations have implemented Aboriginal workforce plans and initiatives, halving the gap in employment outcomes between Aboriginal and non-Aboriginal people.

Growing innovation

The nature of healthcare delivery is changing and we must be responsive. The genomics revolution holds great promise for a new era of precision medicine. It also calls for new skills to help make that promise a reality. The release of the NSW Health Genomics Strategy is making significant therapeutic progress using whole-genome sequencing.

We are well advanced with our preparations for these technologies to become mainstream, but it's just one of the areas where we've been – building for the future of health care delivery

NSW Health has invested $8.6 million in medical device and commercialisation initiatives, supporting the development of ground-breaking new medical technology. In 2017-18, around $8.3 million was invested in 24 Translational Research Grant Scheme projects that were selected for their potential to transform the care provided to thousands of NSW patients.

Growing our infrastructure

To support quality healthcare delivery, our capital investment has grown. Health infrastructure projects are currently at unprecedented levels across NSW. In 2017-18, 16 projects across NSW were completed, with a combined total cost of $556.3 million.

Rural and regional projects remained a focus during 2017-18. Of our projects under way, about 60 per cent by number, and 40 per cent by value, are in rural and regional areas. Health Infrastructure is planning and delivering health care facilities in every corner of the state – as far north as the Tweed Valley, as far west as Broken Hill and down to Cooma in the south.

Metropolitan projects across five major precincts in Sydney continued at Westmead, Randwick, Blacktown, Gosford and the Forensic Medicine and Coroners Court Complex.

Growing our integrated care approaches and partnerships

Delivering integrated care across the hospital and community settings continues to be a strong area of growth. NSW Health signed and began implementation of the Coordinated Care Bilateral Agreement with the Commonwealth in eight priority areas. NSW Health provided ongoing funding support of $30 million to local health districts to create approaches tailored to their areas, in partnership with primary health networks and other sectors. What works will be shared to see if it is scalable and transferable.

To help identify people who could benefit from better coordination, we are rolling out state-wide enablers, including a risk algorithm. We are also evaluating more than 13,000 patients receiving integrated care, to see whether this approach means people are less likely to need hospital care.

Growth in eHealth and analytics

Our commitment to digital health and analytics also serves the goals of better value care and integrated care delivery. Electronic Medical Records (eMR) went live in 159 NSW Health hospitals and clinicians' usage has risen five-fold in five years. Every day more than 40,000 clinicians open 824,000 patient charts, order around 317,000 tests and book around 31,000 appointments digitally.

The eHealth Strategy for NSW Health 2016-2026 has been developed to guide NSW to deliver world class e-health services. In particular, the Strategy sets the direction for e-health investment so NSW Health can harness innovations and solutions for integrated clinical care, patient engagement, cost effective delivery and smart infrastructure, which will help meet the growing health care demand of the people of NSW long into the future.

I feel greatly privileged to be leading the NSW Health system in such an exciting period, working with our clinicians, managers, policy makers, support staff, volunteers and others to provide the best, and ever improving, health care for the people of NSW.

Our Annual Report is a snapshot of the hard work our dedicated staff undertake. I thank them for their service, their commitment, their diligence, and their compassion. The quality of our healthcare reflects their desire to make a difference to the lives of the people of NSW.

Elizabeth Koff
Secretary, NSW Health

CONTENTS

SECTION 1

OVERVIEW

ABOUT NSW HEALTH

PURPOSE

The purpose of NSW Health is to plan the provision of comprehensive, balanced and coordinated health services to promote, protect, develop, maintain and improve the health and wellbeing of the people of New South Wales. (Source: *Health Administration Act 1982* No 135, Section 5.)

VALUES

Our CORE values encourage collaboration, openness and respect in the workplace to create a sense of empowerment for people to use their knowledge, skills and experience to provide the best possible care to patients, their families and carers.

Collaboration

We are committed to working collaboratively with each other to achieve the best possible outcomes for our patients, who are at the centre of everything we do. In working collaboratively we acknowledge that every person working in the health system plays a valuable role that contributes to achieving the best possible outcomes.

Openness

A commitment to openness in our communications builds confidence and greater cooperation. We are committed to encouraging our patients and all people who work in the health system to provide feedback that will help us provide better services.

Respect

We have respect for the abilities, knowledge, skills and achievements of all people who work in the health system. We are also committed to providing health services that acknowledge and respect the feelings, wishes and rights of our patients and their carers.

Empowerment

In providing quality health care services we aim to ensure our patients are able to make well-informed and confident decisions about their care and treatment.

OVERVIEW

NSW Health is the largest health care system in Australia, and among the largest in the world. Every year, NSW Health cares for millions of people and oversees investment worth billions of dollars in patient care, building, equipment, technology and research. As of June 2018, NSW Health employs 117,047 full-time equivalent staff.

NSW is home to one third of the Australian population, and NSW Health has worked at state and local levels to address any systemic gaps and improve health outcomes.

The NSW Health Patient Safety First initiative is an ongoing program to maximise safety for patients, carers and staff in the health system. It is based on constant assessment of what patients tell us about their care, and other detailed oversight of performance. The message is clear: patient safety is a priority for everyone in the health system, every day.

NSW Health is also delivering a more integrated health system. Through the adoption of new approaches to care delivery, services are connected across many different providers and focused on individual patient needs as well as cost effectiveness.

STRATEGIC PRIORITIES

There are a number of NSW Premier's Priorities and State Priorities to grow the economy, deliver infrastructure, protect the vulnerable and improve health, education and public services across NSW. Reporting on these priorities allows the Government to measure and deliver projects that create a stronger, healthier and safer NSW.

Within health, priorities have been developed to improve results for patients and the community. The NSW State Health Plan provides an overarching framework to guide NSW Health to meet these priorities, as well as its statutory functions. The Plan ensures the system delivers the right care, in the right place, at the right time.

Our work to continue building a 21st century health system that is sustainable, purposeful and most importantly delivers the best care for the people of NSW is contained in eight strategic priorities for NSW Health. These priorities also present the framework for change, shaping what we need to achieve in our hospitals, for our workforce, in research and innovation, e-health and infrastructure.

The strategic priorities for NSW Health are:

- keep pe ople healthy
- provi de world-class clinical care where patient safety is first
- integr ate systems to deliver truly connected care
- devel op and support our people and culture
- suppo rt and harness health and medical research and innovation
- enabl e e-health, health information and data analytics
- deliv er future-focused infrastructure and strategic commissioning
- build financial sustainability and robust governance.

Section 2 of this report outlines key achievements for 2017-18 against each of the strategic priorities.

CHALLENGES

Australia has a system of health care recognised as being one of the most effective in the world. The NSW public health system is a critical part of this. But like health systems throughout the world, NSW Health must prepare itself to manage future challenges.

These include:

- deman d for services arising from technological advances
- an agei ng population using services more frequently
- a chang ed disease burden, from acute care to chronic and complex conditions that require more dynamic management.

HEALTH PORTFOLIO MINISTERS

The Hon. Brad Hazzard MP became the Minister for Health on 30 January 2017. Minister Hazzard is the co-ordinating Minister for the Health Cluster and is the Minister for Medical Research, a role he also assumed from 30 January 2017.

The Hon. Tanya Davies MP became the Minister for Mental Health, Minister for Women and Minister for Ageing on 30 January 2017.

PLAN ON A PAGE

NSW HEALTH STRATEGIC PRIORITIES 2017-18

1 Keep people healthy

1.1 Implement policy and programs to reduce childhood obesity

1.2 Ensure preventive and population health programs to reduce tobacco use

1.3 Embed a health system response to alcohol and drug use and work across government agencies

1.4 Reduce the impact of infectious disease on the community

2 Provide world-class clinical care where patient safety is first

2.1 Continue to embed quality improvement to ensure safer patient care

2.2 Deliver better value care

2.3 Foster engagement from consumers and carers to improve the customer experience

2.4 Ensure timely access to care, with a focus on emergency, surgery and Ambulance performance

2.5 Disseminate information to inform system performance and drive reform

3 Integrate systems to deliver truly connected care

3.1 Refine emerging models of integrated care for broader implementation in the community

3.2 Deliver mental health reforms across the system

3.3 Integrate the approach to End of Life and Palliative Care

3.4 Transition to the National Disability Insurance Scheme (NDIS) and embed disability inclusion

3.5 Determine NSW Health's future role in response to Aged Care reforms

3.6 Support vulnerable families and young people in the community and Out of Home Care

4 Develop and support our people and culture

4.1 Right People, Right Skills, Right Time: to grow and support a skilled workforce

4.2 Foster a culture that reflects our CORE values and respects diversity

4.3 Develop effective health professional managers and leaders

4.4 Improve health, safety and wellbeing at work

5 Support and harness health and medical research and innovation

5.1 Generate policy-relevant research

5.2 Drive research translation in the health system

5.3 Make NSW a global leader in clinical trials

5.4 Enable the research environment

6 Enable eHealth, health information and data analytics

6.1 Implement integrated paper-lite core clinical information systems

6.2 Foster eHealth solutions that support integrated health services

6.3 Enhance data management, analytics and health intelligence

6.4 Enhance patient, provider and research community access to digital health information

7 Deliver future focused infrastructure and strategic commissioning

7.1 Improve system service planning capabilities to underpin infrastructure decisions

7.2 Utilise strategic commissioning more effectively

7.3 Deliver agreed infrastructure on time and budget

7.4 Focus on whole of lifecycle asset management to better manage risk

8 Build financial sustainability and robust governance

8.1 Secure financial benefits to meet Health's strategic deliverables

8.2 Ensure Health's delivery on Financial Management Transformation Program

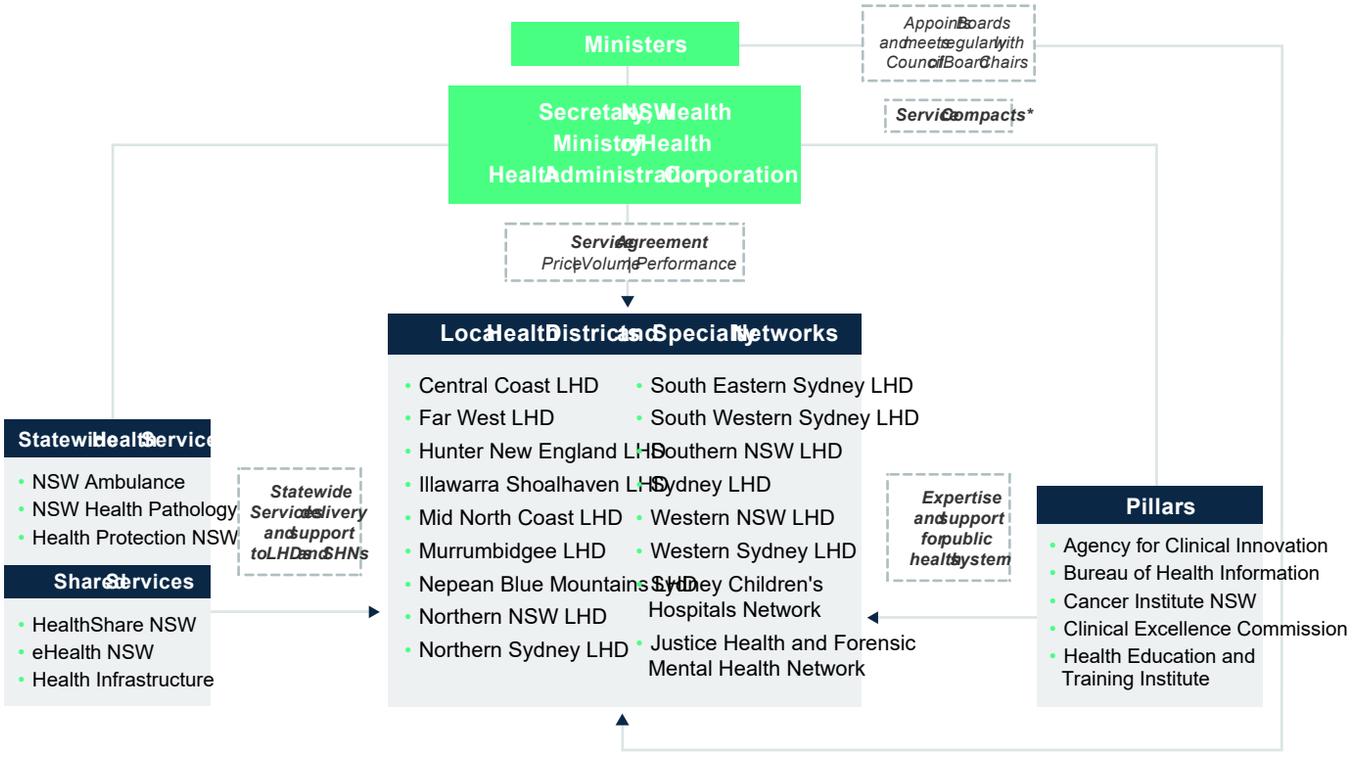
8.3 Embed a new approach to strategic planning and the Ministry's role as system manager

8.4 Deliver effective regulatory, governance and accountability

8.5 Drive system-wide consistency in use of health shared services

NSW HEALTH ORGANISATIONAL STRUCTUR

NSW Health comprises both 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.



St Vincent's Health Network is an affiliated health organisation.
*Service Compact – instrument of engagement detailing service responsibilities and accountabilities.

NSW Health currently comprises:

- NSW Ministry of Health
- Local health districts
- Justice Health and Forensic Mental Health Network
- The Sydney Children's Hospitals Network
- Health Protection NSW
- NSW Ambulance
- NSW Health Pathology
- Cancer Institute NSW
- Clinical Excellence Commission
- Health Education and Training Institute
- Agency for Clinical Innovation
- Bureau of Health Information
- HealthShare NSW
- eHealth NSW
- Health Infrastructure.

NSW MINISTRY OF HEALTH

The NSW Ministry of Health is a Department established under the *Government Sector Employment Act 2013*, section 22 and Schedule one, to support relevant ministers to perform their executive and statutory functions.

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*. This is complemented by a corporate governance framework which distributes authority and accountability through the public health system.

HEALTH ADMINISTRATION CORPORATION

Under the *Health Administration Act 1982*, the Secretary is given corporate status as the Health Administration Corporation for the purpose of exercising certain statutory functions. The Health Administration Corporation is used as the statutory vehicle to provide ambulance services and support services to the health system.

A number of entities have been established under the Health Administration Corporation to provide these functions including:

Health Infrastructure

Health Infrastructure is responsible for the delivery of NSW Health's major capital works, under the auspices of a board appointed by the Secretary.

Health Protection NSW

Reporting to the Chief Health Officer, Health Protection NSW is responsible for surveillance and public health responses in NSW, including monitoring the incidence of notifiable infectious diseases and taking appropriate action to control the spread of diseases. It also provides public health advice and response to environmental issues affecting human health.

HealthShare NSW

HealthShare NSW provides a range of shared services to NSW public health organisations under the auspices of a board appointed by the Health Secretary, including financial, human resources, procurement, linen, food services, disability equipment services managed by EnableNSW, and non-emergency patient transport services.

eHealth NSW

eHealth NSW is responsible for providing direction and leadership in technology-led improvements in patient care across NSW Health in consultation with local health districts and specialty networks.

NSW Ambulance

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

NSW Health Pathology

NSW Health Pathology is responsible for providing high quality pathology services to the NSW health system through five clinical and scientific networks.

LOCAL HEALTH DISTRICTS

Local health districts are established as distinct corporate entities under the *Health Services Act 1997* . They provide health services in a wide range of settings, from primary care posts in the remote outback to metropolitan tertiary health centres. Eight districts cover the greater Sydney metropolitan region, with seven covering rural and regional NSW.

Agency for Clinical Innovation

The Agency for Clinical Innovation is a board-governed statutory health corporation responsible for engaging clinicians, and for designing and implementing best practice models of care by working with doctors, nurses, allied health professionals, health managers and consumers.

Bureau of Health Information

The Bureau of Health Information is a board-governed statutory health corporation responsible for providing independent reports to government, the community and health care professionals on the performance of the NSW public health system.

Cancer Institute NSW

The Cancer Institute NSW is a board-governed organisation established under the *Cancer Institute (NSW) Act 2003* , and is deemed to be a statutory health corporation. The Institute is responsible for improving the prevention and management of cancer and improving the quality of life for people with cancer and their carers.

Clinical Excellence Commission

The Clinical Excellence Commission is a board-governed statutory health corporation, responsible for building capacity and capability to improve quality and safety within our health services.

Health Education and Training Institute

The Health Education and Training Institute is a chief executive-governed statutory health corporation, responsible for coordinating education and training for NSW Health.

AFFILIATED ORGANISATIONS

At 30 June 2018, there were 15 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

STATUTORY CORPORATIONS

Under the *Health Services Act 1997* , there are three types of statutory health corporations subject to control and direction of the Secretary and 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.

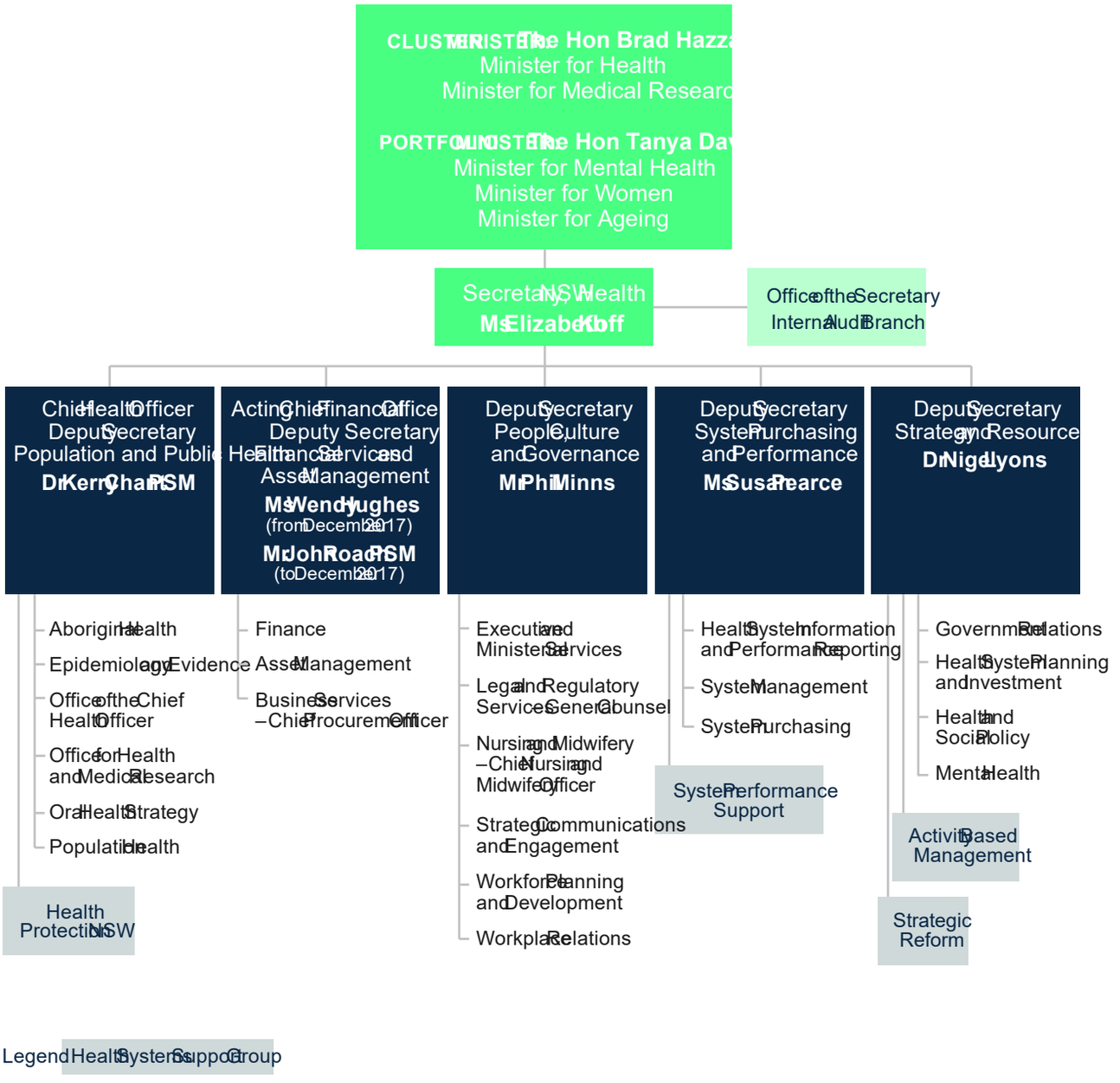
ST VINCENT'S HEALTH NETWORK

Section 62B of the *Health Services Act 1997* 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 MINISTRY OF HEALTH

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

The NSW Ministry of Health is also the system manager for the NSW public health system.



NSW HEALTH EXECUTIVE TEAM

Chief executives of local health districts, specialty 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 networks are employed by the Health Executive Service (part of the NSW Health Service) by the Secretary under Section 116 of the *Health Services Act* on behalf of the NSW Government.

The role of the 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 networks, the chief executive is also the employer delegate for staff working at the organisation.

Senior Executive Forum

The NSW Health Senior Executive Forum brings together chief executives from across the health system to consider health issues of system-wide interest, including the NSW Health budget, development and implementation of health policy and monitoring of health system performance.

NSW MINISTRY OF HEALTH EXECUTIVE TEAM

SECRETARY

Ms Elizabeth Koff

BSc, Dip Nut & Diet (USyd), MPH (Monash), GAICD

Secretary, NSW Health

Elizabeth Koff has held a number of senior executive planning and operational roles within the NSW health system, most recently Chief Executive of The Sydney Children's Hospitals Network (2010-2015).

In February 2015, she commenced in the role of Deputy Secretary, Strategy and Resources at the NSW Ministry of Health.

In May 2016, Ms Koff was appointed Secretary, NSW Health.

POPULATION AND PUBLIC HEALTH

Dr Kerry Chant PSM

MBBS, FAFPHM, MHA, MPH

Chief Health Officer and Deputy Secretary Population and Public Health, NSW Ministry of Health

Dr Kerry Chant is a public health physician. Prior to her appointment as Chief Health Officer and Deputy Secretary of Population and Public Health, she was Director of Health Protection and Deputy Chief Health Officer. Dr Chant 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. Dr Chant was appointed to the role of Chief Health Officer on 1 February 2009.

Division overview

The Population and Public Health Division leads the strategic direction, planning, monitoring and performance of population health services across NSW. Strategic areas of focus include alcohol and other drugs, tobacco control, overweight and obesity, HIV, sexually transmitted infections and viral hepatitis, end of life care, organ donation and data analytics that drive actionable insights. The division works in partnership with Aboriginal organisations and communities, and other parts of NSW Health to ensure the health system meets the needs of Aboriginal people, a priority population for NSW Health.

The Chief Health Officer works closely with the Office for Health and Medical Research on NSW strategic priorities for health and medical research. Health Protection NSW reports to the Chief Health Officer, and coordinates activities to prevent and control threats to health, both from communicable diseases and from the environment.

The division responds to the public health aspects of major incidents and disasters in NSW and supports population health services to create social and physical environments that promote health. It transforms data into information, provides statewide record linkage, monitors the health of the population to identify trends, evaluates the impact of health services and improves health through reducing health inequity.

FINANCIAL SERVICES AND ASSET MANAGEMENT

Ms Wendy Hughes *B.Bus, CPA*

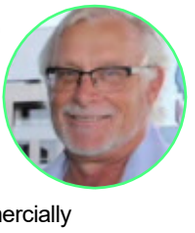
Acting Chief Financial Officer and Deputy Secretary, Financial Services and Asset Management, NSW Ministry of Health (from December 2017 to August 2018)

Wendy Hughes has more than 20 years of senior financial executive experience, in both the public and private sectors. She was appointed as Deputy Chief Financial Officer in March 2015 and acted in the Chief Financial Officer and Deputy Secretary role from December 2017.

Ms Hughes joined the Ministry of Health in 2011 as Director, Performance Support Office. Subsequently she took on the role of Director System Relationships and Frameworks, where she was instrumental in establishing the purchasing arrangements that are in place with local health districts and specialty health networks, including the negotiation of the annual Service Agreements.

Ms Hughes' CFO and Deputy Secretary role included oversight of finance and budgeting processes, strategic procurement reforms, and strategic system asset, property and facility management for NSW Health. Responsibilities included negotiating the annual recurrent funding and the monthly monitoring and cash management of NSW Health's 2018-19 $22.9 billion expense budget and a $2.2 billion capital works program.

Mr John Roach PSM *BEc(Hons)(Acc), FCPA*



(to December 2017)

With more than 40 years' experience within the NSW Public Service, John Roach focused on improving financial management at an operational and executive level, including developing commercially focused approaches to the delivery of corporate services and public infrastructure.

Over the last 17 years, Mr John Roach has undertaken a range of executive roles in Health.

He was appointed as Chief Financial Officer NSW Health in 2009. In 2017, Mr Roach took on additional responsibilities and was CFO and Deputy Secretary until December 2017.

Division overview

The Financial Services and Asset Management Division leads a range of functions across Finance, Strategic Procurement and Asset Management.

The division supports sustainable resource allocation within the NSW public health system to underpin the delivery of patient care, and help health decision makers have access to the right information at the right time.

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

Other key finance functions include responsibility for preparing NSW Health's consolidated annual financial statements, in accordance with statutory requirements and timeframes, financial accounting, funds management and reporting, insurance and risk management, revenue, financial services and Treasury reporting.

With respect to asset management, the division's responsibilities include establishing statewide asset management policies and strategies, leading asset management reform and providing asset portfolio management support.

The division has responsibility for strategic procurement oversight with a key focus of maximising value across the system to enable higher quality patient care. This is achieved through collaboration with a broad range of stakeholders and enabling better practice procurement.

PEOPLE, CULTURE AND GOVERNANCE

Mr Phil Minns *BEc(USyd), MEc(USyd)*

Deputy Secretary, People, Culture and Governance, NSW Ministry of Health

Phil Minns commenced in his current role of Deputy Secretary, People, Culture and Governance at the NSW Ministry of Health in November 2017, focusing on governance, culture, workforce and capability. Prior to his commencement, Leanne O'Shannessy acted in the role of Deputy Secretary, People, Culture and Governance (July to November 2017).

He joined NSW Health from the Public Service Commission (PSC), where he was Deputy Commissioner from 2015 to 2017. Prior to this, Mr Minns was Deputy Secretary, Government, Corporate and Regional Coordination, NSW Department of Premier and Cabinet (DPC) where he had worked since February 2012. At DPC, he was responsible for the corporate services and governance functions for the department as well as services to the Ministry, strategic events and communications.

Mr Minns joined DPC 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. With the Defence Committee, he developed 'Pathways to Change', an organisation-wide people strategy, to frame the department's and the services' response to cultural issues identified within the Australian Defence Organisation.

Mr Minns' career has blended time in senior corporate roles within the manufacturing sector and government as well as consulting to private and public sector organisations on organisational strategy, cultural change and a host of workforce focused strategies.

Division overview

The Deputy Secretary, People, Culture and Governance provides executive leadership and strategic direction to a diverse portfolio of corporate services, professional advisory and enabling services to support the achievement of NSW Health's strategic objectives, meeting the needs of health service management and delivery in NSW.

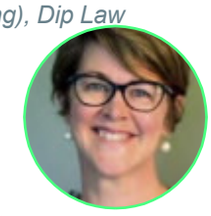
The Deputy Secretary is responsible for leading the development, integration and review of capability-based talent management strategies and a values-based cultural framework across NSW Health.

The division drives the implementation of governance frameworks across the Health cluster including structures, decision making processes and control systems. It leads a diverse range of critical and integrated functions and services including nursing and midwifery, legal and regulatory services, and system wide employment policy for the NSW Health system. The division is also responsible for communication and media; and supporting Ministerial, Parliamentary and Cabinet processes, which enable effective and efficient administration of the Ministry of Health.

SYSTEM PURCHASING AND PERFO

Ms Susan Pearce *B App Sci (Nursing), Dip Law*

Deputy Secretary, System Purchasing and Performance, NSW Ministry of Health



Susan Pearce started her career in Far West Local Health District in 1991 as a registered nurse. She has extensive experience in senior leadership roles at a hospital, district, pillar and ministry level across a range of functions including workforce, operations and as the former NSW Chief Nursing and Midwifery Officer.

Ms Pearce has been fundamental in delivering transformational change within NSW Health and continues to build on the critical partnerships between all elements of our health system to ensure strong performance and accountability. She was appointed Deputy Secretary on 20 November 2015.

Division overview

The System Purchasing and Performance Division leads the monitoring and management of overall health system performance and coordinates the 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 to understand and support the delivery of high quality and safe care for the people of NSW.

The division's functions are divided between teams devoted to:

- System Information and Analytics
- System Purchasing
- System Performance Support
- System Management

The division is leading the development of the Safety and Quality Framework in partnership with the Clinical Excellence Commission. This initiative will further assist NSW Health in driving safety and quality and enhance monitoring and reporting of safety and quality indicators.

The health system information and performance reporting function enables the Ministry of Health to be an effective health service purchaser and system manager through high-quality data, analysis and performance reporting; and ensures that NSW Health meets its reporting obligations and maintains high standards of public accountability.

The division directs the activity purchasing process, and leads the development of annual Service Agreements to align public health service delivery with NSW Health priorities. It is responsible for the performance and purchasing frameworks that sustain the governance of public health organisations and support organisations.

The division supports performance improvement strategies and statewide initiatives to improve service delivery. In particular, the division has oversight of the management of surgery waiting lists, specialist outpatient services, hospital in the home and emergency access service delivery.

STRATEGY AND RESOURCES

Dr Nigel Lyons *B.Med (Hons) MHA*

Deputy Secretary, Strategy and Resources, 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, Strategy and Resources at the NSW Ministry of Health. Dr Lyons is responsible for strategic health policy development, inter-jurisdictional negotiations and funding strategies, system-wide planning of health services including mental health, and setting the direction for child and family health policy.

He has also held other executive roles in NSW Health including Chief Executive, NSW Agency for Clinical Innovation and Chief Executive, Hunter New England Area Health Service.

Division overview

The Strategy and Resources Division works with national and state governments to develop accurate classifications and improve pricing and funding mechanisms for the sustainability of health funding in NSW.

It reviews planning and procurement of capital infrastructure to deliver more contemporary investment strategies across NSW Health.

The division also supports the NSW Health response to aged care and disability reforms and works with the Commonwealth, local health districts and other key providers to influence and respond to reforms in the aged care and disability sectors.

In addition, it implements mental health reforms, including collaboration with the Department of Premier and Cabinet to implement the response to the Mental Health Commission's Strategic Plan, across the whole of NSW Government and the NSW public health system.

In line with managing government relations, the division also supports the Australian Health Ministers' Advisory Council, the NSW Health Ministers' Advisory Committee and the NSW response to matters before the COAG Health Council.

SECTION 2

PERFORMANCE

NSW STATE HEALTH PLAN

INNOVATION BRINGS CHANGE AND DEMOGRAPHY TRENDS.

Health care moves with the times, as the needs and expectations of c
patients, and their carers evolve. In recent years, new challenges and
emerged for funding, planning and delivering services, in response to increased
demand, an ageing population and a greater number of people living
illnesses, such as diabetes, heart disease and cancer. New treatment
tools mean we can do more, increasing expectations.

The NSW State Health Plan is the strategic framework that brings together existing NSW Health plans, programs and policies.

Together with the NSW Premier's Priorities, this plan underpins our work across the system to deliver the right care, in the right place, at the right time, with constant vigilance on the safety of patients and staff in the health system.

There are eight Strategic Priorities that provide the vision for the future of the health system, a vision that is sustainable, purposeful and most importantly delivers positive health outcomes for the people of NSW.

The Strategic Priorities determine how health services work together to achieve the vision in hospitals, the workforce, in research and innovation, e-health and infrastructure in a financially sustainable way.

Strategic Priorities

KEEP PEOPLE HEALTHY

PROVIDE WORLD-CLASS CLINICA CARE WHERE PATIENT SAFETY IS FIRST

INTEGRATE SYSTEMS TO DELIVER TRULY CONNECTED CARE

DEVELOP AND SUPPORT OUR PEOPLE AND CULTURE

SUPPORT LEARNING, HEALTH AND MEDICAL RESEARCH AND INNOVATION

ENABLE E-HEALTH, HEALTH INFORMATION AND DATA ANALY

DELIVER FUTURE-FOCUSED INFRASTRUCTURE AND STRATEGIC COMMISSIONING

BUILD FINANCIAL SUSTAINABILIT AND ROBUST GOVERNANCE

PREMIER'S AND STATE PRIORITIES

There are 30 State Priorities, including 12 Premier's Priorities, for growing the economy, delivering infrastructure, protecting the vulnerable, and improving health, education and public services across NSW.

NSW Health is contributing directly to these Premier's Priorities:

- building infrastructure, with key infrastructure projects to be delivered on time and on budget across the State
- creating jobs, with a target of 150,000 new jobs in all sectors across the State by 2019
- driving public sector diversity, by increasing the number of Aboriginal people and women in senior leadership roles by 2025
- reducing domestic violence, with the proportion of domestic violence perpetrators who re-offend to be reduced by 25 per cent by 2019
- protecting children, by decreasing the percentage of children and young people re-reported of being at risk of significant harm by 15 per cent by 2019
- improving government services, by improving customer satisfaction with key government services every year during this term of government to 2019.

NSW Health has direct responsibility for:

- improving service levels in hospitals, with 81 per cent of patients through emergency departments within four hours by 2019
- tackling childhood obesity, by reducing overweight and obesity rates of children by five per cent by 2025.

NSW Health also contributes directly to these State Priorities:

- deliver better government digital services, with 70 per cent of government transactions to be conducted via digital channels by 2019
- cut wait times for planned surgeries, by increasing on-time admissions for planned surgery, in accordance with medical advice
- deliver strong budgets, with expenditure growth to be less than revenue growth
- transitioning to the National Disability Insurance Scheme (NDIS), with successful transition of participants and resources to the NDIS by 2018
- reducing adult re-offending, by reducing the number of adults in the justice system who re-offend by five per cent by 2019.

The NSW Premier's Priorities are available at www.nsw.gov.au/improving-nsw/premiers-priorities . The State Priorities are also shown on this page.

PRIORITY

KEEPING PEOPLE HEALTHY

KEY ACHIEVEMENTS FOR 2017-18

- Around 87 per cent of early childhood services participated in the Munch & Move program and 83 per cent of primary schools participated in Live Life Well @ School.
- The meningococcal school-based vaccination program for students in Years 11 and 12 in 2017 reached 72 per cent and 76 per cent coverage respectively.
- Get Healthy Service graduates lost an average of 3kg and 4cm in waist circumference.
- 722,128 people visited iCanQuit website, nearly 11,000 more than in 2016-17.
- Adult smoking rates declined from 16.9 per cent in 2010 to 15.2 per cent in 2017.
- 25 per cent (19,819) of people estimated to have hepatitis C accessed treatment.
- In 2017, there were 11 per cent fewer HIV diagnoses than the previous six year average.

1.1 IMPLEMENT POLICY AND PROGRAMS TO REDUCE CHILDHOOD OBESITY

More than one in five children are overweight or obese. The NSW Premier's Priorities include a target to reduce the rate of overweight and obesity in children by five per cent by 2025.

Programs delivered through the NSW Healthy Children Initiative focused on early childhood services, schools, junior community sport and families. Around 87 per cent of centre-based early childhood services participated in the Munch & Move program and 83 per cent of primary schools participated in Live Life Well @ School. A targeted treatment program, Go4Fun, helped over 11,000 children and their families to adopt a healthy lifestyle.

Go4Fun was designed to be culturally safe and appropriate for Aboriginal children and their families, while maintaining participation and impact. In 2017-18, 289 Aboriginal families participated, and children achieved significant health benefits as a result. Aboriginal Go4Fun won the Premier's award for Tackling Childhood Obesity in 2017.

All children admitted to a NSW Health service must now have their weight and height/length measured and entered into the electronic medical records

Routine height and weight measurement for children is good practice clinical care. It helps health professionals to identify children who are above or below a healthy weight, and to provide parents with brief advice and referral if needed. All children admitted to a NSW Health service as an inpatient must now have their weight and height/length measured and entered into the electronic medical records. The Healthy Kids for Professionals website, developed in collaboration with experienced health professionals and families, provides online resources and training.

Parents have said they want to know more about simple steps they can take to help their children stay a healthy weight, eat well and be active. To support this, the Make Healthy Normal social marketing campaign promoted healthy eating and active living messages, particularly for families.

Key obesity reduction programs

NSW Health invested $37 million in overweight and obesity prevention in 2017-18. The NSW Healthy Eating and Active Living Strategy (HEAL) is a comprehensive, whole of government approach to addressing overweight and obesity.

NSW Health provides programs to support individuals to meet their healthy lifestyle goals. The Get Healthy Information and Coaching Service is a free, telephone-based coaching service delivered by university-qualified health coaches. Participants are supported to make sustainable changes that will help achieve and maintain a healthy weight. Over 57,000 people have participated since it was established in 2009. In 2017-18, Get Healthy Service graduates lost an average of 3kg and 4cm in waist circumference. Get Healthy in Pregnancy is now available in all 73 hospitals with maternity services.

Get Healthy Service graduates lost an average of 3kg and 4cm in waist circumference

NSW is the first state in Australia to remove sugar-sweetened drinks from food outlets for staff and visitors in public health facilities, and was also the first to introduce kilojoule menu labelling at major fast food outlets and cafés. In combination with the 8700kJ app, kilojoule labelling helps consumers select lower kilojoule choices.

The NSW Government invested $550,000 with the Centre for Population Health to enable the Knockout Health Challenge, which supports weight loss and healthy lifestyles among Aboriginal communities.

1.2 ENSURE PREVENTION AND POPULATION HEALTH PROGRAMS TO REDUCE TOBACCO USE

Smoking rates are falling, but it remains a leading cause of preventable disease and death in NSW.

NSW Health invested more than $13.5 million on tobacco control efforts in 2017-18. Initiatives included public awareness and education campaigns, smoking cessation support, compliance and enforcement of smoke-free and tobacco retailing laws, and targeted programs for priority populations including Aboriginal people, people in custodial settings and people with social disadvantage.

The Cancer Institute NSW implemented six campaigns to help smokers to quit and stay that way over the financial year. There were 10,248 incoming calls to the NSW Quitline, and around 722,128 people used the iCanQuit website, an increase of almost 11,000 users from the previous year (711,361).

722,128 people visited iCanQuit website, nearly 11,000 more than in 2016-17

The Cancer Institute NSW released the Smoking Cessation Framework for NSW Health Services on behalf of the NSW Smoking Cessation Collaboration. The Cancer Institute NSW has worked with local health districts to support local implementation.

The NSW Government is committed to closing the gap in pregnancy smoking rates between Aboriginal and non-Aboriginal women in order to give Aboriginal children the best start in life. The Quit for New Life program supports women having a baby, as well as the people they live with, to quit smoking. From 2013 to 2018, the program supported over 5200 clients to quit. Local health districts have made significant steps to embed best practice smoking cessation care into routine clinical practice across Aboriginal Maternal and Infant Health Services, Building Strong Foundation Service and hospital maternity clinics.

NSW Health is progressively strengthening system supports, and has introduced key performance indicators for local health districts, a statewide training program with incentives for antenatal service providers, a smoking in pregnancy webinar for GPs, as well as access to Quitline and Aboriginal Quitline services to support cessation during pregnancy.

1.3 EMBED A HEALTH SYSTEM APPROACH TO ALCOHOL AND DRUG USE ACROSS GOVERNMENT

To minimise harm from alcohol and other drug use, NSW Health delivers comprehensive education, brief intervention, treatment, rehabilitation and aftercare programs through NSW Health public sector services, non-government organisations and Aboriginal Community Controlled Health Services. During 2017-18, NSW Health implemented new programs funded through the $75 million 2016 NSW Drug and Alcohol Package.

Substance Use in Pregnancy and Parenting Services (SUPPS) provides treatment and support to pregnant women and their child for up to two years after birth and were expanded across NSW in 2017-18.

Substance Use in Pregnancy and Parenting Services were expanded across NSW

Five local health districts and The Sydney Children's Hospitals Network received funding to provide youth alcohol and other drug treatment services. The Sydney Children's Hospitals Network and John Hunter Children's Hospital in Hunter New England were funded to provide Youth Addiction Medicine Fellowship positions, to build the capacity of the NSW child and adolescent specialist workforce.

KEEPING PEOPLE HEALTHY
ELIMINATION OF HEPATITIS C IN A PRISON SETTING

Justice Health and Forensic Mental Health Network

Hepatitis C virus (HCV) prevalence in NSW prisons is 20 to 30 times higher than in the community. In 2016, the availability of new medications created an opportunity for Justice Health and Forensic Mental Health Network to potentially cure all patients with HCV in one of its prisons – the Compulsory Drug Treatment Program (CDTP).

Following treatment, patients reported improved wellbeing. The longer term benefits include significantly decreasing the risk of hepatocellular carcinoma and death. Concurrent treatment is seen as an important measure in reducing re-infection, and is used in conjunction with harm minimisation education. The process is a partnership between Justice Health, Corrective Services NSW and Hepatitis NSW. Broad screening, concurrent treatment and ongoing reviews of new admissions in the CDTP are considered an innovative approach for HCV elimination in a prison.

Photo: James Wood and Colette McGrath, Justice Health; Danny O'Connor, CE, Western Sydney LHD; Maria McMahon, Hepatitis NSW; Paul Willma, GM, Cerner; Camilla Lobo, Justice Health; Elizabeth Koff, Secretary, NSW Health; Angela McClements, Justice Health; Brad Hazzard, Minister for Health.

A new alcohol and other drug residential rehabilitation service for women with dependent children was established in Orange, and additional capacity was purchased in two other services located in Wyong and Malabar.

Assertive Community Management teams were established in seven local health districts and one specialty network in metropolitan, regional and rural NSW, to support people with severe and complex substance use issues.

The Alcohol and Other Drugs Continuing Coordinated Care Program was established to provide statewide coverage, so that people with severe substance use issues remain connected to treatment.

The Alcohol and Other Drugs Early Intervention Innovation Grants Scheme was established to test innovative approaches to prevention, early intervention, harm reduction and aftercare/relapse prevention, with a focus on young people who are vulnerable to drug use. The Evaluation Grants Scheme was established to build capacity among non-government organisations (NGOs) drug and alcohol services to evaluate existing programs and build the evidence base. In 2017-18 Ted Noffs Foundation, Kedesh Rehabilitation Services, ACON Health, Mission Australia and Odyssey House were awarded Evaluation Grants. SMART Recovery, Lyndon Community, the Salvation Army and Hunter New England Local Health District and partners received Innovation Grants.

The Justice Health and Forensic Mental Health Network's Connections Program assessed and supported 738 patients with drug and alcohol problems, following their release from custody. The Network also negotiated post-release arrangements made with a community provider for 1784 adults participating in custodial Opioid Substitution Therapy.

VOLUNTEER OF THE YEAR BELINDA WHITE

Murrumbidgee Local Health District

Belinda, affectionately referred to as Bil, has volunteered her time to facilitate a Creative Writing group for participants of the Mental Health Recovery Program. It involves group work and one-to-one support, covering subjects such as self-esteem, assertiveness, living skills and cognitive behavioural therapy. The program takes a holistic view of recovery, promoting good diet, sleep, routine, exercise, relationships and communication skills.

Bil uses her own experience of mental health and her teaching background to explore the natural talents of consumers. She is an inspiration to staff, consumers and the wider community. Bil has proven herself dependable as seen in the consistency of her work in the Recovery Unit. She is always professional in her interactions with staff and consumers and is held in high regard by consumers. The quality of Bil's work and the impact it has had on consumers within the program is indisputable.

Photo: Dr Teresa Anderson, CE, Sydney LHD; Dr Michael Brydon, CE, Sydney Children's Hospitals Network; Belinda White, Volunteer of the Year; Inness Clarke, Murrumbidgee LHD; Elizabeth Koff, Secretary, NSW Health; Brad Hazzard, Minister for Health.

1.4 REDUCING THE IMPACT OF INFECTIOUS DISEASES IN THE COMMUNITY

The supplementary meningococcal school-based vaccination program for students in Years 11 and 12 in 2017 reached 72 per cent and 76 per cent coverage respectively. In 2018 the vaccine is being extended to students in Years 10 and 11.

NSW Health continued to make progress towards the virtual elimination of HIV. In 2017, HIV testing increased by six per cent compared with 2016, and 95 per cent of people diagnosed with HIV were treated and retained in care. By 30 April 2018, nearly 9500 people at high risk of HIV infection had accessed HIV pre-exposure prophylaxis (PrEP) through the EPIC-NSW trial.

NSW Health continued to make progress towards the virtual elimination of HIV

NSW Health continued to increase access to hepatitis C treatment, including primary care settings such as Aboriginal Community Controlled Health Services, and for vulnerable populations in prisons and drug and alcohol services. Between March 2016 and March 2018, 25 per cent (19,819) of the people estimated to be living with hepatitis C in NSW were treated.

The Justice Health and Forensic Mental Health Network achieved virtual elimination (elimination within the limitations of testing) of hepatitis C at six centres. It is impossible to guarantee total elimination as some patients may decline testing or transmission could occur before a new arrival is tested or treated.

The Housing for Health Program, delivered to Aboriginal communities across NSW, achieved a high rate of improvement to dwellings. The program makes houses safe and suitable for healthy living, targeting essential health hardware by such things as fixing leaky toilets, electrical repairs, and ensuring there is sufficient hot water and somewhere to wash people and clothing. Improvements made can reduce the risk of disease and injury and lead to health improvement for tenants, particularly children under five. In 2017-18, work was completed on 701 houses in 21 communities, with 4921 health and safety items fixed and 2721 people assisted.

Management of significant infectious disease outbreaks

From July to December 2017, NSW Health identified and controlled an outbreak of hepatitis A which affected 37 adults in NSW. The outbreak was linked to an international outbreak of hepatitis A pred ominantly affecting men who have sex with men, and also affected other Australian states and terr itories. Sexual health services and advocacy groups worked together to increase protective vaccination coverage to control the outbreak.

NSW Health led the national investigation into an increase in hepatitis A which linked cases to consumption of imported frozen pomegranates. A total of 30 cases of hepatitis A occurred: New South Wal es (15), Victoria (6), Western Australia (3), South Australia (2), the Northern Territory (2), the Australian Capital Territory (1) and Queensland (1). The outbreak was controlled following the recall of the affected product from supermarkets in April 2018.

NSW Health led the national investigation into an increase in listeriosis which linked 22 cases to contaminated rockmelon

NSW Health also led the national investigation into an increase in listeriosis. A total of 22 cases of listeriosis occurred: New South Wales (6), Victoria (8), Queensland (7) and Tasmania (1). The investigation linked the cases to one rockmelon grow er in southern NSW. The outbreak was controlled following the recall of rockmelon from this farm in March 2018.

PRIORITY 2

PROVIDE WORLD-CLASS CLINICAL CARE WHERE PATIENT SAFETY IS FIRS

KEY ACHIEVEMENTS FOR 2017-18

- Quality Audit Reporting System (QARS) implemented by al l NSW Health local health districts for clinical audits and surveys, with 389,431 audits conducted this year.
- Qual ity Improvement Data System (QIDS) accessed by 4500 clinicians and managers to improve patient safety and healthcare quality, number of users increases every day.
- The NSW Quality Improvement Collaborative supported 42 teams to help reduce falls across NSW.
- NSW se psis mortality rate continued to decline to 11.5 per cent (2017).
- Arou nd 16,936 patients were safely discharged from hospital with ComPacks to support their discharge, costing $24.8 million.
- NSW He alth Pathology's Point of Care Testing program generated $12 million in direct cost savings for the NSW Health system. A further $6 million in savings came from cases where patients did not require admission to emergency or ward beds.
- The Bu reau of Health Information (BHI) surveyed more than 270,000 recent patients for the NSW Patient Survey Program and achieved response rates of 61 per cent.

2.1 CONTINUE TO EMBED QUALITY IMPROVEMENT TO ENSURE SAFER PATIENT CARE

NSW has a system-wide approach to delivering care that is safe, high quality, timely, efficient and based on the best evidence available.

In 2017-18, the Clinical Excellence Commission (CEC) continued to act as NSW Health's lead agency on clinical governance, National Health Service standards and improving safety and quality. In partnership with the Ministry of Health Patient Safety First Unit, the CEC provided a responsive, agile service, offering regular specialist information, advice and good practice to health services on a wide range of safety and quality issues including critical incidents, along with opportunities to partner with patients, families and carers in patient safety work.

In May 2018, the Clinical Excellence Commission (CEC) launched the Master Clinician's Guide to Quality and Safety, providing expert tools and resources to help health care staff foster a culture of safe, high-quality care at the hospital where they work. The CEC also minimised potential harm by producing 13 Safety Alerts/Notices and five medication shortage communications.

Of 376 product recalls risk assessed, 15 were identified as high risk, requiring a system level response led by the CEC.

The CEC's Between the Flags (BTF) Education program, released in June 2018, provides flexible and innovative online safety resources, including a new one-hour workshop for Senior Medical Officers. Over 80,000 NSW Health staff have completed BTF training since 2010.

Over 2017-18, the Quality Improvement Academy trained 496 improvement coaches and 34 improvement experts. eLearning training was delivered to 487 staff, and 280 participants completed Patient Safety training. Quality Tools webpages continue to help health employees build quality improvement leadership in delivering the safest and highest quality of care for every patient, every time. The improvement collaborative methodology was used with 42 teams to support work across NSW to reduce falls.

Safety and Quality Framework

The draft Safety and Quality Framework is in development, and will align to the new Clinical Excellence Commission's Strategic Plan (2018-2021). The framework will provide contemporary statewide guidance to organisations, and will complement the current priorities set out for NSW Health Patient Safety First. The framework will describe the broader aim across NSW to deliver safer care to every patient, every time and support local health districts and health networks as they establish their local patient safety programs.

eHealth NSW continued to work with the Clinical Excellence Commission to deliver a contemporary, intuitive and secure Cloud-based Incident Management System (IMS+) for NSW Health staff that will support improved capturing of data. The pilot is expected to commence in Quarter 4 of 2019 for three months, followed by quarterly rollouts of new content until the program closes in October 2020.

The NSW Diabetes Taskforce developed a capability building program to support junior medical officers and nursing staff care for people with diabetes requiring hospitalisation and insulin management. This included 'Thinksulin' a decision support app, and an associated eLearning program.

The Emergency Care Institute introduced monthly teleconferences for small rural emergency departments

PATIENT SAFETY FIRST
NOT ANOTHER DVT IN THE ED

Western Sydney Local Health District

When the Westmead Hospital emergency department team identified a significant variation in how Deep Vein Thrombosis (DVT) presentations were treated, they initiated processes for standardising and optimising management of acute DVT, including a web-based clinical decision support tool. In addition, a streamlined model of care for assessment, treatment and follow-up was implemented with ongoing monitoring and evaluation enabling continuous improvement.

Results showed a considerable increase in the number of patients receiving appropriate investigation, treatment and referral – from 12.82 per cent to 84.21 per cent. Other beneficial outcomes included a shortened time between ED assessment and clinic follow up, with 92 per cent of patients seen in three days or less, a reported reduction in stress experienced due to 'anti-clot' treatment, and high rates of satisfaction. Fewer patients experienced complications of treatment prior to follow up.

Photo: Jonny Taitz, Clinical Excellence Commission; Louis Do, Jennifer Curnow, Jason Montgomery and Helen Crowther, Western Sydney LHD; David Currow, CEO, Cancer Institute; Lorraine Koller, Western Sydney LHD; Elizabeth Koff, Secretary, NSW Health; Brad Hazzard, Minister for Health.

The Emergency Care Institute introduced monthly teleconferences for small rural emergency departments. These focus on cases with challenging features or adverse outcomes, and include analysis and an educational component.

The Agency for Clinical Innovation (ACI) developed an online interactive self-assessment tool to enable local health districts to identify areas of need to build capability in providing services for people with intellectual disability. In addition to four pilot sites which commenced in 2015, the ACI supported four new hospitals to enroll in the NSW Collaborative of the National Surgical Quality Improvement Program. The four pilot sites embedded change initiatives to improve patient outcomes and the care quality of their surgical services, focusing on reducing urinary tract and surgical site infection rates. Nepean Hospital developed a surgical site infection improvement program which delivered a 50 per cent reduction in surgical site infections following colorectal surgery. Plans to roll out the program to other surgical specialties are under way.

The Cancer Institute has developed resources to inform people with cancer about the importance of having their care overseen a multidisciplinary cancer care team (MDT). Cancer services, MDTs and specialists for selected high-volume specialist centres are listed on the Canrefer website, which has seen an increase in users of 11.6 per cent (11,054 additional sessions) in 2017-18.

Efficiency – New KPIs and monitoring for safe andquality

At the start of 2017-18, the System Purchasing and Performance Safety and Quality Framework was released to the system. This Framework supports the design, purchasing and performance monitoring, and continuous improvement of health services that are needs-based and provide safe, high-quality and high-value care for patients. The Framework operates alongside the Purchasing and Performance Frameworks, Service Agreements with local health districts and specialty health networks, and Performance Agreements with Pillar organisations. Within the Framework, key performance indicators and improvement measures are outlined, and are grouped within the following safety and quality domains: effectiveness; equity; safety; timeliness & accessibility; appropriateness; efficiency; and patient-centred culture.

> At the start of 2017-18, the System Purchasing and Performance Safety and Quality Framework was released to the system

Eight Hospital Acquired Complications (HACs) were identified as Key Performance Indicators, which were incorporated into local health district and specialty health network service agreements from 2018-19. These HACs are pressure injuries, venous thromboembolism, healthcare associated infections, falls resulting in fracture/other intracranial injury, surgical complications requiring unplanned return to theatre, medication complications, 3rd/4th degree perineal laceration during delivery and neonatal birth trauma. Through the Service Level Agreements progress in achieving these targets will be monitored in line with the performance framework.

The Agency for Clinical Innovation (ACI) continued to work with local health districts to reduce clinical variation. ACI's audit and improvement team conducted 96 audits across 13 districts and networks to investigate clinical variation with a focus on chronic obstructive pulmonary disease, diabetes and congestive heart failure. The diabetes team completed 32 clinical audits to investigate clinical variation in diabetes inpatient care and provided local teams with valuable information about current care processes and supporting the development of improvement plans and projects to align with best practice care. The Osteoarthritis Chronic Care and Osteoporotic Re-fracture Prevention programs were implemented in 23 and 20 sites across NSW.

PATIENTS AS PARTNERS
THE PATIENTS' VOICE

NepeanBlueMountainsLocalHealthDistrict

In a statewide first, The Patients' Voice project recognises the importance of safety of inpatients, and of communicating with them. Patients, families and carers were sent a letter of introduction to the afternoon nurses' handover, outlining what patient information needs to be captured and shared with the incomingnursingshift.

Post-implementation surveys and audits showed a 30 per cent decrease in clinical incidents because of patient information shared in the new protocol. All patients who took part in the pilot of this initiative gave very positive feedback.

The initiative is likely to be applicable in broader health settings, bothnationallyandinternationally.

PhotoMichaelWoods,NepeanBlueMountainsLHDBradHazzard, Minister for Health; Julie Williams, Jaimie Earl and Kim Maddock, Nepean Blue Mountains LHD; Wayne Jones, CE, Northern NSW LHD; Eula Salayog, Nepean Blue Mountains LHD; Elizabeth Koff, Secretary, NSW Health; Amanda Larkin, CE, South Western Sydney LHD.

These new services helped patients gain access to evidenced-based, coordinated chronic care programs for management of osteoarthritis and osteoporosis re-fracture risk. The ACI conducted separate analyses of variation in hysterectomy and arthroscopy and identified areas for further investigation. The hysterectomy analysis showed significant variation in procedure type, as well as variation between rural and metropolitan NSW. Next year, the ACI will convene an expert advisory group to review the findings and identify whether the variation is warranted.

2.2 DELIVER BETTER VALUE CARE

Leading Better Value Care

The Leading Better Value Care program is one of the core approaches supporting NSW Health's shift towards value-based healthcare. It involves identifying and scaling evidence-based initiatives across NSW that improve health outcomes, experiences of receiving and providing care, and effectiveness and efficiency of care. The program has a strong focus on measurement and evaluation to show the impact of care on outcomes that matter to patients and the wider health system.

In 2017-18, eight clinical initiatives were selected as part of the first tranche of the program. The criteria for Leading Better Value Care initiatives are that they should have a clear focus on improving patient outcomes, provide an evidence-based solution to known issues, and deliver a measurable impact in creating capacity within the health system.

The initiatives in the first year of the program focus on improving care for patients:

- with osteoarthritis
- at risk of osteoporotic re-fracture
- with chronic heart failure
- with chronic obstructive pulmonary disease
- requiring hospitalisation for diabetes
- at risk of diabetes related foot complications
- over 70 years at high risk of falls in hospital
- with end stage renal disease.

The Agency for Clinical Innovation (ACI) and the Clinical Excellence Commission (CEC) assisted local health districts (LHDs) to implement solutions through capability development activities, clinical audits, redesign to workflows and models of care, providing evidence-based change packages, as well as undertaking upfront economic appraisals and formative evaluations. The LHDs were free to decide how to implement solutions in a way that best met their local needs and circumstances. They were also provided with $11.8 million in funding to support the establishment of the Leading Better Value Care Program across NSW, and were funded for additional activity to help provide more efficient and effective care in non-admitted settings where appropriate.

The Leading Better Value Care Program will continue as a system priority, reflecting the long-term commitment to move from volume-based to value-based healthcare. The eight Tranche 1 initiatives will be further embedded and another five clinical initiatives will be developed as part of the second tranche of the program.

> The Leading Better Value Care Program will continue as a system priority, reflecting the long term commitment to move from volume-based to value-based healthcare

Even though the Leading Better Value Care Program is only one year old, the data and feedback available to date indicate that good progress is being made through the implementation of new models of care and better utilisation of resources. Quarterly monitoring reports show significant progress. A snapshot across NSW showed:

- Governance structures have been established to drive the implementation of each initiative.
- Clinics are being established to provide new multidisciplinary models of care.
- An overall decrease in the number of falls in hospitals for patients over 70 years resulting in serious injury.
- Initiatives that encourage the provision of care in non-admitted settings showed a decrease in hospital admissions and an increase in non-admitted services.

The Ministry of Health and pillar organisations will focus on gathering the evidence to help align system drivers such as purchasing and evaluation by undertaking costing studies, investing in the statewide collection of Patient Reported Measures, and establishing a linked dataset to support the measurement and analysis of value in the system.

The Bureau of Health Information (BHI) developed new key performance measures for patient experience, to be used in the service agreements between the Ministry of Health and districts and networks. This resulted in the replacement of historic measures with two new indices comprising four and six scored questions, as well as a new improvement measure on treating patients with respect and dignity.

The Agency for Clinical Innovation's Renal Supportive Care model involves an interdisciplinary approach integrating the skills of renal medicine and palliative care. This model helps patients with chronic kidney disease and end stage kidney disease to live as well as possible by better managing their symptoms. This year, the model was strengthened and expanded with incorporation into the Leading Better Value Care program, allowing more patients to receive care under the model in more hospitals.

Support for patients discharged from hospital

The ComPacks Program is a non-clinical package of case management and community services which helps to make safe early discharge for eligible patients possible. The ComPacks package supports patients for a six-week period following discharge from NSW public hospitals. Access to the ComPacks program allows patients access to services immediately after discharge from hospital, for a safe transition home. The packages can prevent patients returning to hospital unnecessarily and help prevent avoidable readmissions. More than 150 NSW public hospitals across 15 local health districts and speciality health networks use ComPacks. In 2017-18 16,936 patients across NSW were discharged with ComPacks at a cost of $24.8 million.

Social impact investment

NSW Health began implementing Australia's first two health-related social impact investments in 2017-18.

The Silver Chain Palliative Care Service commenced in July 2017 and provides 24/7 community-based palliative care in the Western Sydney Local Health District (WSLHD). The service will be delivered over a seven year period and benefit an estimated 8340 patients. The service is progressing well, and demonstrates a strong partnership between WSLHD and the Silver Chain Group in supporting patient referrals to the service. At the end of June 2018, more than 800 people from WSLHD had received the Service and referrals from the WSLHD had exceeded expectations.

In October 2017, the NSW Government partnered with Flourish Australia and Social Ventures Australia (SVA), to implement the Resolve Program in the Nepean Blue Mountains and Western NSW local health districts. The program will be delivered over seven years, and benefit approximately 530 people. It provides participants with two years of comprehensive, recovery-oriented mental health support, including a residential program with 24/7 peer support, community outreach and after-hours phone support. A key feature of the program is that core components of support are delivered by peer workers – people with a lived experience of a mental health issue who can use their knowledge to help others with their recovery.

The NSW Government partnered with Flourish Australia and Social Ventures Australia to implement the Resolve Program in the Nepean Blue Mountains and Western NSW LHDs

The program complements other mental health services in both local health districts (LHDs) that are responsible for taking care of participants' clinical needs. The LHDs and Flourish have developed a strong working partnership to support the program's implementation and referrals. In the first year, participation in the program met expected numbers of referrals, and the feedback from patients, families and clinicians was positive.

Joint Working Groups oversee, monitor and report on both social impact investments. Independent certifiers have been appointed to verify performance data and determine whether outcomes have been achieved and any payments are to be made. Independent evaluators have been appointed to assess whether these investments are achieving benefits for patients, community and government and report on process and implementation measures, outcomes and cost effectiveness.

Purchasing and Service Agreements

The NSW Health Purchasing Framework supports the aim of the NSW Government to keep people healthy, provide care that people need, deliver high-quality services, and manage services well. It is informed by the directions and strategies of the NSW State Health Plan and is underpinned by the principles of safety, patient-centred care, efficiency, timeliness and accessibility, effectiveness, appropriateness and equity. In 2017-18, the framework was reviewed to more clearly articulate the purchasing methodology for greater transparency and build capability in the NSW public health system.

The Ministry of Health's System Purchasing Branch held a Safety and Quality Workshop, which brought together NSW Health senior clinicians and health information managers, as well as district, network and pillar executive representatives, to consider how purchasing adjustors and performance measures could be used to help deliver safe, optimal quality care. The workshop informed the 2018-19 Service Agreement process, to include a greater emphasis on safety and quality from both performance and purchasing perspectives.

In 2017-18, the Ministry of Health's System Purchasing Branch negotiated the purchase of over $19 billion in health services from local health districts and specialty health networks

In 2017-18, the Ministry of Health's System Purchasing Branch negotiated the purchase of over $19 billion in health services from local health districts and specialty health networks, including acute, emergency department, sub-acute, non-admitted and mental health services. As part of this process, quality purchasing adjustors were applied to ensure NSW Health delivers high quality services safely. The objective is to make sure health purchasing is not driven by cost, but rather a focus on purchasing for patient outcomes.

The annual Service Agreements between the Ministry of Health and every local health district, specialty health network, pillar organisation and Health Administration Corporation entity were reviewed in 2017-18. These agreements remain strongly aligned to the NSW Health State Plan objectives, supporting a collective response to system priorities and ensuring roles and responsibilities are clearly articulated, and leading to a more collaborative approach with less duplication. The performance of local health districts and networks is measured against key performance indicators. The Leading Better Value Care Program, hospital acquired complications, and patient experience were added to these key performance indicators in 2017-18.

2.3 FOSTER ENGAGEMENT FROM CONSUMERS AND CARERS TO IMP THE CUSTOMER EXPERIENCE

NSW Health successfully implemented a Feedback Assist Widget on the main webpages of the Ministry of Health, local health districts, specialty health networks and NSW Ambulance. The widget is a citizen interface application that allows customers to provide feedback, compliments or suggestions. The system aims to give customers consistency and efficiency in complaint management across the whole of government.

In 2017-18, the NSW Health Customer Service Improvement Plan (CSIP) was updated and highlights key opportunity areas to improve customer satisfaction and patient experience.

The NSW Health CSIP focuses on four key priority areas:

- Improving Community Access to Acute Care
- Improving Community Access to Elective Surgery
- Delivering Truly Integrated Care
- CORE Values.

The Bureau of Health Information (BHI) surveyed more than 270,000 recent patients for the NSW Patient Survey Program and achieved response rates of 61 per cent. Tens of thousands of people responded by post and online to provide information about their experiences in a variety of settings in the NSW public health system.

The BHI also developed new key performance measures for patient experience which has resulted in the replacement of historic measures with two new indices comprising four and six scored questions, as well as a new improvement measure on treating patients with respect and dignity.

The Bureau of Health Information surveyed more than 270,000 recent patients for the NSW Patient Survey Program and achieved response rates of 61 per cent

The Clinical Excellence Commission (CEC) continued to strengthen systems and programs that enable consumers to engage with clinicians for better care. It continued to implement patient and family escalation of care with particular emphasis on Culturally and Linguistically Diverse (CALD) communities, mental health and emergency departments. The TOP5 program, supporting carer involvement in dementia care, continued to spread. Assisted by considerable input from health staff and consumers, a health literacy framework for NSW Health is progressing. The establishment of a joint Agency for Clinical Innovation and Clinical Excellence Commission Consumer Council this year further enabled the consumer voice to be included.

This year, the Patient Reported Measures program was implemented across 54 sites in 11 local health districts and specialty health networks, to drive patient-centred care and local improvements. Assessments were conducted at all local health districts to assess readiness for the implementation of a new IT solution to capture patient reported measures. Work continued between ACI and eHealth in readiness for the new program.

This year, 25 rural Multipurpose Services (MPS) participated in the Agency for Clinical Innovation Living Well in MPS Collaborative, which implemented principles of care and improved quality of life for MPS residents. Over 360 small-scale improvements were embedded, including developing social profiles highlighting residents' likes, dislikes and routines, improving access to aged care specific education for staff, using telehealth, and making environments more home-like, for example by building vegetable gardens and including pets. The final evaluation found the project addressed gaps in residential aged care assessment identified by the Australian Commission on Safety and Quality in Healthcare: A Principles in Practice Report.

The Cancer Institute and the Bureau of Health Information (BHI) implemented a statewide Client Experience Survey for BreastScreen NSW, with 17,000 women surveyed, with a response rate of 61 per cent. Overall, 97 per cent of women rated their experience as 'very good' or 'good', and 93 per cent said they would 'definitely' continue with routine mammograms.

HealthShare NSW had a 21 per cent increase in customer satisfaction scores (from 5.3 in 2016 to 6.4 in 2018), and a 13 per cent increase in customer engagement scores (from 5.5 in 2016 to 6.2 in 2018) as measured by a bi-annual customer survey.

HealthShare NSW rolled out My Food Choice to 4310 beds in 28 sites across NSW Health during 2017-18. The aim of this program supports nutritional outcomes and makes the experience of being in hospital more pleasant for patients.

A new ICT application for the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) was implemented in April 2018, resulting in an increase in the total number of claims processed, and processing times improved by 21 per cent.

Point of Care Testing expanded

NSW Health Pathology's Point of Care Testing program expanded 12 per cent on 2016-17 levels. With more than 1.5 million point of care tests performed in NSW each year, it is the largest managed program of its kind in the world. An independent review showed it generated $12 million annually in direct cost savings for the NSW health system. A further $6 million in savings comes from cases where patients did not require admission to emergency or ward beds. The program helps patients receive vital tests and treatment when and where they need it most.

Point of Care Testing is the largest managed program of its kind in the world

NSW Health Pathology also began customer service training for frontline collections staff, and a project to establish best practice around patient identification. A package of standardised patient information flyers explaining pathology tests and collection procedures is being developed.

2.4 ENSURE TIMELY ACCESS TO CARE WITH A FOCUS ON EMERGENCY, ELECTIVE SURGERY AND AMBULANCE PERFORMANCE

Emergency treatment performance

In 2017, NSW Health adopted a process to further strengthen Emergency Treatment Performance and identify support needs. This process involves close collaboration with the Ministry of Health on strategies to address patient flow and ensuring patients are efficiently moving through Emergency Departments (EDs).

The Ministry of Health's System Purchasing Branch provides expert advice and targeted support to districts and networks to improve emergency access and elective surgery performance. In 2017-18, subject matter experts tracked and monitored local and state level key performance indicators. They also completed site visits to districts and networks, to help build local capability for patient flow, emergency access and elective surgery waitlist management.

The NSW Patient Flow Collaborative started in November 2017 aimed at improving patient flow through collective efforts across 13 hospitals. The key focus of the Collaborative has been on spreading successful approaches across the system, focusing on increasing capacity and improving patient flow. The Collaborative methodology is based on rapid improvement initiatives focused on six key categories: admission avoidance; front door flows; senior decision making; bed management; hospital functions and discharge planning. Key stakeholders involved from each local health district hospital included: general managers or executive directors of operations; EDs and inpatient physicians; and key patient flow staff.

The NSW Patient Flow Collaborative started in November 2017 aimed at improving patient flow through collective efforts across 13 hospitals

The Whole of Health Program provided participating hospitals with onsite support and capacity to implement the rapid improvement initiatives. There were four learning set forums held across the 12 months that provided empirical learning, the opportunity to share successful improvement initiatives and problem solve common challenges. The learning sets were attended by key stakeholders within all 13 hospitals.

The Agency for Clinical Innovation (ACI) began a partnership with Central Coast Local Health District, supporting a pilot to reduce intensive care units exit block. Four sites across three local health districts were enrolled as part of the pilot phase. Staff from the sites attended capability training workshops to equip teams with the skills and knowledge needed to set up and lead the project locally.

The Emergency Care Institute completed the implementation of the Nurse Delegated Emergency Care (NDEC) project. This model of care supports registered nurses to manage the entire episode of care for patients presenting with less urgent conditions to emergency departments in rural and remote areas. Eleven sites have implemented NDEC, and a further 11 have been endorsed to start it.

The Centre for Healthcare Redesign Graduate Certificate Program supports local health district teams to build skills in local redesign. These teams deliver projects of strategic priority, creating better healthcare services. A snapshot of projects in 2017 includes increasing effectiveness and access to pulmonary rehabilitation, increasing flow in discharge lounges, reducing pre-operative iron deficiency for surgical patients, providing better referral and support services to residential aged care facilities to reduce unnecessary transfers, increasing access for endoscopy for patients at risk of bowel cancer and releasing more time to care for nurses by overhauling stock ordering and management.

Elective surgery

NSW Health is committed to achieving the State Priority of cutting wait times for planned surgeries, by increasing on-time admissions for planned surgery in accordance with medical advice, and is on track to achieve the target. The Ministry of Health's System Purchasing Branch introduced a comprehensive model for Elective Surgery Access Performance (ESAP) management in February 2018. The ESAP Monitoring and Recovery Support programs target facilities with large numbers of overdue elective surgery patients and poor on time performance. These hospitals must provide weekly reports and participate in teleconferences with the surgery and performance teams. The Ministry of Health worked closely with the hospitals to monitor improvement strategies, including spot purchasing, to reduce the number of overdue elective surgery patients.

Under the Increasing Access to Elective Surgery Initiative, the NSW Government invested an additional $3 million to further improve access to elective surgery services in NSW

Under the Increasing Access to Elective Surgery Initiative, the NSW Government invested an additional $3 million to further improve access to elective surgery services in NSW. The funding was provided to districts and networks to complete additional cataract extraction, hip replacement and knee replacement procedures.

In April 2018, the System Purchasing Branch Surgery Team hosted the second Annual Elective Surgery Waiting Time Coordinators and Booking Officers Professional Development Day. Fourteen speakers from the Ministry and local health districts gave presentations on a range of models and initiatives for increasing access to surgery. The day was very well attended, with 135 registrations from across districts, networks and pillar organisations and gave those attending the opportunity for networking and sharing ideas.

Ambulance improvements

NSW Ambulance has continued to expand and implement integrated care initiatives to provide patients with appropriate care options and reduce the number of transports to Emergency Departments (EDs). These include patient referral to alternate destinations, palliative and end of life care, aged care, paramedic connect and frequent user management. These programs focus on improving integration and patient connectedness, through both new and already established models of care, with local health districts, social service providers, Primary Healthcare Networks (PHNs) and non-government organisations within and across local health district boundaries. These include the Western Sydney Collaboration, NSW Ambulance Falls Strategy, NSW Ambulance Authorised Care Plans and NSW Ambulance Patient Focused Disability Inclusion Plan.

The Paramedic Response Network (PRN) is an innovative, evidence-based operating model that will deliver a more sophisticated and even deployment of paramedics and ambulance vehicles across metropolitan Sydney. To assist in implementing the new operational model, the NSW Government's $150 million Sydney Ambulance Metropolitan Infrastructure Strategy (SAMIS) program is delivering nine new superstations and new facilities called Paramedic Response Points (PRPs). Four additional ambulance superstations began operating in 2017-18, at Liverpool, Penrith, Northmead and Artarmon and brought the number of operational superstations in metropolitan Sydney to seven. The first PRP opened at Mortdale. These major milestones reached in the roll-out of the Paramedic Response Network model of operations continue to improve the availability of paramedics delivering exceptional clinical care to patients requiring mobile emergency assistance.

Four additional ambulance superstations began operating in 2017-18, at Liverpool, Penrith, Northmead and Artarmon

Running in all superstations in metropolitan Sydney from the beginning of operations, the Make Ready Model frees paramedics to provide clinical care to patients and delivers more efficient logistics management of ambulances. They return to service more quickly, more hygienically-cleaned and accurately stocked. More than 50 new logistics positions have been created, with logistics staff provided by HealthShare NSW, working side-by-side with paramedics.

NSW Ambulance is improving infrastructure across regional and rural areas to further strengthen the high quality mobile emergency medical care delivered to communities. The NSW Government's $122 million Rural Ambulance Infrastructure Reconfiguration program currently includes 23 locations across the state that will benefit from an upgraded, rebuilt or entirely new ambulance station.

Beginning operations in 2017-18, new and upgraded ambulance stations at Coolamon, Ardlethan and Harden brought the number of operational stations delivered to four, as part of the biggest regional and rural transformation of infrastructure in the organisation's history.

2.5 DISSEMINATE INFORMATION TO INFORM SYSTEM PERFORMANCE AND DRIVE REFORM

The landscape of health information in NSW is changing in response to emerging system priorities. There is growing interest in and demand for meaningful information for better decision making, more contextualised performance information, longitudinal data, and combined data sources that provide a more meaningful and coherent picture of system performance. NSW Health continues to increase transparency and the amount of information available for a wide range of audiences.

The Health Information and Performance Governance Committee (HIPGC) is NSW Health's principal data governance forum advising on data governance and facilitating collaboration between the Ministry, districts, pillars and shared services. It provides a system-wide perspective to ensure a strategic approach to data, data assets and data management to ensure data is available, meaningful, reusable and easily understood for decision makers at all levels of the organisation. The Committee advises NSW Health and eHealth NSW on matters relating to data governance including aspects of information management, performance reporting development, digital health (eHealth), governance and strategies, and to facilitate collaboration between the Ministry of Health, pillars, shared services, local health districts and specialty health networks in relation to these areas.

The Committee provides advice on reporting requirements, data collection management, eHealth matters which require long term oversight and which interface with data standards, contributes to the development of data standards, mandatory Minimum Data Sets for Statewide data collection implementation, and documentation of the annual NSW Health Service Agreement performance indicators and service measures. The Health Information and Performance Governance Committee endorsed the draft NSW Health Data Governance Framework which provides a principle-based approach to the development and management of NSW Health's statewide data assets. It also aided in the development of new KPIs, improvements to data quality and the development of new applications to support health improvements initiatives. The Health Information and Performance Governance Committee continues to inform local data custodians on broader data strategies and programs.

The Bureau of Health Information (BHI) provides all patient survey feedback to people who work within local health districts and are responsible for providing information to support improvements in patient experience in hospitals. In the second half of the year, BHI undertook extensive face-to-face consultations with LHDs and executives and has incorporated their feedback into its strategic plan for 2019-2022. The new strategic plan will better align BHI products with health priorities and improve responsiveness and timeliness of information. BHI continues to investigate methods of conveying concise and timely performance information on local hospitals to LHD boards.

BHI continued to deliver a suite of reports and information products on the performance of the NSW public health system using advanced data analytics, data visualisation and communications. BHI reports provide the community, health professionals and policy makers with information that increases the visibility of the performance of the healthcare system's performance, informing actions to improve healthcare and strengthen accountability.

Reports cover a wide range of topics including emergency department and surgical procedure waiting times, ambulance response times, patients' experiences in a variety of healthcare settings, and clinical variation between hospitals in mortality and readmissions.

The Bureau of Health Information continued to deliver a suite of reports and information products on the performance of the NSW public health system using advanced data analytics, data visualisation and communications

In 2017-18, BHI published 19 reports and data releases on healthcare performance and reported, for the first time, on the experiences of patients with disability in NSW public hospitals. Four Healthcare Quarterly reports were published featuring information about activity and performance for NSW public hospitals and ambulance services, adding 44 emergency departments to the analysis. The July to September issue of BHI's Healthcare Quarterly reflected the resilience of the NSW public health system at a time of an extraordinarily high number of influenza cases. The January to March issue reported, for the first time, on the number of inpatient episodes at NSW public hospitals that involved mental health treatment. This was an important step toward performance reporting in this area and supports the growing public interest in mental health services.

BHI published its first online chartpacks, which summarised healthcare performance information through key graphs that can be downloaded in different formats, making complex healthcare information more accessible and engaging. The chartpacks highlighted patient-reported experiences at outpatient cancer clinics throughout NSW, and compared the NSW healthcare system with 11 countries who took part in the 2016 Commonwealth Fund International Health Policy survey. BHI also worked with the Clinical Excellence Commission (CEC) to produce a chartpack on reporting of hand hygiene compliance, which brought together data from different sources, including patients' observations of hand washing.

BHI's Healthcare in Focus report took a comprehensive look at healthcare performance in NSW and featured some 140 indicators – placing NSW results, where possible, in an international or national context. This report was structured around a framework that considered performance in terms of six key dimensions: accessibility; appropriateness; effectiveness; efficiency; equity; and sustainability. BHI also conducted targeted sampling of 30,000 patients across nine disease groups to provide patient experience and outcome data to the Leading Better Value Care program. This data will become part of the Register of Outcomes, Value and Experience (ROVE) that represents one of the most detailed linked datasets in Australia.

BHI continued to manage and expand the NSW Patient Survey Program to support integrating patient feedback into health system improvements. The Survey asked 270,000 patients about their time in NSW public hospitals including children and young people, emergency department patients of rural, regional and metropolitan hospitals, maternity patients, patients attending outpatient clinics, including cancer clinics, and for the first time, women visiting a BreastScreen NSW centre for a routine screening mammogram.

In 2017-18, BHI partnered with the Commonwealth Fund to collect and report on the healthcare experiences of older adults (65+) in NSW. A chartpack presented data comparing the NSW population with 10 other countries and their respective health systems, including measures such as access to care, patient experiences with GPs and hospital care, care for chronic conditions, and end of life care.

In 2017, the Reporting for Better Cancer Outcomes Program reported on 53 key performance indicators in cancer control, including eight focused on patient-reported measures. This is almost double the number of indicators reported in 2015 (22), providing a more comprehensive view of cancer control across the state.

PRIORITY 3

INTEGRATED SYSTEMS TO DELIVER TRULY CONNECTED CARE

KEY ACHIEVEMENTS FOR 2017-18

- Roll-out of statewide enablers, including a risk algorithm, in local health districts to help identify consumers who could benefit from extra support.
- Implementation of a new funding approach for integrated care, to fund areas based on population.
- Evaluation of over 13,000 patients to see whether patients receiving integrated care, including additional support in the community, were less likely to require hospital care.
- In 2017-18, NSW Health completed a feasibility trial of domestic violence screening and response in emergency departments.
- The NSW Government invested $2 million to deliver projects under the Suicide Prevention Fund.
- The National Disability Insurance Scheme (NDIS) delivered to 89,000 participants including 34,450 people who received disability support for the first time.
- During 2017-18, EnableNSW assisted 70 hospital loan pools to replace old stock and fill gaps for much needed discharge equipment at a value of over $3 million.

3.1 REFINE EMERGING MODELS OF INTEGRATED CARE FOR BROADER IMPLEMENTATION IN THE COMMUNITY

The NSW Integrated Care Strategy commenced in 2014. It aims to better coordinate patients across the hospital and community settings by developing and implementing new models of care. This year represented a significant change in the approach to integrated care, with an emphasis on working in partnership with the Commonwealth and a focus on engaging partners outside NSW Health that offer support to people with complex needs. The Coordinated Care Bilateral Agreement with the Commonwealth Government began with NSW Health undertaking all eight priority areas recommended by the Council of Australian Governments (COAG). Ongoing funding of $30 million was provided to local health districts to implement local approaches and share what works for scaling across different regions or different population groups.

The HealtheNet Clinical Portal provides NSW Health clinicians with secure and immediate access to an aggregated summary view of a patient's recent medical history from across all NSW local health districts (LHDs) and a patient's national My Health Record, if they have one.

When a patient is discharged from hospital an Electronic Discharge Summary is shared to a patient's My Health Record via the HealtheNet Portal thereby supporting a better-connected health system nationally.

Radiology Information Systems (RIS) and Picture Archive and Communication Systems (PACS) solutions are a critical component of effective and integrated clinical care. eHealth NSW commissioned a program of work championed by an alliance of local health districts (LHDs), The Sydney Children's Hospitals Network and NSW Pathology to procure a replacement for the current end-of-life solution. The new RIS-PACS solution will provide a shared platform with the ability to share medical images and information across LHDs in NSW. The program will deliver new and consolidated imaging IT infrastructure and allow for increased efficiency by the seamless sharing of images and information between departments and different health facilities. In 2017-18, the RIS-PACS program completed vendor selection, established the RIS-PACS program and service delivery governance, and initiated a proof of concept project.

eHealth NSW and The Sydney Children's Hospitals Network partnered with the Australian Digital Health Agency to establish and lead the National Children's Digital Health Collaborative

eHealth NSW and The Sydney Children's Hospitals Network partnered with the Australian Digital Health Agency to establish and lead the National Children's Digital Health Collaborative. This national program is exploring how digital health technology can help make Australia the best place in the world to raise healthy children. It will ensure that all Australian children, irrespective of location, socioeconomic status or cultural background, have the same opportunity to be healthy, safe and thriving. The Collaborative is supporting the National Digital Health Strategy to support families and their healthcare providers to readily access a comprehensive longitudinal digital health record. It brings together over 400 stakeholders including healthcare providers, clinicians, consumers, government agencies, researchers and industry representatives. Since early 2018, NSW Health has been leading the first of four initiatives: the development of a national Child Digital Health Record.

3.2 DELIVER MENTAL HEALTH REFO ACROSS THE SYSTEM

In 2017-18, the NSW Government committed an extra $20 million for mental health reform, bringing the Government's recurrent investment in reform to $95 million per annum.

A major focus of mental health reform is strengthening community-based mental health services. Key achievements under the reform include:

- Successfully transitioning 120 long stay patients to the community by the end of 2017.
- Expanding specialist mental health clinical and community living support services.

- Workforce training and development for health and partner workforces.

Suicide prevention

The fifth National Mental Health and Suicide Prevention Plan 2017-2022 was released in October 2017. This plan remains focused on integrated regional planning and service delivery between primary health networks (PHNs) and local health districts (LHDs) as priority areas.

The NSW Ministry of Health and the NSW Mental Health Commission are leading the development of a Strategic Framework for Suicide Prevention in NSW. This will set out the fundamental principles of suicide prevention, helping communities coordinate the essential elements in a way that suits their own local needs and conditions.

> The NSW Ministry of Health and the NSW Mental Health Commission are leading the development of a Strategic Framework for Suicide Prevention in NSW

The Strategic Framework for Suicide Prevention in NSW will help organisations to clearly understand their responsibilities and will strengthen our system's ability to respond to suicide. It will better coordinate services across Commonwealth, state and local levels, including LHDs and Primary Health Networks (PHNs), and between health and other critical service areas such as education, justice, and family services.

In 2017-18, the NSW Government also invested $2 million to deliver projects under the Suicide Prevention Fund. Eight mental health non-government organisations (NGOs) have been commissioned over four years to deliver community-based suicide prevention activities across NSW. Actively involving LHDs and PHNs in the governance structures for these projects remains critical to their success.

Reviews and initiatives

In 2017, the NSW Government asked the NSW Chief Psychiatrist, together with a panel of five local and international mental health experts, to undertake a statewide review into the seclusion, restraint and observation of consumers in NSW Health facilities. The review team examined the use of seclusion, restraint and observation in acute mental health units and declared emergency departments. The review included local and international evidence, 10 community consultations, consultations with more than 300 frontline mental health and emergency department staff and more than 300 mental health and emergency department leaders, site visits to 25 facilities and more than 100 written submissions. The review report was publicly released on 18 December 2017 and the Government accepted all 19 recommendations at that time. The Review identified seven themes and made a number of recommendations across the areas of culture and leadership, consumer safety, accountability and governance, workforce, consumer and carer engagement, data and the built and therapeutic environment.

DELIVERING INTEGRATED CARE
COMMUNITY EYE CARE IN WESTERN SYDNEY

Western Sydney Local Health District

Glaucoma and diabetic retinopathy (DR) are major causes of visual impairment in Australia. Glaucoma affects four per cent of people over 40, half of whom are undiagnosed. Diabetic retinopathy affects 35 per cent of people with diabetes. In addition, only 20 to 50 per cent of the population have regular eye examinations.

Community Eye Care is an innovative care model in Westmead Eye Clinic. Low risk glaucoma and diabetes patients have standardised assessments at community-based optometrists, and the files are then electronically transferred to Westmead for ophthalmologist review.

The initiative resulted in better outcomes by improving access to ophthalmic services through streamlined referral and assessment, bolstering communication between providers, and improving access to eye clinic services. Almost half of patients (47 per cent) do not require a hospital appointment, resulting in improved capacity and more timely access for patients who need eye clinic appointments.

Photo: Joseph Nazarian, Western Sydney LHD; Victor Carey, Baxter; Andrew White, Western Sydney LHD; Brad Hazzard, Minister for Health; Belinda Ford, Western Sydney LHD; Stewart Dowrick, CE, Mid North Coast LHD; Elizabeth Koff, Secretary, NSW Health; Margaret Nguyen and Jackie van der Hout, Western Sydney LHD.

> The mental health acute seclusion rate has been reduced by 16% (from 6.9 episodes per 1000 bed days in 2016-17 to 5.8 in 2017-18)

The mental health acute seclusion rate has been reduced by 16 per cent (from 6.9 episodes per 1000 bed days in 2016-17 to 5.8 in 2017-18) On 11 May 2018, NSW Health released Mental Health Safety and Quality in NSW: A plan to implement the recommendations of the Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities.

During 2017-18, The Hon Anthony Whealy QC, a former Supreme Court judge, conducted a review of the NSW Mental Health Review Tribunal which dealt with forensic patients. The report on the review was publicly released on 6 June 2018.

In response to the review's recommendations, and to recommendations made by the Law Reform Commission, the Attorney General and the Minister for Mental Health announced an overhaul of the forensic mental health system.

Reforms will focus on improving outcomes for victims while maintaining the fair treatment of people who have cognitive and mental health impairments.

There was also a statutory review of the Mental Health Commission in 2017-18. External consultations with more than 100 NSW Health, NSW Government, non-government and community stakeholders took place between October 2017 and January 2018. This included an online survey, which received 753 responses and a collaborative multi-stakeholder one-day forum attended by 60 invited participants. The final review report was tabled in Parliament in June 2018.

Aboriginal mental health and wellbeing

In 2017-18, guided by an Aboriginal expert advisory group, the Ministry of Health developed a draft of the Aboriginal Mental Health and Wellbeing Policy. This policy is currently being aligned with the recently-approved NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022 and wider consultation will begin in late 2018.

Forensic mental health strategic planning

The draft forensic mental health strategic plan contributed to early planning for the $700 million Statewide Mental Health Infrastructure Program. Planning is now underway for a number of key projects, including additional beds for the forensic mental health network.

Training

The Health Education Training Institute (HETI) has embedded mental health recovery as the key concept driving the development of the two higher education frameworks: Applied Mental Health Studies and Psychiatric Medicine. In addition, all online learning modules developed have a focus on recovery.

3.3 INTEGRATED APPROACH TO END OF LIFE AND PALLIATIVE CARE

In 2017-18, NSW Health released the Making an Advance Care Directive package, which contained an information booklet and an Advance Care Directive form. The NSW Health webpage on Advance Care Planning was updated to provide up-to-date resources for the public and health professionals.

NSW Health continued to deliver the Government's $100 million enhanced investment over 4 years in palliative care. In 2017-18, $17.4 million was allocated to increase the medical and nursing specialist palliative care workforce, enhance training and skill development, improve medication management and implement the Silver Chain Palliative Care Service in Western Sydney Local Health District (WSLHD).

EXCELLENCE IN THE PROVISION OF MENTAL HEALTH SERVICES

INNOVATIVE SERVICE DELIVERY M

Western Sydney Local Health District

This project aims to support for people who dial triple-zero for an ambulance when they need mental health care. Such calls are up to 15 per cent of clients who call triple zero. In response to this, Cumberland Hospital in partnership with NSW Ambulance implemented the Mental Health Acute Assessment Team (MHAAT) which promotes hospital avoidance and links patients with appropriate community mental health service. It maximises mainstream health resources such as emergency departments through reducing long stay mental health patients.

Since the introduction of MHAAT there has been a significant reduction in the number of mental health patients staying in emergency department longer than 24 hours. This indicates patients are receiving appropriate care, such as referral and follow up in community or admission, more quickly. MHAAT diverted more than 500 patients from emergency departments in 2016.

Photo: Jonathan Tunhavasana, NSW Ambulance; Dr Nigel Lyons, Deputy Secretary, Strategy and Resources; Lynn Miranda, Western Sydney LHD; Dr Murray Wright, Chief Psychiatrist; Charles MacMillan and Anita Dass, Western Sydney LHD; Elizabeth Koff, Secretary, NSW Health; Brad Hazzard, Minister for Health.

NSW Health is developing an End of Life and Palliative Care Framework, informed by 10 roundtables across NSW in 2017 and a survey of 2000 health consumers, professionals and advocates. The Framework will set the vision and direction for end of life and palliative care in NSW, to ensure all people can access the best possible end of life and palliative care no matter their age, health condition or where they live.

Local health districts also placed considerable importance on palliative care initiatives. Far Western NSW Local Health District continued to implement its Palliative and End of Life Care Framework across all care settings. Broken Hill hosted a rural and regional Ministerial Roundtable on Palliative Care in May 2017, helping to inform the Minister for Health on palliative care successes and challenges.

Broken Hill hosted a rural and regional Ministerial Roundtable on Palliative Care in May 2017

The Silver Chain Palliative Care Service commenced in the Western Sydney Local Health District (WSLHD) in July 2017. It will provide 24/7 community based palliative care, and benefit an estimated 8340 people or more.

The service is progressing well, and demonstrating a strong partnership between WSLHD and the Silver Chain Group in supporting patient referrals to the service. At the end of June 2018, more than 800 people had received the Service and referrals had exceeded expectations.

The Agency for Clinical Innovation (ACI) Palliative Care Network, in collaboration with the Clinical Excellence Commission, planned and co-facilitated over 24 strategic and/or operational planning workshops with local health districts and specialty health networks, to provide support for people approaching and reaching the end of their lives, as well as their families and carers. The workshops were tailored to meet local population planning and workforce needs and drew on the ACI's online planning resource Palliative and End of Life Care – A Blueprint for Improvement.

3.4 TRANSITION TO THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS) AND EMBED DISABILITY INCLUSION

The NSW transition to the National Disability Insurance Scheme (NDIS) officially completed on 30 June 2018. EnableNSW is extending its current working arrangement with the National Disability Insurance Agency to 30 June 2019 to assist in finalising the phasing and transition of people to the NDIS. The extension provides interim supports whilst the NDIS develop and implement a new Assistive Technology (AT) pathway for participants. NSW Health has a mutual interest in ensuring National Disability Insurance Agency participants receive AT in a timely manner and remain safe and independent in the community and avoid unnecessary readmission to hospital.

EnableNSW has provided a number of workshops in local health districts to assist allied health, nursing and medical staff understand how EnableNSW is working in partnership with the NDIS. Sessions have focused on the role of EnableNSW as a registered provider and have targeted all areas of AT and service provision under the Working Arrangements.

Over the last year of transition, NSW Health has worked intensively with the National Disability Insurance Agency and other government departments to ensure all existing clients of state disability services, as well as almost 35,000 receiving special disability supports for the first time, transitioned successfully to the NDIS. The NSW Ministry of Health supported local health districts and specialty health networks to establish clear referral pathways, resolve NDIS-related issues and develop supporting resources.

NSW Health continued its focus on streamlining hospital discharge for NDIS participants, supporting faster access to early intervention services for children with disability and monitoring the interface between the NDIS and the health system.

> NSW Health worked intensively with the National Disability Insurance Agency (NDIA) and other government departments to ensure all existing clients of state disability services, as well as almost 35,000 receiving special disability supports for the first time, transitioned successfully to the NDIS

The NDIS is now available across NSW to eligible people under 65. More than 89,000 participants now have choice and control over who provides support to them and how that support is provided. This includes 34,450 people who are receiving special disability supports for the first time. Almost all former clients of NSW Government-funded disability services have successfully transitioned to the NDIS.

NDIS referral pathways and resources are in place in over 220 hospitals and health centres across NSW. NSW Health will continue working with the National Disability Insurance Agency to support those applying for access to the Scheme and clarify which supports are within scope for NDIS funding.

NSW Health Disability Inclusion Action Plan 2016-2019

As part of the obligations in the *NSW Health Disability Inclusion Action Plan 2016-2019*, NSW Health promotes the provision of equitable systems and processes to improve the access and experience of people with disability.

This year there has been ongoing improvement to promote and encourage staff to undertake standardised online learning across NSW Health organisations. In 2017, the Health Education and Training Institute developed, implemented and reviewed training modules with a focus on disability, diversity, awareness and inclusion. Collaboration has occurred across the NSW Health system to develop additional priority education and training resources with a disability inclusion focus.

In addition to the formalised NSW Health training, many local health districts and specialty health networks undertake local training on care and service provision for people with disability. The main focus of this training is to build staff awareness of the experience of people with disability in order to understand disability inclusion. Some of these local resources and training include:

- revising behavioural interview training to include disability inclusion (Hunter New England LHD)
- face to face disability awareness training (HealthShare NSW and eHealth NSW)

In 2017 more than 16,800 online courses were undertaken by NSW Health staff to build knowledge, confidence, and communicate skills in providing care and services to people with disability.

SUPPORTING CULTURALLY RESPONSIVE PAIN MANAGEMENT APPROACH

South Western Sydney Local Health District

South Western Sydney identified that most pain management research excluded culturally and linguistically diverse (CALD) communities. In the few studies published, those communities had poorer outcomes for pain, quality of life and function compared to patients from dominant cultures.

As a result, South Western Sydney Local Health District brought in a rigorous research approach to improve pain management for CALD patients. It included a review of pain management interventions and their efficacy, and a qualitative enquiry with adults with chronic pain was carried out across Mandaean, Vietnamese and Assyrian groups. The findings led to three key improvements: development of a physiotherapy-led culturally-adapted treatment, the validation of a visual tool to evaluate pain-related suffering, and a study to evaluate the effectiveness of a culturally-adapted assessment and treatment approach. The study highlighted significantly higher levels of patient engagement and reduced pain-related suffering compared with those who attended standard physiotherapy.

Photo: Annette Solman, CE, Health Education and Training Institute; Elizabeth Koff, Secretary, NSW Health; Lucy Chipchase and Matt Jennings, South Western Sydney LHD; Michael Foreman, First State Super; David Wong, Bernadette Brady, Christine Eagleton, Natalie Pavlovic and Rob Boland, South Western Sydney LHD; Brad Hazzard, Minister for Health.

3.5 DETERMINING NSW HEALTH'S FUTURE ROLE IN RESPONSE TO AGED CARE REFORMS

NSW Health delivers a number of aged care services on behalf of the Australian Government. Some services are at the interface of the health and aged care systems, impacting client outcomes and quality of life. Other aged care services are less acute contributing positively to an older person's well-being.

NSW Health's role as a provider of Australian Government aged care services includes the Aged Care Assessment Program (ACAP), Regional Assessment Service (RAS), Transition Aged Care Program (TACP), Commonwealth Home Support Program (CHSP) and nine residential aged care facilities. In 2017-18, NSW Health completed 60,891 comprehensive assessments for the Aged Care Assessment Program on behalf of the Australian Government. During 2017-18 NSW Health Aged Care Assessment Teams (ACATS) piloted the NSW Health Older Persons Reported Experience Measure (OPREM) an evidence based tool to ensure we hear the voice of people using the service.

NSW Health received exceptional feedback from the clients surveyed:

- 96 per cent of clients agreed or strongly agreed that they were satisfied with their assessment and that they would recommend the service to others;
- 98 per cent of clients agreed or strongly agreed that they were listened to and involved in their assessment as much as they wanted to be;
- 96 per cent of clients agreed or strongly agreed the assessor clearly explained the purpose of the assessment.

In 2017-18 the Integrated Care program established an Aged Care Nurse Practitioner position based at Tweed Heads. This position was jointly funded by North Coast Primary Health Network and the Northern NSW Local Health District to develop a hospital avoidance service model. The Nurse Practitioner developed a collaborative relationship with nine General Practices and provided an assessment, treatment and management service model for over 220 patients who were living at home. Also in Northern NSW Local Health District, Dorrigo Hospital became the first site in NSW to be accredited under the Eden Program, an aged care cultural change model designed to combat loneliness, helplessness and boredom in older people.

3.6 SUPPORT VULNERABLE FAMILIES AND YOUNG PEOPLE IN THE COMMUNITY AND OUT OF HOME CARE

NSW Health is a partner agency in the whole-of-government reforms in domestic and family violence. This includes participating in all Safety Action Meetings throughout NSW.

In 2017-18, NSW Health completed a feasibility trial of domestic violence screening and response in emergency departments.

The NSW Ministry of Health worked with the Department of Premier and Cabinet on the NSW response to the recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse, to improve support and treatment for victims, survivors, and children with harmful sexual behaviour. The response included expanding NSW Health New Street services for children and young people engaging in harmful sexual behaviour.

NSW Health is a key partner in the Their Futures Matter reforms, with the Deputy Secretary, Strategy and Resources sitting on the board responsible for reform implementation. The reforms highlight the government's commitment to delivering wrap-around supports to vulnerable children and families across the state, adopting an investment approach to improving life outcomes.

Western Sydney LHD is piloting a wrap-around service that provides increased and ongoing support to vulnerable young parents and their children

NSW Health has led a comprehensive review of the healthcare needs and service responses for a cohort of vulnerable children aged under 12 years in out-of-home care. This review has contributed to the development of a range of service solutions for children and young people in out-of-home care that complement the existing NSW Health out-of-home care Health Pathway Program. For example, all local health districts are enhancing coordinated care for the under 12 cohort through a new cross government Team Around the Child initiative.

In addition, Western Sydney Local Health District is piloting a wrap-around service that provides increased and ongoing support to vulnerable young parents (25 years and under) and their children. This includes providing a dedicated coordinator and new multidisciplinary team to respond to health needs. Nepean Blue Mountains Local Health District is supporting a pilot for a wrap-around service to better support 10 to 17 year olds entering the juvenile justice system, including additional and improved clinical support for young people appearing at Parramatta Children's Court.

PRIORITY 4

DEVELOP AND SUPPORT OUR PEOPLE AND CULTURE

KEY ACHIEVEMENTS FOR 2017-18

- NSW Health funded 15 additional medical specialist training positions across a range of specialties, including endocrinology, genetic pathology, palliative care and psychiatry.
- A total of 2400 new graduate nurses and midwives have been employed in NSW Health in 2018.
- There were a record 999 medical intern training positions in NSW in 2018, an increase of 149 positions since 2012 and an annual investment of $107 million to train interns. A further six NSW intern positions in southern NSW were recruited as part of the Australian Capital Territory intern training network.
- There were 132 Rural Preferential intern positions filled in 2018.
- In 2018, 20 Aboriginal medical graduates started as interns in NSW. This is the highest since the Aboriginal Medical Workforce recruitment pathway started.
- NSW Health Junior Medical Officer Recruitment campaign recruited 3146 junior medical officers for the 2018 clinical year.
- NSW Health continues its commitment to improving Aboriginal health by increasing the Aboriginal nursing and midwifery workforce, with 70 Aboriginal nursing and midwifery students currently supported with cadetships in 2018. Since inception, 150 nurses and midwives have graduated through this program.
- Scholarships were also provided to assist Aboriginal nursing and midwifery students in their studies. This included 47 undergraduate scholarships and 12 Postgraduate scholarships.
- 72 rural postgraduate midwifery student scholarships have been provided since 2011 to small rural maternity units to 'grow their own' midwifery workforce, improving viability and sustainability of maternity services in these communities.
- More than 1400 Enrolled Nurse scholarships have been awarded since 2013, including 202 in 2018.
- Aboriginal students completed 92 TAFE qualifications: 24 in 2015, 44 in 2016, and 24 in 2017.
- There were 15 leadership and management programs available through the Health Education and Training Institute (HETI).
- A 149 per cent increase in CORE Chat participation and 84 per cent increase in CORE Chat for Managers.
- A total of 114,000 staff or 84 per cent in-scope staff were rostered using HealthRoster.

The NSW public health system is the largest healthcare employer in Australia, with 117,047 full-time equivalent staff as of June 2018.

In June 2018, there were 12,137 full time doctors employed within the NSW health system, representing approximately 10 per cent of the total health workforce, and 10,445 allied health professionals. A record 48,286 full time equivalent nurses and midwives were working in NSW Health hospitals and health services as at June 2018.

The NSW Health workforce is complex and diverse. Under the guidance and direction of the NSW Health Professional Workforce Plan and the Health Education and Training Institute (HETI) Strategic plan, major workforce capability strategies were developed and implemented in 2017-18.

These plans provide the framework for recruitment, training and education of health professionals in all NSW Health agencies over the next decade.

Continuing professional development and education are vital for fostering new knowledge, understanding and innovative thinking. The aim is to create a skilled workforce, support for students and continuing professional development, as well as leadership and management programs.

Building and strengthening our Aboriginal workforce has been a strong focus for NSW Health for many years. In 2018, we began a review of the Respecting the Difference program, which is cultural training aimed at building a stronger understanding and appreciation of Aboriginal history and contemporary issues that impact on Aboriginal people. In September 2015, the NSW Premier announced 30 priorities for the state. One of these is Driving Public Sector Diversity, which commits NSW Health to doubling the number of Aboriginal and Torres Strait Islander people in senior leadership roles, and increasing the proportion of women in senior leadership roles to 50 per cent by 2025. In November 2017, a Jobs for People with Disability target was announced. It commits to a doubling of representation of people with disability by 2027.

NSW Health is committed to providing a workplace culture that supports wellbeing of the workforce with a focus on the NSW Health CORE values of collaboration, openness, respect and empowerment.

A diverse and balanced skills mix is key to improving system and patient outcomes. NSW Health frequently reviews models of care and service design to identify efficiencies and opportunities to improve. This includes building an efficient mix of interdisciplinary clinical education to support patient care.

A SAFE AND HEALTHY WORKPLA
WORKING TOGETHER TO STOP VIOLENCE

Mid North Coast Local Health District

The Mid North Coast Local Health District recognises that staff and visitors have the right to be safe at work. Domestic and family violence in the workplace can create distress as well as pose a risk to employees and the public. It can also impact work performance and productivity. As a team Mid North Coast Local Health District wanted to create both a safer workplace and a workforce that understands how to prevent violence.

To deliver a solution, the Mid North Coast Local Health District worked to become an accredited White Ribbon Workplace. This whole-of-organisation approach to violence prevention engaged and enabled staff to lead the change. Interactive domestic and family violence workshops were made available to more than 4000 staff. Post training feedback revealed significant improvements across a range of areas. Mid North Coast Local Health District is proud to be the first NSW local health district to achieve White Ribbon Workplace Accreditation.

Photo: Michael Foreman, First State Super; Don MacKenzie, Stewart Dowrick, CE and Colleen Ryan, Mid North Coast LHD; Leslie Williams, Parliamentary Secretary for Regional and Rural Health; Jane Newman and Jo Trewavas, Mid North Coast LHD; Elizabeth Koff, Secretary, NSW Health; Brad Hazzard, Minister for Health.

4.1 RIGHT PEOPLE, RIGHT SKILLS, RIGHT TIME: TO GROW AND SUPPORT A S WORKFORCE

Improving the supply of appropriately trained and qualified workers across all areas is important. In 2017-18, NSW Health continued to implement existing programs as well as new initiatives including:

- The Health Education and Training Institute (HETI) employed a full time Diagnostic Imaging Medical Physicist Training Advisor to support the development of the Medical Physicist workforce.
- One radiopharmaceutical science training position was funded for three years, to be based at Royal Prince Alfred Hospital.
- NSW Health funded five scholarships and two academic prizes for Radiopharmaceutical Science students from Macquarie University to encourage course enrolment and completion.

The five year progress report on the Health Professionals Workforce Plan 2012-22 indicated that most strategies and actions are on track

The Health Professionals Workforce Plan 2012-22 was released in August 2012, following extensive consultation with a broad range of health professionals, organisations, associations and providers, both rural and urban. The plan is a high level framework, aligned with the State Health Plan: Towards 2021. It outlines the strategies to ensure NSW Health trains, recruits and retains a full range of health professionals to meet future community needs. The five year progress report indicated that most strategies and actions are on track, with NSW Health heading in the right direction: health services from the right people with the right skills in the right place. The plan is approaching its seventh year, and remains a strong element of the NSW Health Strategic Priorities. The Ministry of Health will review the plan to ensure it continues to align with future health workforce priorities to support the delivery of health service and improve patient care. The current detailed plan can be found at www.health.nsw.gov.au/workforce.

Training

NSW Health funded 15 additional medical specialist training positions across a range of specialties, including endocrinology, genetic pathology, palliative care and psychiatry, in line with identified workforce priorities.

There were a record 999 medical intern training positions in NSW in 2018, an increase of 149 positions since 2012. A further six NSW intern positions in southern NSW were recruited as part of the Australian Capital Territory intern training network. This represents an annual investment in the order of $107 million to train interns.

The annual NSW Health Junior Medical Officer Recruitment campaign successfully recruited 3146 junior medical officers for the 2018 clinical year. The campaign involved 46,673 applications, mainly for specialty training positions, including endocrinology, haematology, medical oncology, general medicine and paediatrics.

More than 1400 Enrolled Nurse scholarships have been awarded since 2013, including 202 in 2018.

Aboriginal students have completed 92 TAFE qualifications: 24 in 2015, 44 in 2016, and 24 in 2017. These include qualifications in Dental Assisting, Oral Health Promotion, and Dental Radiography. Some students have completed more than one qualification. The 2018 cohort is projected to graduate with 25 TAFE qualifications in late 2018.

The Aboriginal Environmental Health Officer Training Program develops a highly skilled Aboriginal workforce by providing employment, education (Bachelor degree) and support over six years for Aboriginal people to become Environmental Health Officers (EHOs). The trainees are also assessed against defined workplace proficiencies. In 2017-18, there are 13 continuing trainees and 17 graduates in the training program. One trainee graduated during this period and gained full time employment in local government as an EHO.

The NSW Rural Generalist Medical Training Program provides Junior Medical Officers with a supported training pathway to a career as a rural generalist, able to deliver services in both hospitals and general practice in rural communities. Training opportunities exist in the areas of: anaesthetics, emergency medicine/obstetrics, mental health, obstetrics, paediatrics and palliative care. In 2017-18, The Health Education and Training Institute (HETI), in consultation with the NSW Ministry of Health, Royal Australian College of General Practitioners, the Australian College of Rural and Remote Medicine and the Australasian College of Emergency Medicine, developed a new emergency medicine pathway for the program. The pathway will train medical officers who will be credentialed with a scope of practice suitable to provide services and leadership for local health districts in rural and remote towns in NSW in emergency medicine. A pilot of the emergency medicine pathway has been introduced for the 2019 clinical year.

The Public Health and Biostatistics training programs offer three-years of supervised workplace based training across a range of settings within NSW Health. Eight new trainee biostatisticians started the Biostatistics Training Program in 2017-18. Five trainees graduated and were awarded a Master of Biostatistics degree from the University of Sydney. Four new trainee public health officers started the Public Health Training Program in 2017-18, and three trainees graduated with a certificate of completion.

The Aboriginal Population Health Training Initiative supports Aboriginal people to develop and apply public health skills through three years' of workplace based training and part-time postgraduate study. In 2017-18, seven new trainees started the program and two trainees completed their training and achieved a Master of Public Health degree.

During 2017-18, HETI published a total of 170 new digital learning resources

HETI delivered three medical supervisor training courses in 2017-18. The two-day course builds the financial, people and performance management capabilities of medical managers, particularly those who receive a Staff Specialist allowance. HETI's two new higher education programs in mental health began their second year of delivery in 2018. HETI is continuing to promote these courses and new strategic initiatives are being developed for HETI Higher Education, with the aim of consolidating and improving the quality of the new programs.

HETI is now a Registered Training Organisation (RTO) delivery site and began delivering the Diploma of Leadership and Management in 2018. This Diploma is the first year of the two-year Next Generation of Leaders and Managers in NSW Health Program, previously delivered in partnership with NSW TAFE. Cohort 2 of this program commenced in 2018 and will undertake the Diploma delivered by HETI through face-to-face learning environments. HETI will also offer the Diploma program through blended delivery to NSW Health staff, such as those working in rural and remote areas, who do not have access to this course through one of the other existing delivery sites. HETI may also deliver RTO programs where there is a statewide demand in the future.

During 2017-18, HETI published a total of 170 new digital learning resources. They cover a variety of topics including: newborn advanced life support, preventing and managing hypoglycaemia, public health emergency management, and workplace discrimination, harassment and bullying for employees and managers. These resources are available to all NSW Health employees through My Health Learning.

The Rural eHealth Program played a pivotal role in upskilling and training NSW Health staff in rural and remote locations to learn new skills for recording patient information, as well as using the electronic systems to monitor and better inform patient care.

Recruitment and on-boarding

HealthRoster is the statewide rostering system providing a wide range of functional and business benefits to meet the needs of NSW Health. HealthRoster reporting analytics tools are delivering important benefits through increased visibility of rostering practices to NSW Health local health districts (LHDs) and organisations to support better workforce management decision-making. The system enables managers to roster more effectively by providing dynamic feedback on staffing needs and award compliance while rosters are being built and modified. This supports improved workforce and service planning and the meeting of Service Level KPIs and quality standards. It also supports staff through adoption of safe working hour practices, leading to improved health and wellbeing.

The Human Capital Management Program is being implemented across NSW Health, providing an improved and more streamlined statewide recruitment and on-boarding solution.

COLLABORATOR OF THE YEAR
CLAIRE PHELAN

South Eastern Sydney Local Health District

Since her appointment as Director of the South Eastern Sydney Local Health District Oral Health Service in 2014, Claire has transformed the service into a client-focused team with clear strategic direction and a culture of innovation and excellence. Claire is committed to the ongoing development of her team, supporting staff to study and creating Aboriginal traineeships in administration and dental assisting.

Significant achievements include strengthening ties with local Aboriginal communities, a new two-chair dental clinic at the La Perouse Aboriginal Community Health Centre and redeveloping the Mission Australia dental clinic for homeless people. The commissioning of a mobile dental clinic has improved access to dental care for priority populations, such as residents of aged care facilities.

Photo: Zoran Bolevich, CE, eHealth; Susan Pearce, Deputy Secretary, System Purchasing and Performance; Claire Phelan, South Eastern Sydney LHD; Elizabeth Koff, Secretary, NSW Health; Brad Hazzard, Minister for Health.

Plan was published in November 2017. It aims to better support NSW Health's junior medical workforce and provide greater assistance to junior doctors if burnout and other mental health issues arise. The plan features 10 practical initiatives to be implemented over the next 12 to 18 months, and will contribute towards continued efforts to improve the medical culture.

One of these initiatives is the Your Training and Wellbeing Matters Junior Medical Officer (JMO) online survey, undertaken in November 2017. It was the first time all employed junior medical officers had been surveyed by any Australian state or territory health department. It was open to all junior medical officers working in NSW Health. The survey received 1910 responses, a 22 per cent response rate.

4.2 FOSTER A CULTURE THAT REFLECTS OUR CORE VALUES AND RESPECTS DIVERSITY

NSW Health is committed to providing a workplace culture that supports wellbeing of the workforce with a focus on the NSW Health CORE values of collaboration, openness, respect and empowerment.

NSW Health continues to drive improvements in workplace culture, including system-wide changes to improve the health and wellbeing of our junior medical workforce. Following the JMO Wellbeing and Support Forum in June 2017, the JMO Wellbeing and Support

Your Training and Wellbeing Matters JMO online survey, undertaken in November 2017, was the first survey of its kind undertaken by any Australian state or territory health department

Health organisations continued to implement local strategies aimed at reducing incidents of bullying and unacceptable behaviour and enhance workplace culture. Anti-bullying management advisors developed 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 provides guidance and information to employees on the process for resolving complaints. Health organisations must report de-identified data to the Ministry of Health on individual complaints known to human resources departments. These are initially assessed as potential bullying complaints. There were 85 bullying complaints received for the period 1 July 2017 to 30 June 2018. This represents 0.07 per cent of the total full time equivalent (FTE) staff in the health system (based on June 2018 FTE).

A Grievance Policy Implementation Workshop was held in May 2018 with representatives from a broad spectrum of the health system. The externally-facilitated workshop, allowed participants to discuss how implementation is progressing within their respective organisations. The workshop also featured two presentations on successful implementations and resources to be shared across the system.

Aboriginal workforce

In 2018, 20 Aboriginal medical graduates started as interns in NSW. This is the highest since the Aboriginal Medical Workforce recruitment pathway started.

The Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016–2020 is intended to support local health districts, specialty networks and other NSW Health organisations grow and to develop their Aboriginal workforce. Building on the previous Framework (2011–2015), it sets out the Aboriginal workforce development priorities and desired outcomes for NSW Health for 2016-2020 and the key actions needed to achieve them.

The rate of Aboriginal employment in NSW Health has risen to 2.6 per cent from 1.8 per cent in 2011 and includes doctors and nurses. Local health districts and other public health organisations responded with Aboriginal workforce plans and initiatives and have halved the gap in employment outcomes between Aboriginal and non-Aboriginal peoples.

4.3 DEVELOPING EFFECTIVE HEALTH PROFESSIONAL MANAGERS AND LEADERS

The Take the Lead 2 program aims to develop the skills of nursing and midwifery unit managers in leading high-performing teams. To date, 371 Nursing/Midwifery Unit Managers have completed the program, with a further 60 currently enrolled. The In the Lead program is a customised leadership program for senior nursing and midwifery managers, to enhance their knowledge and skills as transformational leaders. To date, 47 Nurse/Midwifery Managers have completed the program and a further 61 are currently enrolled.

eHealth NSW continues to focus on increasing the number of women in senior management roles via targeted employment and internal programs that foster, encourage and develop women's leadership skills and capacity. eHealth NSW is introducing several initiatives, some of which are gender specific, such as an executive skills development program for mid-level female managers and a professional development program for women in the early stages of their career, while other initiatives are open to all staff and involve a broader mentoring program across the organisation.

Health Infrastructure launched the Inspired Women's Leadership Series, to support the Diversity and Inclusion Strategy and offer learning and development opportunities across the organisation.

HETI leadership and management programs

During 2017-18, the Health Education and Training Institute published a leadership and management development pathway for NSW Health staff. This shows the progression of a staff member, from new and aspiring leaders through to executive leaders, senior clinicians and managers, and indicates the training opportunities for all the levels in between. While this is the recommended pathway, staff can join at any level, as appropriate for individuals and organisations. The structure of the pathway enables staff to strategically target the right people for the right training, and for staff to be supported on their career journeys, from aspiring managers to executive leadership.

HETI delivered three Medical Managers Training Programs in 2017-18, to a total of 61 participants. The two-day program consists of three workshops, including Resource Management for Better Clinical Outcomes, Mastering Improved Clinician Performance and Conversations in Medical Managers.

CORE Chat for Managers continued to be delivered to NSW Health partner organisations. This half-day workshop helps NSW Health managers build a positive team culture with the CORE values of collaboration, openness, respect and empowerment in their workplaces. The 2017-18 financial year saw 814 participants complete CORE Chat for Managers, across 76 courses.

The Next Generation of Leaders and Managers Program develops leaders who will foster a culture of excellence, innovation and collaboration, to ensure the delivery of safe, high-quality healthcare within NSW. Cohort 2 commenced during 2017-18. During the first year of this two-year program, participants undertake a Diploma of Leadership and Management.

The Financial Management Essentials Program was reviewed and modernised during 2017-18, ready for a relaunch in 2018. The existing program was delivered to 341 participants across 29 courses in 2017-18.

HETI continued to deliver the People Management Skills Program during 2017-18, reaching 828 participants across 40 courses.

4.4 IMPROVE HEALTH, SAFETY AND WELLBEING AT WORK

NSW Health is undertaking system-wide change to improve the health and wellbeing of its junior medical workforce. Following the JMO Wellbeing and Support Forum in June 2017, NSW Health published the JMO Wellbeing and Support Plan in November 2017 which aims to better support NSW Health's junior medical workforce and provide greater assistance to junior doctors if burnout and other mental health issues arise.

The plan featured 10 practical initiatives to be implemented over the next 12 to 18 months, and will contribute towards continued efforts to improve the medical culture. One of these initiatives is the Your Training and Wellbeing Matters Junior Medical Officer (JMO) online survey, undertaken in November 2017. It is the first time all employed junior medical officers have been surveyed by any Australian state or territory health department. It was open to all junior medical officers working in NSW Health and received 1910 responses, a 22 per cent response rate.

In accordance with the *Work Health Safety Act (NSW) 2011* and the *Work Health and Safety Regulation (NSW) 2011*, the Ministry of Health maintains its commitment to the health, safety and welfare of workers and visitors to its workplace. Strategies to improve work health and safety include implementing Work Health Safety: Better Practice Procedures and Injury Management and Return to Work policy frameworks; ongoing commitment to the Ministry of Health Work Health Safety Mission Statement, and promoting healthy lifestyle campaigns on general health and wellbeing strategies to staff. As part of the Government funding commitment for nursing, 30 safety culture coordinator positions were created to support the development of safety cultures to enhance patient care and staff well-being.

As part of the Management of Acute Severe Behaviourally Disturbed Patients in Emergency Departments project, Mental Health Liaison Nurses are now working in Dubbo and Maitland EDs

In 2016, the Minister for Health endorsed a 12-point action plan to improve security at all NSW public hospitals. In line with action item 7 of this plan, the Management of Acute Severe Behaviourally Disturbed Patients in Emergency Departments project was established, specifically aimed at improving the management and treatment pathways available for acute behaviourally disturbed and mental health patients who present to emergency departments. This multi-site implementation project is examining an innovative model of nurse-led mental health care in emergency departments in Dubbo and Maitland, to see if it is feasible and transferable. The project is gaining traction across the sites, with Mental Health Liaison Nurses now working from the emergency departments.

HEALTH RESEARCH AND INNOVA

HIGH-RISK INFLUENZA SCREENING TEST

Nepean Blue Mountains Local Health District

The High-risk Influenza Screen Test (HIST) is the world's first biomarker test that provides doctors with critically important information on a patient's immune system responses to flu virus. One out of five people suffers flu infection every year and it can quickly develop into pneumonia and death. The test needs a small drop of blood to read gene codes produced by immune system cells in response to the influenza virus, alerting doctors to individuals who are at risk of deterioration due to pneumonia and who need urgent medical treatment. It will play an important role in helping front-line doctors diagnose and treat high-risk individuals during flu epidemics or pandemics.

Photo: Associate Professor Benjamin Tang, Nepean Blue Mountains LHD; Kerry Chant, Chief Health Officer; Professor Tony Maclean and Dr Maryam Shojaei, Nepean Blue Mountains LHD; Lynda Bartlett, Microsoft; Sally Teoh, Nepean Blue Mountains LHD; Elizabeth Koff, Secretary, NSW Health; Brad Hazzard, Minister for Health.

Research managers are assisting with the implementation and evaluation stages of the project, and educational workshops to support the staff involved have started.

NSW Ambulance programs

NSW Ambulance is implementing the Wellbeing Investment Program to further support staff mental health and wellbeing. Supported by $30 million in NSW Government funding over four years, the Wellbeing Investment Program was developed with substantial input from stakeholders, including unions, and followed an overwhelming response to the 2016 NSW Ambulance Wellbeing and Resilience Summit.

Four streams are being implemented as part of the program: Well at Work; Safe at Work; Protected at Work; and Capable Leader. A major feature of the program is the Wellbeing Workshops, which are being rolled out to every member of staff at NSW Ambulance. Run over three days, the workshops are designed to support and enhance staff health, wellbeing, safety, self-awareness and quality of life. The face-to-face education and training incorporates simple yet powerful strategies and skills to implement in the personal and professional life of staff.

NSW Ambulance is implementing the Wellbeing Investment Program to further support staff mental health and wellbeing

The Wellbeing Investment Program also features a set of major initiatives to strengthen support for staff, including the appointment of the first chief psychologist, two occupational violence prevention officers and new occupational therapist, physiotherapist and exercise physiotherapist positions. The program is also delivering an increase in numbers of peer support officers and chaplains.

The NSW Ambulance Patient Experience Summit was the third in a series of organisational summits designed to better support staff health, safety and wellbeing and bolster their ability to deliver exceptional patient care. The 2018 summit brought more than 350 staff and stakeholders together with a symposium of experts, to discuss and provide insight on all areas of the patient experience.

PRIORITY

SUPPORT AND HARNESS HEALTH AND MEDICAL RESEARCH AND INNOVATION

KEY ACHIEVEMENTS FOR 2017-18

- In 2017-18 NSW Health released the Population Health Research Strategy 2018-2022, identifying three key areas of work during the next five years: encourage high quality, relevant population health research; maximise the use of research evidence to improve population health; and build population health research capability.
- The NSW Government provided $43 million in infrastructure funding to support the day-to-day costs of running independent medical research institutes in NSW, through the Medical Research Support Program and associate programs.
- Medical device and commercialisation initiatives received $8.6 million in funding, supporting the development of ground-breaking new medical technology.
- Around $8.3 million was invested in 24 innovative Translational Research Grant Scheme research projects with the potential to translate their findings into treatments benefitting NSW patients.
- NSW Health established the NSW Cannabis Medicines Advisory Service, to provide advice and support to medical practitioners wishing to prescribe cannabis medicines for their patients. This service was launched in January 2018 and had received 285 enquiries as of 30 June 2018.
- NSW Health's processing of clinical trial ethics applications in under 60 days rose to 90 per cent, up from 77 per cent in 2016-17 with 241 applications approved.
- NSW Health's clinical trial authorisations in under 30 days rose to 89 per cent, from 82 per cent in 2016-17 with 730 clinical trial site applications authorised compared with 676 in 2016-17.
- There was a 10 per cent increase in Cancer Institute NSW funded cancer clinical trials, and 25 per cent increase in the number of people enrolled on these trials, compared with 2016-17.

5.1 GENERATE POLICY RELEVANT RESEARCH

Through the Prevention Research Support Program, NSW Health supports research organisations that are conducting prevention and early intervention research aligned with NSW Health priorities. In 2017-18, more than $2.8 million in funding was provided to seven NSW research organisations to support research infrastructure, capability building initiatives and strategies to help translate research evidence into policy and practice across NSW.

NSW Health provided the Sax Institute with $1.8 million a year for the five years to June 2018. These funds assisted the Institute in providing research and evaluation services and training, enabling exchange between researchers, policy makers and practitioners, and developing and maintaining research projects such as the 45 and Up Study and the Secure Unified Research Environment, a high-security computing environment that enables remote analysis of health data.

In 2017-18 this funding also went towards several services to the Ministry of Health and Pillar organisations, including brokered evidence reviews, evaluation and research services, and research skills training sessions.

Over five years to June 2018, NSW Health provided $500,000 a year to the Australian Prevention Partnership Centre. This national collaboration is conducting research into building an effective, efficient and equitable system for preventing lifestyle-related chronic disease. Research conducted in partnership with NSW Health during 2017-18 included a project on improving the economic analysis of prevention, and explored electronic methods of collecting data about health prevention policy and program implementation, focusing on the NSW Population Health Intervention Management System (PHIMS).

NSW Health released the Population Health Research Strategy 2018-2022, which provides a contemporary framework to generate and use population health research effectively

In 2017-18 NSW Health released the Population Health Research Strategy 2018-2022, which provides a contemporary framework for NSW Health to generate and use population health research effectively. It identified three key areas of work during the next five years: encourage high quality, relevant population health research; maximise the use of research evidence to improve population health; and build population health research capability.

The Ministry of Health supported rigorous evaluation of several statewide policies and programs including the NSW Aboriginal Health Plan 2013-2023, National Disability Insurance Scheme Year 1Transition, Aboriginal Maternal and Infant Health Service, Healthy Food and Drink in NSW Health Facilities, and Housing and Accommodation Support Initiative.

5.2 DRIVE RESEARCH TRANSLATIO IN THE HEALTH SYSTEM

Driving the translation of evidence into the health system will ensure the NSW public benefits from the significant government investment in basic sciences and clinical research. With $8.3 million invested in the Translational Research Grants Scheme (TRGS) in 2017-18, NSW Health funded a range of projects to fast track translation of research into improved patient outcomes, health service delivery, and population health and wellbeing.

Through the Translational Research Grants Scheme (TRGS), NSW Health funds a range of projects to fast track translation of research into improved patient outcomes, health service delivery, and population health and wellbeing

Feedback from the first two rounds indicated that applicants need to build their skills in developing high-quality projects and partnerships. Information sessions included practical advice on planning a project and its implementation, and on building meaningful partnerships to ensure the project's success. The information sessions were filmed and used as an online resource for applicants.

A checklist was designed to help applicants quickly assess if their application was likely to be competitive. It prompted them to ask themselves if:

- the research question is right for the NSW health system
- the right stakeholders and partners have been engaged
- the outcomes can be scaled up
- the methodology is rigorous; and
- the project team have all the relevant skills.

Knowledge translation is a key criterion of TRGS to ensure that projects are considering scalability and implementation of research translation in the health system.

Applicants must show that they have involved relevant partner organisations before the project starts, while it is running and after it finishes. This ensures that key policy and practice partners have helped develop the research questions and are involved at relevant stages of the project, such as the presentation and publication of findings, and working out what is needed to change practice.

5.3 MAKE NSW A GLOBAL LEA IN CLINICAL TRIALS

Clinical trials are vital when developing new treatments, interventions or tests to prevent, detect, treat or manage various diseases or health conditions. They also help to improve health care services by raising standards of treatment. To support the translation of health and medical research in NSW a vibrant early phase clinical trials environment is vital so clinical trials are high quality, processes are efficient and NSW becomes a destination of choice for early phase trials.

NSW Health published its Early Phase Clinical Trials Framework in March 2017. It is part of a broader set of measures aimed at making NSW a centre of excellence for clinical trial initiatives. Over the last 12 months, project governance and technical working groups have been established to support the Framework's implementation, as well as wide consultation with stakeholders, including a workshop with all NSW Human Research Ethics Committee (HREC) Chairs and Executive Officers.

NSW Health's overall statewide performance in reviewing clinical trial ethics applications in under 60 days rose to 90%, from 77% in 2016-17

As a result, the criteria for appointment to the NSW Health Early Phase Clinical Trials HRECs Scheme has been further refined to support applications and appointments in 2018-19.

One of the priorities for NSW Health's Office for Health and Medical Research is improving research ethics and governance approval timelines, particularly for clinical trials. There are two key performance indicators in the Chief Executive service agreements that deal with research ethics and governance turn-around timelines.

In 2017-18, NSW Health's overall statewide performance in reviewing clinical trial ethics applications in under 60 days rose to 90 per cent, from 77 per cent in 2016-17. During the reporting period 241 clinical trial ethics applications were approved, compared with 237 in 2016-17.

NSW Health's performance for clinical trial authorisation in under 30 days rose to 89 per cent, from 82 per cent in 2016-17. During the reporting period, 730 clinical trial site applications were authorised compared with 676 in 2016-17.

Medicinal cannabis trials

The NSW Government committed $21 million to support an evidence-based approach to cannabis medicines, including $9 million to fund clinical trials and $6 million to fund the NSW Clinical Cannabis Medicines Program. These clinical trials focus on adults with chemotherapy induced nausea and vomiting unresponsive to other treatments, adults with terminal illness, particularly appetite-related symptoms and children with severe drug-resistant epilepsy.

In 2017-18, NSW continued to lead Australia in access to cannabis medicines and cannabis medical research

In 2017-18, NSW continued to lead Australia in access to cannabis medicines and cannabis medical research. Key achievements include:

- Improved patient access to unregistered medicinal cannabis (i.e. products not registered on the Australian Register of Approved Therapeutic Goods) by introducing a single application process with the Federal Government on 2 March 2018. A decision on routine applications is made within 48 hours.
- Established the NSW Cannabis Medicines Advisory Service, to provide advice and support to medical practitioners wishing to prescribe cannabis medicines for their patients. This service was launched in January 2018 and had received 285 enquiries as of 30 June 2018.
- Entered into a new partnership with the Australian Centre for Cannabinoid Clinical and Research Excellence to provide cannabis medicines monitoring, translation of research into practice and assistance in increasing access to cannabis medicines for palliative care patients.
- Increased the number of places on the Compassionate Access Scheme for children with treatment-resistant epilepsy. To date, 86 children have had access to Epidiolex®, with 63 children still receiving active treatment. The Sydney Children's Hospitals Network is still participating in a global clinical trial using Epidiolex® to treat children with tuberous sclerosis complex. Enrolment numbers have exceeded the initial cap of 10, making The Sydney Children's Hospitals Network the highest recruitment site in Australia.
- Continued to recruit to clinical trials for palliative care and chemotherapy-induced nausea and vomiting.

5.4 ENABLE THE RESEARCH ENVIRONMENT

NSW Health continued to support and harness research and innovation. Investment through its Office for Health and Medical Research in 2017-18 included:

- $43 million in infrastructure funding to support the day-to-day costs of running independent medical research institutes in NSW, through the Medical Research Support Program and associate programs. These programs aim to build world-class health and medical research capability and enhance statewide research infrastructure, assets, systems and processes.
- $8.6 million invested through medical device and commercialisation initiatives, including the Medical Devices Fund, the Medical Devices Commercialisation Training Program, the Medical Research Commercialisation Fund and the NSW QB3 Rosenman Institute Scholar Program. These funds support the development of ground-breaking medical technology.

- $8.3 million invested in 24 innovative Translational Research Grant Scheme research projects that have the potential to quickly translate their findings into treatments that could benefit NSW patients. The scheme provides grants to staff employed in the NSW public health system, and is designed to accelerate the development of research capability and evidence translation within the system.
- $6.56 million invested through the Sydney Genomics Collaborative to provide NSW researchers with access to cutting-edge genomic technologies. The Collaborative consists of three sub-programs: the Medical Genome Reference Bank, the NSW Genomics Collaborative Grants Program, and the Cancer Genomics Medicine Program.

Through the Office for Health and Medical Research, NSW Health's PhD Scholarship and Early-Mid Career Fellowship programs continued to strengthen the NSW health and medical research workforce. In 2017-18, over $6 million was invested to support programs that build capacity in the NSW health system in areas of identified need, and promote participation in high-quality research projects across the spectrum from basic science through to health service and population health research.

Statewide biobank

The Statewide Biobank officially opened, providing advanced robotic cold storage technology. Operated by NSW Health Pathology, the $12 million facility is the first and largest of its kind in Australia. It will give researchers a better understanding of the health of NSW people and help improve the way disease is detected, diagnosed and treated.

The Statewide Biobank officially opened, providing advanced robotic cold storage technology

To support consent requirements for the new Statewide Biobank, as well as provide guidance on consent requirements for other NSW biobank collections, NSW Health developed and published the NSW Health Statewide Biobank Consent Toolkit. The Consent Toolkit provides standards for biobanks on using broad-based consenting, the return of incidental findings and links to NSW Health datasets. It is designed to ensure high ethical research standards are met, and improves sample and data availability for researchers.

Pathology research and innovation

NSW Health Pathology is investing in research and innovation to make sure the latest tests, technologies and scientific discoveries are identified and delivered. In 2017-18, it established a research and innovation framework and advisory committee that promotes and links pathology researchers across NSW.

The launch of a new Intellectual Property Framework and committee, together with NSW Health Pathology's seven established clinical streams will create more opportunities to translate research into clinical practice, leading to better care and improved outcomes for patients.

PRIORITY

ENABLE E-HEALTH, HEALTH INFORMATION AND DATA ANALYTICS

KEY ACHIEVEMENTS FOR 2017-18

- Electronic Medical Records (eMR) went live in 159 NSW Health hospitals. Clinicians' usage has risen five-fold in five years: from five million views per month in 2013 to 25 million views per month.
- Every day more than 40,000 clinicians open 824,000 patient charts, order around 317,000 tests and book around 31,000 appointments digitally.
- Rollout of the Electronic Record for Intensive Care (eRIC) application continued in its second year and was deployed to a further eight intensive care units across five local health districts, to 230 beds in 11 hospitals, with almost 7000 patients treated in those beds. The first eRIC deployment reduced administration time by over 50 per cent.
- Rural local health districts are adopting medication management solutions in 112 facilities to further improve safe prescribing and administration of medicines.
- Over 15 eMR enhancements implemented to improve patient outcomes.
- eMeds rolled out in 38 public hospitals across NSW.
- Analytics Assist was established to support NSW Health staff easily find data, information and analysis services .
- Over 500 million de-identified records were made available annually to support research.

6.1 IMPLEMENT INTEGRATED PAPER-LITE CORE CLINICAL INFORMATION SYSTEMS

eHealth NSW continues to transform the inpatient environment, by working with local health districts to implement eMRs. By the end of 2017-18, eMR2, which extends the foundation eMR, went live at 159 of the 178 public hospitals across NSW within the scope of the project. There were more than 15 projects started to enhance the eMR supporting improved patient outcomes.

Clinicians' eMR usage has risen five-fold in five years: from 5 million views per month in 2013 to 25 million views per month in 2017-18. Every day more than 40,000 clinicians open 824,000 patient charts, order 317,000 tests and book 31,000 appointments digitally.

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A project is under way to address how deteriorating patients are managed within eMRs, by supporting early clinical recognition and response. This initiative includes 33 enhancements and, for the first time, incorporates maternity and newborn functions, which are currently managed using paper-based processes.

The project will be guided by a Design Working Group, with representation from the Clinical Excellence Commission's, Managing Deterioration Advisory Group and local health districts.

The rollout of the Electronic Record for Intensive Care (eRIC) application continued into its second year of deployment, providing an integrated statewide application to improve patient safety and support better clinical decision-making for critically-ill patients. In 2017-18, eRIC was deployed to a further eight intensive care units across five districts. In total, eRIC has been deployed to 230 beds in 11 hospitals, with almost 7000 patients treated in those beds.

Electronic Medical Management (eMeds) is supporting safer care by reducing the risk of medication errors across NSW Health hospitals. Data indicated 10 areas of improvement in the safety and quality of medication management through use of the system, which was successfully implemented in 38 hospitals during the initial roll-out phase. This phase closed in June 2018.

Rural local health districts are adopting medication management solutions in 112 facilities to further improve safe prescribing and administration of medicines.

Six rural local health districts led the establishment of a single formulary to standardise medicine decision-making and promoted equity of access to medicines for patients. This is a first in NSW and shows what strong governance and collaboration can achieve to lead transformational change.

STAFF MEMBER OF THE YEAR
THOMAS ANVILLE

Murrumbidgee Local Health District

Thom consistently demonstrates a commitment and achievement to advancing information and technology based solutions for improved patient care that benefit Murrumbidgee Local Health District.

In 2017 Thom developed ED NOW, a real-time Emergency Department dashboard that tracks patient flow and care, and enables clinicians to more easily manage the ED. The dashboard is a major advancement in patient flow through Emergency Departments and is now being trialled in local health districts across NSW Health.

Thom has demonstrated himself to be leader within Murrumbidgee Local Health District and is an excellent ambassador of both the District and NSW Health. Data analytics (big data, data mining and multifaceted data matching) is a relatively new field within the public health sector, and Thom has established himself as a leader at both the Murrumbidgee LHD and NSW Health state level over the past two to three years.

Photo: Daniel Hunter, CE, HealthShare; Thomas Anville, Murrumbidgee LHD; Brad Hazzard, Minister for Health; Kim Sutherland, CE, Bureau of Health Information; Elizabeth Koff, Secretary, NSW Health.

6.2 FOSTER EHEALTH SOLUT
SUPPORT INTEGRATED HEA

HealtheNet Clinical Portal

We are continuing to roll out to NSW Health clinicians secure digital access to NSW Health Pathology test results via the HealtheNet Clinical Portal. It provides real-time access to results across organisational boundaries, and assists clinicians by providing safer, more timely, high quality clinical care. HealtheNet has allowed NSW Health Pathology to be the first pathology provider in Australia to add results to My Health Record enabling patients to share results with health care professionals nationally.

In March 2018, HealtheNet went live sharing NSW Diagnostic Imaging Reports with the My Health Record. By the end of 2017-18, diagnostic imaging reports for patients who have a My Health Record were being sent to the electronic record in five local health districts.

HealtheNet was successfully integrated with iPharmacy, enabling NSW Health hospitals to share records of medication dispensed on discharge with the HealtheNet and My Health Record

In November 2017, HealtheNet successfully integrated with iPharmacy, enabling NSW Health hospitals to share records of medication dispensed on discharge with the HealtheNet and My Health Record. Most local health districts are now sharing this information. This significantly improves access to a patient's medication history regardless of where they present, supports better handover of care and is improving patient outcomes. It is estimated that more than 50 per cent of medication errors occur at the transition of care. Patients with one or more medicines missing from their discharge information are two to three times more likely to be re-admitted to hospital than those with the correct information on discharge.

eHealth NSW has invested in the upgrade and virtualisation of video-conferencing and telehealth infrastructure into the Government Data Centres. This has enabled a more robust and reliable environment with increased capacity for web and mobile-based video conferencing solutions.

In 2017-18, eHealth NSW continued to deploy video conferencing solutions across NSW Health including:

- The integration of the statewide Skype for Business solution and statewide video conferencing and audio systems. Over 17,000 staff were enabled on the Skype for Business unified communications platform which is used for internal communications, telehealth and tele-stroke services.
- Implementation of a new streaming and recording solution enabling events on and off the Health Wide Area Network to be live-streamed and recorded.
- Greater collaboration across NSW Health with the establishment of monthly telehealth user group meetings, co-chaired by eHealth NSW and the Agency for Clinical Innovation.
- New real-time monitoring and reporting tools to capture trend analysis of video-conferencing statewide.
- Access to patient and guest Wi-Fi services were rolled out to 17 NSW Health facilities.

Patient Reported Measures (PRMs) are a critical component of achieving truly integrated and better value care across the state. Vendor evaluation and selection was completed and funding secured to deliver phase one of the PRM program in 2018-19. eHealth NSW worked with the vendor and with the Agency for Clinical Innovation, to ensure that PRMs can be used in a meaningful way, through human-centred design processes and usability testing. Usability testing is a more formal process than feedback elicitation, and focuses on how people perform using the system in routine and complex situations.

The Integrated Care Implementation Group endorsed a statewide approach to eReferrals and Shared Care Planning, with planning under way to continue these initiatives in 2018-19.

Telehealth can be used to deliver a service to rural, remote and isolated communities that they may not have otherwise had access to. The Agency for Clinical Innovation (ACI) collaborated with the NSW Ministry of Health on a review of telehealth activity and reporting. A suite of tools based on current provider and consumer views is being developed for dissemination to local health districts and specialty health networks, forming a key enabler in relevant ACI guidelines and toolkits.

6.3 ENHANCE DATA, MANAGEMENT ANALYTICS AND HEALTH INTELLIG

E-health is the use of a range of information and communication technologies such as broadband connectivity, digital networking and smart software to improve medical care and individual health, regardless of location. Investment in e-health delivers better and safer clinical care for patients no matter where they live, and allows the health system to become more efficient. The e-Health Strategy for NSW Health 2016-2026 has been developed to guide NSW to deliver world class e-health services. In particular, the Strategy sets the direction for e-health investment so NSW Health can harness innovations and solutions for integrated clinical care, patient engagement, cost effective delivery and smart infrastructure. This will help meet the growing health care demands of the people of NSW long into the future. While the Strategy supports statewide capability, it also promotes innovation at local levels.

Centre for Health Record Linkage (CHeReL)

Data linkage transforms routinely collected data into a powerful resource for research, evaluation and policy. Linked data provides timely, local and real-world information that can be constructed in a cost-effective way. The Centre for Health Record Linkage (the CHeReL) is at the forefront of data linkage in Australia and links multiple sources of data and maintains a record linkage system that protects privacy. There are more than 164 million records from 24 datasets in the Master Linkage Key and more than 210 datasets have been linked. This resource has been used by over 2100 researchers and has resulted in attracting $127 million in competitive grant funding to NSW and 514 peer–reviewed papers in scientific papers. In 2018, linked data from the CHeReL was used to support critical government priorities such as Their Futures Matter, NDIS evaluation and the NSW Integrated Care Strategy.

Enterprise Data Warehouse (EDWARD) implementation

EDWARD will be NSW Health's principal clinical data source for performance monitoring, health service purchasing and funding, health service planning, epidemiology and research. It utilises Big Data and enables machine learning and artificial intelligence to be fully leveraged. Delivering on EDWARD enables NSW Health to directly progress the Secretary's key priority area of Digital Health and Analytics. It also indirectly enables the delivery of Better Value Healthcare and System Integration as well as supports implementation of eHealth strategy and the NSW Health Analytics Framework.

EDWARD will be NSW Health's principal clinical data source for performance monitoring, health service purchasing and funding, health service planning, epidemiology and research

The approach to information management which EDWARD enables, rationalises data reporting, thus reducing the reporting burden on health services. It does this through:

- reporting the same data only once
- acquiring and storing transactional level data at the most granular level it can be stored
- using mature relational and dimensional data models
- deriving measures once in EDWARD rather than in multiple source systems (single source of truth)
- increasing the timeliness and reliability of data supply.

The program is implementing this change in analytical capacity and capability through overseeing the transition of the system manager to using EDWARD as its primary source of information. This includes primarily supporting a number of Ministry branches, the Agency of Clinical Innovation, Clinical Excellence Commission, Bureau of Health Information and Cancer Institute and their many customers who require access to quality clinical data. The transition is being achieved in tandem, with all districts and networks moving to EDWARD and away from the Health Information Exchange system.

Improved data capture, quality and reporting

The Corporate Analytics reporting suite now includes 40 reporting tools and dashboards, spanning finance, human resources, payroll, procurement and logistics and food and patient services. The suite is available to a wide range of stakeholders from across NSW Health, and contributes to better data management, analytics and health intelligence.

eHealth NSW is delivering a Telecommunications Expense Management solution as a statewide managed service, supporting decision-making through greater visibility, control and accountability of telecommunications expenditure. The Telecommunications Expense Management Platform includes electronic invoice loading, matching to contracted services, cost allocation to cost centres and reporting. Since January 2017, the Platform has delivered NSW Health approximately $2.7 million in cost savings by providing the data analytics to identify and dispute erroneous charges and service level penalties.

The Corporate Analytics reporting suite now includes 40 reporting tools and dashboards, spanning finance, human resources, payroll, procurement and logistics and food and patient services

eHealth NSW is building capacity for health informatics in the sector in a number of ways, including holding a number of in-house programs for graduates and interns who are interested in the field of digital health. It was also involved in a number of workshops at the Health Informatics Society of Australia's 25th Health Informatics Conference 2018, Australia's premier digital health, health informatics and eHealth conference.

NSW Health is developing a foundational curriculum for digital health literacy. It includes a component focused on data and analytics, and is being developed as part of a massive open online course. The work is being led by eHealth NSW's Data and Analytics Portfolio, in partnership with the Health Education and Training Institute and the University of Sydney.

eHealth NSW is building the foundations that will allow the Learning Management and Human Capital Management systems to be integrated. The Performance and Talent Management project, part of the Human Capital Management program, will introduce a statewide system that will better manage staff development. In 2017-18, the foundations of the project were agreed and the design of the system commenced.

6.4 ENHANCE PATIENT, PROVIDER AND RESEARCH COMMUNITY ACC TO DIGITAL HEALTH INFORMATION

The NSW Health Mobility Platform is enabling secure access to data and applications from mobile devices for over 4000 staff. The increasing demand for convenient and secure mobile access from local health districts is expected to result in a significant increase in uptake.

eHealth NSW has collaborated with HealthShare NSW to roll out StaffLink iExpenses, a new electronic system for submitting and managing employee expense claims. Mobile App versions of iExpenses are available at Google Play and the Apple App Store. So far, just under 6000 claims have been processed from 19 NSW Health organisations using the new system. On average, health organisations using iExpenses see a 30 per cent (3.5 day) reduction in time from submission to payment.

NSW Health clinicians now have access to near-real-time diagnostic-quality medical images acquired in NSW public hospitals, following the statewide upgrade of the Enterprise Imaging Repository (EIR) viewer software, led by eHealth NSW. The EIR viewer is browser-based, allowing clinicians to run it on multiple devices and view the same images at the same time, leading to improved collaboration and decision-making.

The Clinical Information Access Portal provides access to the world's best available medical evidence to support evidence-based healthcare, reduce adverse events, and improve patient outcomes

The Clinical Information Access Portal (CIAP) provides all NSW Health staff with access to the world's best available medical evidence to support evidence-based healthcare, reduce adverse events, and improve patient outcomes. Feedback from clinicians and ongoing usage data confirm that clinicians in the NSW public health system value CIAP highly.

A major benefit is the uniform access it provides at the point of care for all clinicians, regardless of geographic location or institution size.

In October 2017, more than a quarter of respondents to a user survey reported that they accessed CIAP on a mobile device or at home, and more than 72 per cent used CIAP either daily or two to three times per week.

During 2017-18, eHealth NSW continued to support the Australian Digital Health Agency in planning for the national rollout of an 'opt-out' model of citizen participation in the My Health Record. The introduction of the opt-out model means that by the end of 2018 every Australian will have a My Health Record unless they choose to opt-out. The My Health Record is a patient-controlled record system which allows the patient and healthcare providers to securely access the patient's records wherever they are in Australia. This system will facilitate access to important health information such as allergies, medical conditions, treatments, medicines, and details of tests or scans and reports, if that information is added.

PRIORITY 7

DELIVER FUTURE FOCUSED INFRASTRUCTURE AND STRATEGIC COMMISSIONING

KEY ACHIEVEMENTS FOR 2017-18

- In 2017-18, NSW Health continued to support integrated planning with other NSW Government agencies, including the development of the designated Health and Education precincts identified in the Greater Sydney Commission district plans.
- The Health Infrastructure Asset Management function (HI-AM) was established in 2017-18 to provide support for statewide asset management reform. In 2017-18, Asset Refurbishment and Replacement Program funded 115 projects, worth $50.3 million, across 18 local health districts and speciality networks.
- In 2017-18, Health Infrastructure completed 16 projects across NSW, with a combined total cost of $556.3 million. It completed 17 business cases for projects with a combined total value of $2.2 billion, eight investment decision templates for projects with a combined total value of $1.9 billion, and nine project briefs for projects with a combined total value of more than $37.9 million.

  Note: The above may include reference to individual components of larger infrastructure projects and programs therefore may not be recognised as officially completed.
- The Health Service Planner Capability Development Strategy was launched in October 2017. It describes the range of capabilities health service planners need to succeed in their roles, and outlines what is needed to build a skilled and capable service planning workforce across NSW Health.

7.1 IMPROVE SYSTEM SERVICE PLANNING CAPABILITY TO UNDERPIN INFRASTRUCTURE DECISIONS

Clinical Services Plan

A fundamental requirement for quality infrastructure investment projects is that local health districts and specialty health networks develop a Clinical Services Plan (CSP). The CSP identifies the service need driving the capital investment, and ensures that the model of care and projected future activity are sufficiently detailed so that the infrastructure can respond to the service need. The clinical services planning section of Health Infrastructure's publication How to Build a Hospital was updated during 2017-18 to provide further guidance for infrastructure planning.

In 2018, NSW Health coordinated a workshop on Workforce Planning for Facility Development, to help local health districts to engage in aligning workforce and infrastructure planning from the point at which they are developing a Clinical Services Plan. Early engagement will ensure that workforce planning aligns with local service and facility planning for building future-focused infrastructure.

Robust service planning is critically important: it underpins NSW Health's annual capital program. Service planning is a complex process, and planners need to have a broad skill set. Enhancing service planning capabilities will lead to a more efficiently designed health system, because planners analyse the best way to meet the health needs of their population. The Health Service Planner Capability Development Strategy was launched in October 2017. It describes the range of capabilities health service planners need to succeed in their roles, and outlines what is needed to build a skilled and capable service planning workforce across NSW Health. This includes targeted training programs, a community of practice, self-directed learning pathways, presentations on current system reforms and a trainee program. Key capability initiatives were implemented in 2018 including a baseline capability assessment that will act as the foundation for benchmarking and future evaluation of the strategy and development of a Job Shadowing Guide.

NSW Health has been developing activity projections to inform service and capital planning for the next 20 years

Clinical Services Planning Analytics

NSW Health has been developing activity projections to inform service and capital planning for the next 20 years. The review included analysis of international and Australian best practice models for service activity, statistical analysis, and was informed by an Expert Advisory Panel of leading statisticians and health economists. This resulted in a robust set of activity projections for selected health streams to 2036 based on the refined methodology. Updated activity projections reflecting system reforms were loaded into Clinical Services Planning Analytics (CaSPA) in a new Health Activity Projections Platform (HealthAPP) in July 2017.

The CaSPA portal is a resource for local health districts to support evidence-based service planning. In February 2018, health service planners across the state were provided access to scenario modelling functionality through HealthAPP. Scenario modelling gives service planners the ability to change key data assumptions to view and interrogate activity projections, model reforms and service model changes. Key service planning guidelines were designed and published on the portal to provide support for NSW Health service planners when planning for service capacity. Regular training was provided to service planners on how to use the analytical tools hosted on the CaSPA portal.

CaSPA continues to be developed. It hosts up-to-date data analytics tools to inform service and capital planning across NSW Health. Updated activity projections reflecting system reforms were loaded into CaSPA in a new Health Activity Projections Platform in July 2017. An updated version of the Services Planning Guide for Health Services and Infrastructure Development and Investment was uploaded to CaSPA in February 2018.

A revised 2017 Asset Strategic Plan (ASP) template was issued to local health districts and specialty health networks, and also to the Ambulance Service, eHealth and NSW Health Pathology. The revised ASP template is designed to provide comprehensive information on service priorities and associated drivers for asset investments.

A number of new and revised planning guidelines were developed and loaded onto the Clinical Services Planning Analytics Portal. They cover a range of topics, including chemotherapy and renal services. Together with others, these guidelines form a suite of resources for health service planners, and are all available on the CaSPA portal. NSW Health has been active in the Common Planning Assumptions Group, made up of senior representatives across NSW Government. The Common Planning Assumptions are agreed information assets for use by the NSW Government for use when preparing proposals, business plans and strategies that rely on projections.

In 2017-18, NSW Health continued to support integrated planning with other NSW Government agencies, including the development of the designated Health and Education precincts identified in the Greater Sydney Commission district plans.

7.2 UTILISE STRATEGIC COMMISSIONING MORE EFFECTIVELY

NSW Health established the NSW Health Commissioning and Contestability Working Group in 2017-18. The working group is responsible for the structured and coordinated approach to deliver better value healthcare and outcomes across NSW Health in this area.

In 2017, NSW Health developed a NSW Health Commissioning and Contestability Framework that includes key elements and supports NSW Health to identify appropriate projects. NSW Health also completed a stocktake of its current and future projects in this area. The stocktake report identified factors for successfully implementing projects and identified gaps in system capability. Following the report, the working group identified potential areas for applying a commissioning and contestability approach, and work has commenced on these agreed priorities. Capability gaps are being supported through NSW Treasury's Commissioning and Contestability Community of Practice and existing resources.

7.3 DELIVER AGREED INFRASTRUCTURE ON TIME AND ON BUDGET

Capital works infrastructure

Health Infrastructure's proven ability to plan and deliver world-class health care facilities continued to drive exceptional outcomes for the NSW health system in 2017-18.

The combined total value of projects under Health Infrastructure's management reached $14.4 billion at the end of 2017-18, up from $10.6 billion at the end of the previous financial year. In 2017-18, Health Infrastructure invested a record $1.1347 billion on its activities, compared with $830.7 million in 2016-17.

In 2017-18, Health Infrastructure completed 16 projects across NSW, with a combined total cost of $556.3 million. Construction completed in 2017-18 included:

- the $282 million Wagga Wagga Rural Referral Hospital – Stages 1 and 2
- the $121 million Hornsby Ku-Ring-Gai Hospital Redevelopment – Stage 1
- the $50 million Brookvale Community Health Centre
- car parks at Blacktown ($18 million) and Royal Prince Alfred ($34.6 million) hospitals
- the Kids Research Institute Clinical Research Centre at Westmead ($4.9 million)
- a $17 million new multipurpose service at Molong, and
- metropolitan and rural ambulance facilities across the state.

Note: The above may include reference to individual components of larger infrastructure projects and programs therefore may not be recognised as officially completed.

Rural and regional projects remained a focus during 2017-18, representing approximately 60 per cent by number of total projects underway, and 40 per cent by value. Health Infrastructure is planning and delivering health care facilities in every corner of the state from as far north as the Tweed Valley, as far West as Broken Hill and down to Cooma in the south.

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The 2017-18 financial year also saw Health Infrastructure make a significant impact in metropolitan areas. Fifty-two per cent of overall project expenditure went towards delivering five major projects across Sydney.

During 2017-18, Health Infrastructure worked closely with other member agencies of the NSW Government's Construction Leadership Group on increasing the capacity and capability of the construction industry. Centred on the NSW Government Action Plan: A ten point commitment to the construction sector, this work will help ensure the industry can play its role in delivering the record NSW Health capital program and forward pipeline.

The 2017-18 year also saw important changes in Health Infrastructure's role, structure and approach to partnering across NSW Health. In July 2017, Health Infrastructure gained responsibility for developing a best practice framework and centre of excellence for asset management across NSW Health. The new function is now established and successfully embedded.

The Health Infrastructure Asset Management function (HI-AM) was established in 2017-18 to provide support for statewide asset management reform. The initial focus of HI-AM has been aligning existing programs, including the Asset Refurbishment and Replacement Program (ARRP) and Asset and Facilities Maintenance Online (AFMO) Implementation. In 2017-18, ARRP funded 115 projects, worth $50.3 million, across 18 local health districts and speciality networks.

ICT infrastructure

The State Wide Infrastructure Services (SWIS) program has delivered a series of projects, including migrating all NSW Health staff for the first time to a unique universal statewide identity and an @health email address. This enables enhanced communication and scheduling. Identity integration, including a statewide staff directory with self-service capabilities, is also helping deliver improved access to NSW Health clinical applications such as Electronic Medical Records. The program is currently delivering more than 20 projects, across a range of technical disciplines, and is engaging with every NSW Health organisation to drive improved technology use for all staff.

The eHealth NSW Data Centre Reform program implemented the government's data centre reform across NSW Health. Migration of all eHealth NSW hosted services to the Government Data Centres is now complete, and a program for migrating all remaining data centres has started.

The Health Wide Area Network program has established a secure clinical-grade network for the NSW public health system. Delivery of the Health Wide Area Network to 184 rural local health districts sites was completed. This represents the largest network upgrade of its kind in rural NSW. Deployment of the network to metropolitan sites has commenced.

> Migration of all eHealth NSW hosted services to the Government Data Centres is now complete, and a program for migrating all remaining data centres has started

The Clinical Applications Reliability Improvement program is transforming the delivery of key clinical information to clinicians across NSW Health, using modern Government Data Centres (GovDCs) and leveraging supplier partnerships to increase the reliability and availability of key clinical systems, to improve patient outcomes. A program of works has begun, starting with the migration of the Electronic Medical Record domains of 12 local health districts to the GovDCs in 2017-18. Disaster Recovery systems for these domains are being established. Response times have halved for every domain migrated to the GovDCs, and the capacity of some domains has increased significantly, translating to more clinician-patient time across the state.

The Health Security Operations Centre provides real-time analysis and monitoring for cyber security threats 24 hours per day, 365 days per year, for over 100,000 systems across NSW Health. An average 41.5 billion activity and system logs are analysed each month. Additional security infrastructure and systems have been steadily added to this service, strengthening NSW Health's overall cyber security threat detection and prevention capability.

eHealth NSW has established the Information Communication Technology (ICT) Policy and Standards Working Group, as a subgroup of the NSW Health Chief Information Officers Executive Leadership Group. The group is responsible for the development of statewide ICT policies and standards for NSW Health. It will lead the development of policies and standards that promote safe and efficient use of ICT systems, supporting improved patient outcomes.

7.4 FOCUS OF WHOLE OF LIFECYCLE ASSET MANAGEMENT TO BETTER MANAGE RISK

The Ministry of Health is providing support for statewide asset management reform through Health Infrastructure. The Health Infrastructure Asset Management function (HI-AM) was established in 2017-18, with an initial focus on aligning existing programs, including the Asset Refurbishment and Replacement Program (ARRP) and implementing Asset and Facilities Maintenance Online (AFMO). In 2017-18, ARRP funded 115 projects, worth $50.3 million, across 18 local health districts and speciality networks.

In the same period, HI-AM undertook reviews of health facilities, to assess the fire safety risks associated with non-conforming and non-compliant aluminium composite panel cladding. HI-AM also oversaw 46 urgent minor maintenance projects, targeting compliance, workplace health and safety and infection control. In Quarter 3 of 2017-18, HI-AM commenced a number of initiatives, including Asset Management System development, Asset Register Development and Maintenance Planning, to support strategic asset management.

> Since its establishment in July 2017, Health Infrastructure has made significant inroads into the delivery of the Asset Verification and Maintenance Planning

Health Infrastructure Asset Management (HI-AM) is commissioned by the Ministry of Health to undertake Asset and Facilities Management Asset Verification, Maintenance Planning and the Asset Refurbishment and Replacement Program (ARRP). Since its establishment in July 2017, Health Infrastructure has made significant inroads into the delivery of the Asset Verification and Maintenance Planning.

A proof of concept phase for Asset Register development is underway with various stages expected to complete before the end of 2018. The comprehensive program includes development of an Asset Register, Spatial Data Solution and provides a clear line of sight between the Asset Register and an evidence-based Asset Strategic Plan, planned maintenance and capital works scheduling. ARRP is continuing with the budget for 2018-19 of $55 million expected to be fully expended. HI-AM report that allocation letters for 19 new projects have been distributed.

A facility management framework is being developed by HI-AM as part of its wider 2018-19 Maintenance Management Program. The Maintenance Management Program will be managed by HI-AM and will facilitate the effective and efficient management of assets by introducing four key sub-programs:

- Asset Maintenance Planning Framework
- Maintenance Management Framework
- Asset Schema Management
- Compliance.

PRIORITY 8

BUILD FINANCIAL SUSTAINABILITY AND ROBUST GOVERNANCE

KEY ACHIEVEMENTS FOR 2017-18

- In 2017-18, NSW Health's budget included more than $23 billion recurrent and capital to invest in hospitals and better health services including providing for more emergency attendances, elective surgeries and non-admitted patient services. This also included investment in the major capital program for new health facilities, upgrades and redevelopments.
- NSW Health delivered on-budget expense results, after known adjustment factors in 2017-18.
- NSW Health worked with Department of Finance, Services and Innovation and NSW Treasury to develop a four year procurement savings plan, including initiatives that will optimise value for NSW Health across a number of categories and focus on delivering better patient outcomes and experience.
- A NSW Small Hospital Funding Model was introduced in 2017-18 to better harmonise funding and activity flow between small hospitals and activity based funding hospitals.

NSW Health is focused on meeting the demand of a growing and ageing population whilst maintaining financially sustainable growth underpinned by a robust governance. To this end key strategies included:

- A clear strategy focused on achieving outcomes to provide a sustainable public hospital system that continues to meet growing demand for health services in the most appropriate setting.
- Key system priorities including Patient Safety First Initiatives, Leading Better Value Care, system integration, digital health, analytics and strengthening governance and accountability.
- A transparent activity funding model designed to support innovation and continuous improvement, including the identification and implementation of internal efficiencies.
- A transparent and mature Service Agreement negotiation process to support planning and resource allocation whilst aligning incentives with Key Performance Indicators, thereby ensuring the safest, highest quality and value care is delivered to patients.

Delivering the right care, in the right place, at the right time requires a long term focus on the financial sustainability of the health care system in conjunction with needs of the community, our patients and their carers. NSW Health's approach to funding, purchasing and performance of health services supports improvements in clinical practice to further improve results for patients.

The activity based management portal (ABM Portal) supports clinicians and managers to benchmark performance and identify areas for improvements. This approach makes public health funding more effective.

Aligning funding allocations with patient care creates a health system in which more decisions are made locally with increased involvement from clinicians and the community.

To meet these challenges and deliver strong and sustainable budgets, key strategic priorities include:

- Securing financial benefits to meet Health's strategic deliverables
- Ensuring Health's delivery on Financial Management Transformation Program
- Embedding a new approach to strategic planning and the Ministry's role as system manager
- Delivering effective regulatory governance and accountability
- Driving system-wide consistency in use of health shared services.

> Delivering the right care, in the right place, at the right time requires a long term focus on the financial sustainability of the health care system in conjunction with needs of the community, our patients and their carers

8.1 SECURE FINANCIAL BENEFITS TO MEET HEALTH'S STRATEGIC DELIVERABLES

A key priority for NSW Health is securing financial and operational performance to meet strategic deliverables.

As part of this, there has been strong financial performance including delivering expenditure growth less than revenue growth despite environmental challenges. During this year, revenue was adversely impacted by external factors including a decline in private health insurance membership numbers and change to policies.

NSW Health's financial and operational performance is underpinned by a transparent activity funding model, designed to mitigate risk through informed annual purchasing of services, while at the same time maximising financial performance for the State.

Health's funding model has allowed NSW Health to continue to deliver a level of activity that keeps the public hospital and community based health systems and financial performance strong and most importantly safe.

NSW Health continues to focus on innovation and continuous improvement, with efficiency and effectiveness initiatives providing continuing opportunity to focus on financial sustainability without impacting safety, quality and service delivery. This has included NSW Health working with NSW Treasury to increase the transparency of service outcomes and spend.

NSW Health continues to adapt funding models in order to meet strategic priorities and key challenges moving forward, linked to Activity Based Funding principles as predicated in the National Health Reform Agreement.

A NSW Small Hospitals Funding Model was introduced in 2017-18 to better harmonise funding and activity flow between small hospitals and activity based funding hospitals in rural settings. The new model adopts a fixed and variable cost methodology, and replaces the previous national model. The model encourages rural health districts to make better use of idle capacity and improve the capture and reporting of activity from small hospitals.

There has been strong financial performance including delivering expenditure growth less than revenue growth

8.2 ENSURE HEALTH'S DELIV ON FINANCIAL MANAGEMEN TRANSFORM PROGRAM

NSW Health successfully implemented Financial Management Transformation (FMT) program as part of a NSW Treasury initiative, including providing technical and operational insights to inform whole-of-government design and implementation planning.

With the completion of the FMT program, NSW Health has transitioned to outcome based budgeting reporting for the NSW Health Cluster.

Outcomes based budgeting seeks to align financial and performance reporting with governance and decision making from a whole-of-government perspective.

NSW Health will continue to work with NSW Treasury to improve and refine this initiative.

8.3 EMBED A NEW STRATEGIC APP TO PLANNING AND THE MINISTRY' AS SYSTEM MANAGER

The NSW Health Performance Framework sets out the structure in which the Ministry monitors and assesses the performance of public sector health services in NSW. The Framework includes oversight of local health districts and specialty health networks, and additional internal and external scrutiny when underperformance is detected.

A key factor of the Framework is the fostering of strengthened relationships between the Ministry, districts/networks and other relevant stakeholders. This drives a shared approach to improvement and is pivotal in establishing high performance as well as the effective development, implementation and monitoring of recovery strategies. As part of system performance management, the Ministry and each district or network collaborate on successful strategies, while flagging underperformance and planning strategies for progress during the recovery phase.

This year, the Ministry worked with a number of local health districts and networks, utilising formal and informal mechanisms in response to areas of underperformance, in particular in relation to the improvement in Emergency Treatment Performance.

The annual service agreements between the Ministry and each local health district, specialty health network, pillar organisation and Health Administration Corporation entity were refreshed, with the governance sections more robustly articulated at the front of each document

Under the Ministry of Health's Functional Review, the annual service agreements between the Ministry and each local health district, specialty health network, pillar organisation and Health Administration Corporation entity were refreshed, with the governance sections more robustly articulated at the front of each of the documents. The agreements were more strongly aligned to the objectives of the NSW State Health Plan and roles and responsibilities were more clearly articulated for more collaboration and less duplication.

The Finance and Performance Committee of HealthShare NSW ensures the operating funds, capital works funds and service outputs required of the organisation are efficiently managed. The committee meets monthly and is co-chaired by the eHealth NSW and HealthShare NSW Chief Executives.

The committee receives monthly reports for review and action including:

- financial performance of each major cost centre
- liquidity performance
- the position of Special Purpose and Trust Funds
- activity performance against indicators and targets in the performance agreement for HealthShare NSW
- advice on the achievement of strategic priorities identified in the performance agreement for HealthShare NSW
- year-to-date and end-of-year projections on capital works and private sector initiatives
- workforce report (demographics and liabilities).

An Information and Communications Technology Investment Assurance and Prioritisation Framework has been developed for NSW Health, establishing a standardised approach for prioritising, supporting and funding ICT projects. The Framework aims to transparently prioritise new initiatives and ideas including local health district innovation projects, statewide proof of concepts and large scale centrally funded programs. The Framework has been endorsed by the eHealth Executive Council and aligns to the Department of Finance, Services and Innovation's ICT Assurance Framework.

NSW Health now has a statewide digital infrastructure that enables each employee to make use of an array of digital services using their unique StaffLink identifier. As a result, there is now a statewide platform for standardised financial, procurement and supply chain management. The StaffLink system now oversees an annual $22 billion of transactions (representing one-third of NSW public-sector transactions) and an $11 billion payroll, as well as three million invoices, and one million purchase requisitions.

HealthRoster is now used to roster 114,000 people, 84 per cent of NSW Health's workforce, with the remaining joining by October 2018.

eHealth NSW continues to embed the ICT Investment Assurance and Prioritisation Framework which aims to transparently prioritise new initiatives and ideas, including local health district innovation projects, statewide proof of concepts and large scale centrally funded programs.

To date nine initiatives have been delivered:

- Data capture to support the Premier's priority on tackling childhood obesity (Phase 2)
- ACT Health access request to the Patient Flow Portal of NSW Health
- Admission and Discharge Notifications Version 2
- Car Park app for Hospital Concessional Parking
- Electronic Standard Maternity Observation Chart and Standard Newborn Observation Chart
- Government Data Centre NetApp Storage Capacity Refresh
- Triage Quality Assessment Software
- Smarter Medical Billing
- Enterprise Resource Planning (EPR) Enhancements – data de-duplication in statewide systems

Thirteen new initiatives have been funded and moved into the delivery phase. The eHealth NSW, Investment, Strategy and Architecture team will continue to work with all NSW Health stakeholders to develop, prioritise and fund new initiatives and ideas.

The System Manager Dashboard was successfully delivered and informs strategic consideration against the Secretary's Strategic priorities. It complements other performance reporting products including the Monthly Reports, Quarterly Insight Series and Monitoring and Evaluation Reports on key reform priorities.

8.4 DELIVER EFFECTIVE REGULATO GOVERNANCE AND ACCOUNTABIL

Assess and deliver changes to alignment of governance processes with strategic plans

In 2017-18 the Ministry implemented a new System Governance and System Management Committee Framework to focus our executive committees on ensuring robust corporate governance standards which align with our strategic plans. The new Framework delivers a coordinated focus across committees on strategic priorities and system performance, balanced against the need to manage critical emerging issues and general business matters. The Framework encompasses key system committees convened by the Secretary, NSW Health including the Senior Executive Forum; Health System Strategy; Health System Performance Monitor; and Ministry Executive committees.

Increase the transparency and communication of risk assessments

A significant review of risk reporting practice and available information has been undertaken, within context of the objectives of the NSW Health Enterprise-wide Risk Management Policy (PD2015_043). This has included increasing the frequency and scope of reporting to the Ministry Executive and Risk Management and Audit Committees. Also as part of this work, the Ministry's role in the NSW Health risk management practitioner network has been strengthened, with the Ministry hosting regular forums for practitioners and seeking greater input on risk information and advice in order to inform decision making.

Further, as part of the new System Governance and System Management Committee Framework, the Ministry's Risk Management and Audit Committee has been revised to expand its focus to system-wide risks which may impact on the delivery of NSW Health strategic priorities. As part of this, the Committee membership has also been revised and expanded.

Establish statewide governance across clinical and non-clinical education and training

The Health Education and Training Institute (HETI) developed a draft cooperative governance model in 2017-18. It aims to improve the coordination of education and training development across the state. Consultation on the draft model will take place in 2018-19.

8.5 DRIVE SYSTEM-WIDE CONSISTENCY IN USE OF HEALTH SHARED SERVICES

Shared services

NSW Health continued to drive system-wide consistency in the use of shared services with a focus on roles and value for money benefits.

HealthShare NSW is the shared service provider to NSW Health and one of the largest shared services providers in Australia. HealthShare NSW is the primary custodian for the delivery of the following services to NSW Health entities:

- Food and patient support services
- Linen services
- Procurement
- Human resource services, such as payroll, employee support and recruitment
- Financial services, such as accounts payable and receivable, accounting and reporting
- Non-emergency patient transport services
- Assistive technology through Enable NSW, for people with disability.

HealthShare NSW uses a combination of competitor benchmarking, and customer engagement and surveys to monitor how value is being delivered. Competitive benchmarking has shown many HealthShare NSW services are performing by either matching or exceeding comparator organisations. HealthShare NSW is seeking to improve overall customer satisfaction scores by 25 per cent from 2016 to 2020. Customer satisfaction with HealthShare NSW increased by 17 per cent from 2016 to 2018.

Set targets and direction for statewide adoption

HealthShare NSW was created to generate financial savings to return to clinical services and improve the quality and delivery of services. HealthShare NSW is continuing to pursue this vision through seeking opportunities to offer better existing services to local health districts and exploring where new shared services may be delivered.

Recent examples of new services include:

- HealthShare NSW partnered with Ambulance NSW to develop the 'Make Ready' Model, which enables dedicated staff to clean ambulances using practices to achieve hygiene standards set by the Clinical Excellence Commission. The Make Ready Model was implemented in seven superstations in 2017-18 and is continuing to be rolled out.
- The NSW Mental Health Commission will begin to receive financial and human resources services from HealthShare NSW in 2018-19.
- HealthShare NSW will deliver salary packaging services to Nepean Blue Mountains Local Health District in 2018-19.

Health equipment procurement and integration

In realigning the strategic priorities of the Office of the Chief Procurement Officer, the Ministry of Health has galvanised its role as system manager by providing strategic procurement oversight across NSW Health. This is being achieved through increased collaboration with NSW Health entities, stakeholders and clinical experts to ensure the provision of quality and safety for goods and services.

The key focus is to maximise value across the system to enable higher quality medical services for now and future generations. Another key focus has been to refine current procurement strategies and contracts in order to optimise equipment integration and effective vendor KPI management across the system. As a result, issues such as capital sensitivity are monitored and evaluated leading to enhanced benefit realisation. These strategic priorities ensure a holistic, flexible, measurable and transparent procurement process that is underpinned by a governance framework across NSW Health.

SECTION 3

MANAGEMENT & ACCOUNTABILITY

Governance

Public accountability

Information management

Our people

Equity and diversity

GOVERNANCE

Corporate governance in NSW Health is the manner by which authority and accountability are distributed throughout the health system. The Secretary is committed to best practice clinical and corporate governance and has processes in place to:

- set the strategic direction for NSW Health
- ensure compliance with statutory requirements
- monitor the performance of health services
- monitor the quality of health services
- develop the workforce and manage industrial relations
- monitor clinical, consumer and community participation
- ensure ethical practice
- ensure implementation of the health-related areas of the NSW Premier's Priorities.

Governance framework

The NSW Ministry of Health is a department of the NSW Government. The governance framework establishes the accountability systems and relationships between the NSW Ministry of Health, on behalf of the NSW Government, and the NSW Health organisations that make up the public health system. The framework also recognises each organisation's specific purpose, its legislative policy and ethical obligations, and its workforce and employment responsibilities.

These organisations each have specific functions and work together to achieve the objectives set out in the NSW State Health Plan. The organisations that together make up the public health system include:

- local health districts and specialty health networks
- other statutory health corporations
- affiliated health organisations
- NSW Health Pathology
- HealthShare NSW
- eHealth NSW
- NSW Ambulance
- Health Infrastructure.

These organisations are recognised or established under the *Health Services Act 1997*. Local health districts, statutory health corporations and affiliated health organisations are referred to under the *Health Services Act 1997* as public health organisations.

Each NSW Health organisation is governed by an accountable authority – either a board or a chief executive. The appointment and responsibilities for the accountable authority are set out in legislation.

All NSW Health organisations manage their internal control environment, and report annually on governance matters. Annual attestation statements certify the level of compliance against key primary governance responsibilities, and are required to be posted on each organisation's website.

NSW Health's governance framework is supported by NSW Health's CORE values, as well as those of the NSW Public Service, and underpinned by NSW Health's seven governance standards:

1. ESTABLISH ROBUST GOVERNANCE AND OVERSIGHT FRAMEWORKS
2. ENSURE CLINICAL RESPONSIBILITIES ARE CLEARLY ALLOCATED AND UNDERSTOOD
3. SET THE STRATEGIC DIRECTION FOR THE ORGANISATIONS SERVICES
4. MONITOR FINANCIAL AND SERVICE DELIVERY PERFORMANCE
5. MAINTAIN HIGH STANDARDS OF PROFESSIONAL AND ETHICAL CONDUCT
6. INVOLVE STAKEHOLDERS IN DECISIONS THAT AFFECT THEM
7. ESTABLISH SOUND AUDIT AND RISK MANAGEMENT PRACTICES

The governance framework is summarised in the following diagram. The centre depicts the key elements of effective governance public health organisations are responsible for managing. The outer circles are the key external governance requirements applying to activities at all these organisations.

Strategic and service planning

A set of high-level performance indicators measure NSW Health's performance against NSW Health Strategic Priorities. The Performance section of this report gives a detailed breakdown of results for these indicators. They inform performance at the state level, and also translate to hospital level for local management. They provide a foundation for a tiered set of key performance indicators at the local health district, specialty health network, as well as facility and service levels. The indicators are the basis for an integrated performance measurement system linked to chief executive performance contracts and associated performance agreements. They also form the basis for reporting on the performance of the health system to the public.

Workforce and employment

The staff of the Ministry of Health are employed under the *Government Sector Employment Act 2013*.

Under the *Health Services Act 1997* , the Secretary exercises the employer functions of the Government in relation to the staff employed in the NSW Health Service, being staff working in the public health system. Most of these functions are delegated by the Secretary to public health organisations.

The Secretary approves:

- all non-standard contracts of employment/ engagement
- statewide industrial matters.

NSW Health works with the NSW Public Service Commission which has a broader role in the strategic development and management of the public sector workforce.

Clinical governance

Providing safe, high-quality health care in NSW requires effective clinical governance processes. NSW Health has established a comprehensive process which ensures a systematic approach to improving patient safety and clinical quality across the whole health system.

The key principles of clinical governance in the NSW program are:

- 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 clearly accepted.
- Accountability – limits of individual accountability are clear.
- A just culture – individuals are treated fairly and not blamed for system failures.
- Appropriate prioritisation of action – according to resources and where the greatest improvements can be made, actions are prioritised.
- Teamwork – recognised as the best defence against system failures and is explicitly encouraged.

The Clinical Excellence Commission has responsibility for the quality and safety of the NSW public health system and for providing leadership in clinical governance. This includes taking a leading role in system-wide improvement of clinical quality and safety, such as clinical incident reviews and responses, representing NSW Health in appropriate state and national forums and providing advice, briefings and associated support to the Secretary and Ministers.

Local health districts and specialty health networks have primary responsibility for providing safe, high quality care for patients. They have established clinical governance units. Responsible to the chief executive, local health district directors of clinical governance provide advice and reports to health service governance structures on:

- Serious incidents or complaints, including investigation, analysis and implementation of recommendations.
- Performance against safety and quality indicators and recommendations on actions necessary to improve patient safety.
- The effectiveness of performance management, appointment and credentialing policies and procedures for clinicians.
- Complaints or concerns about individual clinicians, in accordance with NSW Health policies and standards.

The Clinical Excellence Commission acts as the chief channel for system-wide sharing of information and initiatives to reduce risk and improve quality and safety. There are close links between the NSW Ministry of Health, the Agency for Clinical Innovation, Bureau of Health Information, Health Education and Training Institute, Cancer Institute NSW and local health district/ specialty health network clinical governance units.

The Agency for Clinical Innovation is the lead agency in NSW for designing and implementing the best possible models of care, by working with doctors, nurses, allied health, managers and the public. It has a key role in supporting clinical governance through its clinical taskforces. Established in 2012-13, the Reducing Unwarranted Clinical Variations Taskforce continues to focus on reducing variation in care for patients with stroke, heart attack, rare cancer surgery and hip fractures.

Accreditation

Hospitals, dental services and oral health clinics within hospitals must be assessed against the National Safety and Quality Health Service (NSQHS) Standards, in accordance with the Australian Health Services Safety and Quality Accreditation Scheme that was agreed on by states, territories and the Commonwealth in November 2010.

The benefits of accreditation against the NSQHS Standards are that it:

- protects patients from harm
- reduces risk
- improves the quality of health services
- tests whether systems are in place to ensure minimum standards of safety and quality are met
- provides a risk management approach to safety and quality
- provides a quality improvement focus that encourages health services to achieve and maintain best practice.

Stakeholder engagement

NSW Health is committed to improving the overall quality of health care. One of the challenges is identifying ways to enhance services provided to the public and build trust in the people administering and providing those services. This includes collecting better information about consumers' views, through the Bureau of Health Information's NSW Patient Survey Program. This survey gathers information from patients across NSW about their experience with services in public hospitals and other health care facilities, and is published annually on the Institute's website. In 2017-18, the Institute continued to manage and expand the NSW Patient Survey Program to support integrating patient feedback into health system improvements. The Bureau of Health Information asked 270,000 patients about their time in the NSW health system and sent surveys to adults, children and young patients, emergency department patients of rural, regional and metropolitan hospitals, maternity patients, patients attending outpatient clinics, including cancer clinics, and for the first time, to women visiting a BreastScreen NSW centre for a routine screening mammogram.

The survey program is a rich source of data, which the Bureau of Health Information makes publicly available on its website, through its interactive data portal Healthcare Observer, and in many of the reports and other information products it publishes.

Feedback and consumer complaints

The key priority of the NSW public health system is its focus on patient-centred care.

Feedback from consumers, their families and carers about their health care experiences is actively encouraged and more work is underway to further strengthen our processes. Complaints received are entered into the Incident Information Management System (IIMS).

Encouraging staff to engage with patients and families during care delivery is known to improve communication, and results in a better experience of care. The Clinical Excellence Commission's Partnering with Patients program was established in 2010 to work with local health districts to help include patients and family as care team members, improve consumer engagement and promote safety and quality in health care.

The total number of complaints notified in the Incident Information Management System in 2017 was 14,778. The most frequently reported complaint type was treatment, followed by communication and access to a provider, service or hospital bed.

Where communication was the primary issue, the complaints related to the attitude of health care staff inadequate information being provided to the patient and/or their carer, and wrong or misleading information being provided to the patient and/or their carer. Where clinical treatment was the issue, the complaints related to inadequate treatment, coordination of treatment, and medication concerns. Inadequate treatment was more than twice as common as any other complaint about treatment. Where access was the primary issue, complaints related to delay in admission or treatment, followed by waiting lists, discharge or transfer arrangements, and resources and services availability.

When reviewing clinical incident and complaint notifications against service provided, the proportion of both clinical incidents and complaints have remained consistent over time.

The top five most common forms of complaint resolution remain consistent with previous reporting periods and include: giving an apology, providing an explanation, and providing feedback to the clinician who was involved in the complaint.

Caveats: Complaint data from IIMS has limitations. Not all services use IIMS to record complaints received, therefore numbers are not actual. Both the 'Complaint Issue Type' and 'Nature of Complaint' are non-mandatory multi-select fields. These fields are not always completed for each complaint received. Conversely, one complaint may have multiple types selected.

FINANCE AND PERFORMANCE MANAGEMENT

NSW Health Performance Framework

The NSW Health Performance Framework sets out the triggers for intervention on performance issues

The NSW Health Performance Framework for public sector health services provides an integrated process for performance review and management. Its over-arching objectives are to improve patient safety, service delivery and quality across NSW Health, while ensuring financial performance is maintained. The Framework includes the performance expected of local health districts and specialty health networks to achieve the required levels of health improvement, service delivery and financial performance.

The Framework forms an integral part of the annual business planning cycle for the annual service agreements between the NSW Ministry of Health and individual health services, including standards for financial performance. The Framework and associated key performance indicators promote and support a high performance culture.

The Framework outlines a transparent monitoring process to identify and acknowledge sustained high performance, with lessons shared across NSW Health. The Framework also recognises and identifies challenges to performance, cases of sustained under-performance, and significant clinical issues or sentinel events. When addressing these challenges the Ministry works with the health service or support organisation to manage and build capacity and sustainability and reduce risk.

The Framework sets out the triggers for intervention on performance issues to restore and maintain effective performance across health service facilities and services. Performance against quality and productivity improvement targets forms part of the overall performance assessment under this Framework.

The Framework operates within several important contexts:

- Integration of governance and strategic frameworks, business planning, budget setting and performance assessment is done within the context of the NSW State Health Plan.
- The National Health Reform Agreement requires NSW to establish service agreements with each health service and implement a performance management and accountability system, including processes for remediation of poor performance.
- Service agreements, performance agreements and regular performance reviews are central elements of the Performance Framework. It operates alongside NSW Health Funding Reform, Activity Based Funding Guidelines and the Purchasing and Commissioning Frameworks.

Service agreements

The annual NSW Health service agreements were developed in the context of the National Health Reform Agreement, combined with the goals of the NSW public health system and the parameters of the NSW Health Performance Framework. Separate service agreements are developed between the Ministry of Health and each local health district and specialty health network, setting out the performance expectations for the funding provided to ensure the delivery of safe, high-quality patient centred health care services. These agreements are an integral component of the NSW Government's commitment to articulating the direction, responsibility and accountability across the NSW health system for the achievement of Government and NSW Health priorities. A key component is the mix and level of services purchased under Activity Based Funding. Each local health district and network service agreement has been made publicly available on their respective websites.

Audit and risk management

The NSW Ministry of Health audits risk activities taking place within whole-of-government policies, in particular those issued by NSW Treasury. NSW Health policy requires public health organisations to maintain effective, independent audit framework and corporate governance practice consistent with 'best practice' attributes for the NSW public sector. Specifically, the audit framework of public health organisations is established within a suite of legislation, policies, procedures, reporting and review requirements.

A number of governance mechanisms oversee the responsible use of government resources and the efficiency and effectiveness of health services delivery in NSW.

The legislative basis includes:

- *Charitable Fundraising Act 1991*
- *Charitable Trusts Act 1993*
- *Dormant Funds Act 1942*
- *Health Administration Act 1982*
- *Health Services Act 1997*
- *Independent Commission Against Corruption Act 1988*
- *Local Health District By-Laws*
- *Ombudsman Act 1974*
- *Public Authorities (Financial Arrangements) Act 1987*
- *Public Finance & Audit Act 1983*
- *Public Health Act 2010*
- *Trustee Act 1925* .

Audit and risk management committees

Each public health organisation must establish an audit and risk management committee. The audit and risk management committee is a key component in the public health organisation's corporate governance framework.

It oversees:

- internal controls
- enterprise risk management
- business continuity plans
- disaster recovery plans
- corruption and fraud prevention
- external accountability (including financial statements)
- compliance with applicable laws and regulations
- internal audit
- external audit.

Internal Audit at the NSW Ministry of Health

Internal Audit provides an independent review and advisory service to the Secretary and the Risk Management and Audit Committee. It ensures the Ministry of Health's financial and operational controls, designed to manage organisational risks and achieve agreed objectives, continue to operate efficiently, effectively, and ethically. Internal Audit assists management in improving the business performance of the Ministry, advises on fraud and corruption risks and on internal controls over business functions and processes.

Ethicabehaviour

Maintaining ethical behaviour is recognised as the cornerstone of effective corporate governance. NSW Health is committed to ethical leadership across the public health service. It requires all staff to contribute to a positive workplace culture reflecting the CORE values of Collaboration, Openness, Respect and Empowerment, and builds upon the public sector core values of integrity, trust, service and accountability. These values are reflected in NSW Health policies, including the Code of Conduct.

Riskmanagement

Effective enterprise risk management is a key component of strategic planning and monitoring of organisational systems fundamental to evidence based decision making, responsible management and good governance. Enterprise-wide risks are best managed through continuous monitoring and risk control (policy, procedures and guidelines). This best practice is reflected in the NSW Health risk management policy. It requires each public health organisation to implement an enterprise-wide risk management framework.

All public health organisations must comply with state laws relating to its operations, especially those directly imposing legal responsibilities for managing risk:

- *Public Finance and Audit Act 1983*
- *Annual Reports (Departments) Regulation 2010*
- *Annual Reports (Statutory Bodies) Regulation 2010*
- *Government Information (Public Access) Act 2009*
- *Workplace Health and Safety Act 2011*
- *Protection of the Environment Operations Act 1997.*

Effective risk management is built into governance and organisational structures, and planning and operational processes. This systematic and integrated approach enables public health organisations to efficiently deliver on performance objectives and meet responsibilities and accountabilities.

Externalagencyoversight

There are several statutory and government agencies involved in the oversight and governance of public health organisations within NSW. 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.

Three performance audits were started, into palliative care services, ambulance efficiency and rostering

Audit Office of NSW

The Audit Office of NSW fulfils the external audit function for NSW public health organisations and undertakes audits across the finance, performance and compliance topic areas. The Audit Office tabled three performance audit reports in Parliament focusing specifically on NSW Health in 2017-18, being:

- Planning and Evaluating Palliative Care Services in NSW – tabled on 27 August 2017
- Managing Demand for Ambulance Services – tabled on 16 November 2017
- HealthRoster Benefits Realisation – tabled on 7 June 2018

Additionally, NSW Health has been involved in two interagency performance audits, being:

- Managing Risk in the NSW Public Sector: Risk Culture and Capability – tabled on 16 November 2017
- Detecting and Responding to Cyber Security Incidents – tabled on 6 March 2018

All tabled reports including the related response from NSW Health are available on the website of the NSW Audit Office www.audit.nsw.gov.au .

The Public Accounts Committee (PAC) reviews performance audit reports tabled in Parliament as part of a 12-month follow-up and requests reports on the progress of the implementation of agreed recommendations. The PAC did not request any submissions from NSW Health in 2017-18.

NSWOmbudsman

The NSW Ombudsman tabled three reports involving NSW Health during 2017-18, being:

- Report on Reviewable Deaths in 2014-15; Volume One – Child Deaths
- NSW Child Death Review Team Annual Report 2015
- Report on Deaths of People with a Disability in Residential Care

All tabled reports including relevant data provided by NSW Health are available on the website of the NSW Ombudsman www.ombo.nsw.gov.au .

INTERNAL AUDIT AND RISK MANAGEMEI ATTESTATION

FOR THE 2017-18 FINANCIAL YEAR FOR THE NSW MINISTRY OF

I, Ms Elizabeth Koff, 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 eight (8) core requirements set out in the *Internal Audit and Risk Management Policy for the NSW Public Sector*, specifically:

Core Requirements	Compliant / Non-Compliant / In Transition
Risk Management Framework	
1.1 The agency head is ultimately responsible and accountable for risk management in the agency	*Compliant*
1.2 A risk management framework that is appropriate to the agency has been established and maintained and the framework is consistent with AS/NZS ISO 31000:2009	*Compliant*
Internal Audit Function	
2.1 An internal audit function has been established and maintained	*Compliant*
2.2 The operation of the internal audit function is consistent with the International Standards for the Professional Practice of Internal Auditing	*Compliant*
2.3 The agency has an Internal Audit Charter that is consistent with the content of the 'model charter'	*Compliant*
Audit and Risk Committee	
3.1 An independent Audit and Risk Committee with appropriate expertise has been established	*Compliant*
3.2 The Audit and Risk Committee is an advisory committee providing assistance to the agency head on the agency's governance processes, risk management and control frameworks, and its external accountability obligations	*Compliant*
3.3 The Audit and Risk Committee has a Charter that is consistent with the content of the 'model charter'	*Compliant*

Membership

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

- Mr Ian Gillespie, Independent Chair (1 July 2015 to 30 June 2018, extended to 22 March 2020)
- Ms Julie Newman, Independent member (1 July 2015 to 30 June 2018, extended to 25 June 2021)
- Mr Greg Rochford, Independent member (22 June 2017 to 30 June 2021)
- Ms Carolyn Walsh, Independent member (21 March 2018 to 20 March 2022)

I, Ms Elizabeth Koff, 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
- Far West Local Health District
- Hunter New England Local Health District
- Illawarra Shoalhaven Local Health District
- Justice Health & 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
- Agency for Clinical Innovation
- Ambulance Service of NSW
- Bureau of Health Information
- Cancer Institute NSW
- Clinical Excellence Commission
- eHealth NSW
- HealthShare NSW
- Health Education and Training Institute
- Health Infrastructure
- NSW Health Pathology

Departures from Local Policy

I, Ms Elizabeth Koff, Secretary, NSW Health, advise that the internal audit and risk management processes for the controlled entities of the Ministry of Health depart from the following policy requirements 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 Agency Head, 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
Core Requirement: 6. An independent and qualified Audit and Risk Committee has been established **Procedure:** 2.3.2 Appointment of Independent Member as Chair 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. The term of appointment for the Chair can be extended, but any extension must not cause the total term to exceed five (5) years as a chair of the Audit and Risk Committee.	Two Health Organisations attested to the Agency Head that the Independent Chair of the Audit and Risk Committee had been in office for a total of six (6) years, since commencing in 2011. The previous local policy PD2010_039 could be interpreted to mean that a chair could be appointed for a term of 4 years and reappointed for another 4 years. The current policy does not allow for new Independent chairs to be appointed for more than five (5) years. Once the Chair's term of office concluded on 30 June 2017, one LHD extended the appointment as Chair for two years, and the other LHD appointed the outgoing Chair as a member for two years. This decision supports the NSW Treasury recommendation to secure continuity of knowledge and experience on the Audit and Risk Management Committee.

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.

Elizabeth Koff
Secretary, NSW Health
Date:

25/10/2018

Ross Tyler
Chief Audit Executive, Ministry of Health
Telephone: 9391 9640

PUBLIC ACCOUNTABILITY

PUBLIC INTEREST DISCLOSURES

This information has been provided in compliance with statutory reporting requirements for NSW Health organisations pursuant to s31 of the *Public Interest Disclosures Act 1994* . NSW Health has a Public Interest Disclosures Policy (PD2016_027). This policy covers management of Public Interest Disclosures across all NSW Health organisations

In total, NSW Health organisations have received 73 Public Interest Disclosures over the 2017-18 reporting period:

- 54 in the course of their day-to-day functions
- 19 falling into the category of 'all other Public Interest Disclosures'.

Across NSW Health, 69 Public Interest Disclosures were finalised during the 2017-18 period.

The majority of Public Interest Disclosures related to reports of alleged corruption (58), with 10 Public Interest Disclosures reports relating to alleged maladministration and five relating to alleged serious and substantial waste.

During the 2017-18 reporting period, NSW Health organisations received Public Interest Disclosures reports from 67 public officials:

- 49 during the course of their day-to-day functions
- 18 falling into the category of 'all other Public Interest Disclosures'.

The Public Interest Disclosures reports received by NSW Health have slightly increased (73) compared with the previous reporting period of 2016-17 (67). This may be attributable to increased awareness amongst NSW Health staff identifying Public Interest Disclosures during the course of their duties.

During 2017-18 Public Interest Disclosure coordinators for NSW Health organisations continued to implement tailored staff awareness strategies to suit their organisational needs. Awareness strategies utilised by NSW Health organisations include training provided by representatives from the NSW Ombudsman, internal staff briefings, e-learning and training provided to new employees as part of the induction procedure. Information about Public Interest Disclosures is provided on organisation intranet sites, and some organisations have provided information via newsletters, posters and surveys to increase awareness.

GOVERNMENT INFORMATION (PUBLIC ACCESS) ACT 2009

The NSW Ministry of Health reviews its information on a regular basis and routinely uploads information that may be of interest to the public to the website.

This includes updating a wide range of publications and resources including reports, factsheets, brochures and pamphlets. Factsheets are also available in other languages from the NSW Multicultural Health Communication Service website.

During 2017-18 the Ministry of Health received 72 formal access applications under the *Government Information (Public Access) Act 2009* (GIPA Act); of those 11 applications were transferred to other agencies. During the reporting period, six applications were invalid for not complying with the formal requirements of Section 41 of the GIPA Act, with one of the applicants requesting excluded information as detailed in section 43 of the Act.

A total of 50 applications submitted to the Ministry were completed, including 10 received in the 2016-17 financial year and finalised in 2017-18. There were 18 undecided applications as at 30 June 2018.

Three internal reviews were conducted in 2017-18 with one decision upheld. There were six external reviews in 2017-18 by the Information and Privacy Commissioner, four recommending a new decision by internal review, with the remaining two upholding the original decision. Six additional internal reviews were finalised following recommendations under section 93 of the Act, which resulted in five decisions being varied and one upheld.

Of the 50 formal access applications decided during the reporting period, the NSW Ministry of Health made 10 decisions to refuse access to information referred to in Schedule 1 of the GIPA Act (information for which there is conclusive presumption of overriding public interest against disclosure). Six applications resulted in full refusal. Nine applications involved a decision to refuse access to part of the information. Statistical information about access applications (Clause 7(d) and Schedule 2) is included in Tables A to I.

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 OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN	TOTAL
Media	0	4	4	2	0	1	0	0	11
Member of Parliament	1	0	1	0	1	1	0	0	4
Private sector business	0	1	0	0	0	0	0	0	1
Not for profit organisations or community groups	3	1	0	3	0	1	0	0	8
Member of the public (application by legal representative)	1	1	0	4	0	0	0	2	8
Member of the public (other)	5	2	1	6	1	2	0	1	18
TOTAL	**10**	**9**	**6**	**13**	**2**	**5**	**0**	**3**	**50**

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 OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN	TOTAL
Personal Information Applicatons	2	2	0	5	0	2	0	0	11
Access application (other than personal information applications)	8	6	6	10	2	3	0	2	37
Access Applications that are partly personal information applications and partly other	0	1	0	0	0	0	0	1	2
TOTAL	**10**	**9**	**6**	**15**	**2**	**5**	**0**	**3**	**50**

Table C. Invalid applications

	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (s.41)	6
Application is for excluded information of the agency (s.43)	3
Application contravenes restraint order (s.110)	0
Total number of invalid applications received	7
Invalid applications that subsequently become valid applications	1
TOTAL	**6**

Table D. Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 to Act

	NUMBER OF TIMES CONSIDERATION USED
Overriding secrecy laws	3
Cabinet information	2
Executive Council Information	1
Contempt	3
Legal Professional Privilege	0
Excluded information	1
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
TOTAL	**10**

Table E. Other public interest considerations against disclosure: matters listed in table to section 14 of Act

	NUMBER OF APPLICATIONS NOT SUCCESSFUL
Responsible and effective government	8
Law enforcement and security	2
Individual rights, judicial processes and natural justice	11
Business interests of agencies and other persons	4
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0
TOTAL	**25**

Table F. Timeliness

	NUMBER OF APPLICATIONS
Decided within the statutory timeframe (20 days plus any extensions)	34
Decided after 35 days (by agreement with applicant)	6
Not decided within time (deemed refusal)	10
TOTAL	**50**

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	2	1	3
Review by Information Commissioner	4	2	6
Internal review following recommendation under section 93 of Act	5	1	6
Review by ADT	0	0	0
TOTAL	**11**	**4**	**15**

Table H. Applications for review under Part 5 of the Act (by type of applicant)

	NUMBER OF APPLICATIONS
Applications by access applicants	7
Applications by persons to whom information the subject of access application relates (see section 54 of the Act)	0
TOTAL	**7**

Table I. Applications transferred to other agencies under Division 2 of Part 4 of the Act (by type of transfer)

	NUMBER OF APPLICATIONS
Agency-initiated transfers	11
Applicant-initiated transfers	0
TOTAL	**11**

ACTS ADMINISTERED

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

Legislative changes

New Acts

Nil

Amending Acts

- *Health Legislation Amendment Act 2018*
- *Health Legislation Amendment Act (No 2) 2018*
- *Health Practitioner Regulation Amendment Act 2017*
- *Public Health Amendment (Review) Act 2017*
- *Smoke-free Environment Amendment Bill 2018*

Repealed Acts

Nil

Orders

Health Services Amendment (Mercy Hospitals NSW Ltd) Order 2018

Subordinate Legislation

Principal Regulations made

Nil

Significant Amending Regulations made

- Health Practitioner Regulation (New South Wales) Amendment (Paramedicine Council) Regulation 2017
- Public Health Amendment (Disclosure of Information on Former Pap Test Register) Regulation 2018
- Public Health Amendment (Reporting) Regulation 2017
- Public Health Amendment (Legionella Control – Testing) Regulation 2017

Repealed Regulations

Nil

INFORMATION MANAGEMENT

PRIVACY

The Regulation and Compliance Unit provides ongoing privacy information and support within the Ministry of Health, and to the NSW public health system.

The Regulation and Compliance Unit provided privacy advice in the following specific areas within NSW Health during 2017-18:

- Consultation on My Health Record
- Facilitating staff education briefings on My Health Record
- Development of HIV Guidelines for NSW Health agencies around the amendment of the *Public Health Act 2010* and management of HIV information in the health system
- Development of Privacy audit guidelines for NSW Health agencies
- Development of a guide to reporting privacy breaches and corrupt conduct
- Consultation on Nursing and Midwifery Mandatory Training Review Project
- Review and updating NSW Health privacy leaflets
- Consultation on Patient Journey Boards
- Consultation on the review of the *Health Records and Information Privacy Act 2002*
- Consultation on Public Interest Directions for the Domestic Violence Disclosure Scheme
- Consideration of privacy aspects of new systems for providing integrated care - NSW Integrated care service and Health Care Homes

The Regulation and Compliance Unit liaises with the Office of the NSW Privacy Commissioner with regards to various matters, including applications for privacy internal review received by NSW Health agencies, matters pertaining to the application of privacy legislation within NSW Health, the drafting of privacy legislation, regulation, public interest directions, guidelines, education materials, and other materials as they arise.

The NSW Health Privacy Contact Officers network group meetings in November 2017 and May 2018 provided further opportunity for discussion about local and statewide privacy issues.

The network also provides professional development opportunities for Privacy Contact Officers (PCOs) based in local health districts and public health organisations within NSW Health, particularly in relation to:

- 'HealtheNet', the statewide clinical portal providing summary patient information to NSW public health services via their electronic Medical Record (eMR) systems
- The national 'My Health Record' system and implications for health information managers and PCOs in transitioning to My Health Record
- Disclosure of unit record data by local health districts for research or contractor services
- Access to sensitive pathology results.

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 2017-18, the Ministry of Health received two applications for Internal Review under the *Privacy and Personal Information Protection Act 1988*.

- An internal review application was received in July 2017 alleging that the NSW Ministry of Health had breached the applicant's privacy and confidentiality in relation to the applicant's personal information. The application was declined on the basis that the complaint was about a matter before the New South Wales Civil and Administrative Tribunal.
- An internal review application was received in March 2018 alleging that the NSW Ministry of Health had breached the applicant's privacy and confidentiality in relation to the applicant's personal information. The application was declined on the basis that the complaint related to another agency.

During 2017-18, one application was made to the NSW Civil and Administrative Tribunal (NCAT) in relation to one privacy internal review matter under the *Privacy and Personal Information Protection Act 1988*. The original internal review application was received by the Ministry in February 2017. It alleged the Ministry had breached the terms of Information Protection Principles in s18, Limits on Disclosure and s19, Special Restrictions on Disclosure of Personal Information, relating to the applicant's personal information. No breach was identified in the Ministry's internal review and NCAT also found that there had been no breach by the Ministry of the disclosure Principle in s18 of the *Privacy and Personal Information Protection Act 1988*. On the basis of the senior member's findings it was determined that it was appropriate to take no further action in regard to the applicant's application.

ATTESTATION STATEMENT

DIGITAL INFORMATION SECURITY ANNUAL ATTESTATION & EV
CERTIFICATION STATEMENT FOR THE 2017-18 FINANCIAL YEA

I, Ms Elizabeth Koff, am of the opinion that the NSW Ministry of Health had information security management arrangements in place during the financial year being reported on consistent with the core elements set out in the Digital Information Security Policy for the NSW Public Sector.

I, Ms Elizabeth Koff, am of the opinion that the security arrangements in place to manage identified risks to the digital information and digital information systems of the NSW Ministry of Health including the Enterprise-Wide Risk Management Policy and Framework and the Electronic Information Security Policy, are adequate. Processes are in place to continually improve the information security arrangements.

I, Ms Elizabeth Koff, am further of the opinion that the public sector agencies, or part thereof, under the control of the Secretary (and listed below) also have security arrangements in place to manage identified risks to their digital information and digital information systems. These agencies are covered by the Enterprise-Wide Risk Management Policy and Framework and the Electronic Information Security Policy. Processes are in place to continually improve the information security arrangements.

I, Ms Elizabeth Koff, am of the opinion that in accordance with the Digital Information Security Policy for the NSW Public Sector, eHealth NSW, as the information and communication technology and ehealth shared service provider for NSW Health, had certified compliance with AS/NZS ISO/IEC 27001 Information technology – Security techniques – Information security management systems – Requirements.

The public sector agencies controlled by the Secretary for the purposes of this Digital Information Security Attestation are:

1. NSW Ministry of Health
2. Central Coast Local Health District
3. Far West Local Health District
4. Hunter New England Local Health District
5. Illawarra Shoalhaven Local Health District
6. Mid North Coast Local Health District
7. Murrumbidgee Local Health District
8. Nepean Blue Mountains Local Health District
9. Northern NSW Local Health District
10. Northern Sydney Local Health District
11. South Eastern Sydney Local Health District
12. Southern NSW Local Health District
13. South Western Sydney Local Health District
14. Sydney Local Health District
15. Western NSW Local Health District
16. Western Sydney Local Health District
17. Agency for Clinical Innovation

18. Bureau of Health Information
19. Cancer Institute NSW
20. Clinical Excellence Commission
21. Health Education and Training Institute
22. Health Infrastructure
23. eHealth NSW
24. HealthShare NSW
25. Justice Health & Forensic Mental Health Network
26. NSW Ambulance
27. NSW Health Pathology
28. The Sydney Children's Hospitals Network
29. St Vincent's Health Network

Ms Elizabeth Koff
Secretary, NSW Health

OUR PEOPLE

The NSW public health system is the largest health care employer in Australia, with 117,047 full-time equivalent staff reported as at June 2018.

A record 48,286 full time equivalent nurses and midwives are working in NSW Health hospitals and health services as at June 2018. At the same time, there were 12,137 full time doctors employed within the NSW health system, representing approximately 10 per cent of the total health workforce, and 10,445 allied health professionals.

There were a record 999 medical intern training positions in NSW in 2018, an increase of 149 positions since 2012. A further six NSW intern positions in southern NSW were recruited as part of the Australian Capital Territory intern training network. This represents an annual investment in the order of $107 million to train interns.

More details on the NSW Health workforce are provided in the Appendix chapter.

NSW HEALTH PROFESSIONALS WORKFORCE PLAN 2012-2022

The NSW Health Professionals Workforce Plan 2012-22 was released in August 2012, after extensive consultation with a broad range of health professionals, organisations, associations and providers in settings from rural and city locations.

The plan provides a high level overview of the strategies to be implemented so NSW can train, recruit and retain health professionals to continue to provide a quality health service to the people of NSW.

The strategies designed to meet the strategic goals of the plan, are based on reporting periods of one to two years, two to five years and five to 10 years. In 2014, the NSW Ministry of Health reviewed the plan and found 65 statewide and local strategies had been implemented within the initial 2012-13 period. There are 27 new or amended two to five year targets to account for further developments in strategy and substantial increases in frontline health staff, reflecting government election commitments including additional training and specialist positions across all health professions.

The plan can be accessed at www.health.nsw.gov.au/workforce/hpwp/Publications/health-professionals-workforce-plan.pdf

STAFF AND RECRUITMENT

The NSW Health workforce is complex and diverse. It forms both the backbone and face of NSW Health services. Under the guidance and direction of the NSW Health Professionals Workforce Plan and the Health Education and Training Institute (HETI) Strategic plan, NSW Health has developed and implemented major workforce capability strategies. These plans provide the framework for recruitment, training and education of health professionals in all NSW Health organisations over the next decade.

Continuing professional development and education are vital for fostering new knowledge, understanding and innovative thinking. The aim is to create a skilled workforce, support for students and continuing professional development. The Health Education and Training Institute runs the leadership and management capability program.

Building and strengthening our Aboriginal workforce has been a strong focus for NSW Health for many years. In 2018, we began a review of the Respecting the Difference program, which is cultural training aimed at building a stronger understanding and appreciation of Aboriginal history and contemporary issues that impact on Aboriginal people. In September 2015, the NSW Premier announced 30 priorities for the state. One of these is Driving Public Sector Diversity, which commits NSW Health to doubling the number of Aboriginal and Torres Strait Islander people in senior leadership roles, and increasing the proportion of women in senior leadership roles to 50 per cent by 2025.

MEDICAL WORKFORCE

Improving the supply of appropriately trained and qualified workers across all areas is important.

NSW Health funded a further 15 additional medical specialist training positions across a range of specialties, including endocrinology, genetic pathology, palliative care and psychiatry, in line with identified workforce priorities.

The annual NSW Health Junior Medical Officer Recruitment campaign successfully recruited 3146 junior medical officers for the 2018 clinical year, mainly for specialty training positions including endocrinology, haematology, medical oncology, general medicine and paediatrics.

ALLIED HEALTH WORKFORCE

In 2017-18, NSW Health continued to implement existing programs as well as new initiatives including:

- The Health Education and Training Institute employed a full time Diagnostic Imaging Medical Physicist Training Advisor to support the development of the Medical Physicist workforce.
- One radiopharmaceutical science training position was funded for three years, to be based at Royal Prince Alfred Hospital.
- Five scholarships and two academic prizes for Radiopharmaceutical Science students from Macquarie University were funded to encourage course enrolment and completion.

The NSW Health Professionals Workforce Plan (2012-2022) identified five small but critical workforces, which fall under the Allied Health Workforce. Small but critical workforces are defined as ‘Workforces which contribute critical and essential elements of a comprehensive health service, and are currently experiencing threats to meet system needs now and into the future’. Work has started to understand additional workforces in that category, such as genetic counselling and podiatry workforces.

The Ministry of Health continues to undertake horizon scanning and workforce modelling in the allied health workforce. In 2016, work completed included scanning of five of the registered allied health professions: occupational therapy, physiotherapy, podiatry, psychology and pharmacy. This will provide important information to assist with the development of workforce development initiatives to ensure the future allied health workforce is able to support the needs of the NSW population.

Initiatives to support and grow the allied health workforce in 2017-18 included:

- 2386 scholarships and grants awarded to nurses and allied health professionals in areas of need.
- The Health Education and Training Institute's first graduates were awarded their postgraduate degrees in 2018.
- Updates to the Macquarie University Masters in Radiopharmaceutical Sciences program to ensure the curriculum remains current and to support the ongoing availability of this program. Macquarie University is the only provider of training for radiopharmaceutical scientists nationally. Five scholarships and two academic prizes will support course enrolment and completion. The University has reported an increase in enrolments for 2017.
- The Rural and Regional Allied Health workforce grew by 824 FTE between 2012 and 2018.
- HETI administers the NSW Rural Allied Health Undergraduate Scholarships, offered to students who have a rural background and are undertaking entry level studies in allied health which will lead to a degree that qualifies the student to practice. Up to 50 NSW Rural Allied Health Scholarships, valued up to $10,000, are offered each year.
- There are currently 11 cadets in the Aboriginal Allied Health Cadetship Program: six in social work, two in speech pathology, and one each in radiography, physiotherapy, and podiatry.
- Healthy Deadly Feet is an initiative to address diabetes-related foot disease. This partnership between the Ministry of Health, local health districts and key stakeholders supports the development of an Aboriginal Support Worker workforce focused on feet, to work with local Aboriginal communities, Podiatry and High Risk Foot Services.
- Funding was secured to develop the orthotics and prosthetics workforce in NSW Health through professional development and shared learning opportunities. In 2017-18 one-off grants enabled 33 orthotists and prosthetists to have access to professional development opportunities.

ABORIGINAL WORKFORCE

The NSW Public Sector Aboriginal Employment Strategy 2014-17 introduced an aspirational target of 1.8 per cent by 2021 for each of the sector's salary bands. If this target is achieved in salary bands not currently at or above 1.8 per cent, the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3 per cent.

In 2018, 20 Aboriginal medical graduates started as interns in NSW, the highest since the Aboriginal Medical Workforce recruitment pathway started.

The Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016-2020 is intended to support local health districts, specialty networks and other NSW Health organisations grow and to develop their Aboriginal workforce.

Building on the previous Framework (2011-2015), it sets out the Aboriginal workforce development priorities and desired outcomes for NSW Health for 2016-2020 and the key actions needed to achieve them.

The rate of Aboriginal employment in NSW Health has risen to 2.6 per cent from 1.8 per cent in 2011 and includes doctors and nurses. Local health districts and other public health organisations responded with Aboriginal workforce plans and initiatives and have halved the gap in employment outcomes between Aboriginal and non-Aboriginal peoples.

Aboriginal students completed 92 TAFE qualifications: 24 in 2015, 44 in 2016, and 24 in 2017. These include qualifications in Dental Assisting, Oral Health Promotion, and Dental Radiography. Some students completed more than one qualification. The 2018 cohort is projected to graduate with 25 TAFE qualifications in late 2018.

DENTAL WORKFORCE

There were 39 students who completed dental assisting certificates in 2016. An additional seven students completed a radiography certificate in 2016.

The NSW Government has committed $1 million (over four years from 2015-16) to provide for 96 traineeships for Aboriginal Dental Assistants in the rural public sector and in Aboriginal Medical Services.

A total of 84 students have graduated, with a further 26 students enrolled in 2018. Of these students, 21 have also completed a Certificate IV qualification in Radiography.

NURSING AND MIDWIFERY

A record 2400 new graduate nurses and midwives were employed in NSW Health in 2018.

Twelve rural postgraduate midwifery student scholarships were provided in 2018 to small rural maternity units to 'grow their own' midwifery workforce. This improved the viability and sustainability of maternity services in these communities.

NSW Health awarded 202 Enrolled Nurse scholarships in 2018. The scholarship positions were linked to areas of workforce need and included employment with NSW Health on completion.

WORKFORCE DIVERSITY

NSW Health has a strong commitment to workforce diversity and recruits and employs staff on the basis of merit. NSW Health provides a diverse workforce and workplace culture where people are treated with respect. The Ministry has a number of key plans to promote and support workforce diversity including the Disability Inclusion Action Plan (DIAP), the NSW Aboriginal Health Plan 2013-2023 and the Revised NSW Health Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016-2020.

Trends in the representation of workforce diversity groups

		PERCENTAGE OF TOTAL STAFF		
WORKFORCE DIVERSITY GROUP	**BENCHMARK**	**2016**	**2017**	**2018**
Women	50%	74.4%	74.6%	74.5%
Aboriginal and/or Torres Strait Islander People	3.3%	2.5%	2.5%	2.6%
People whose First Language Spoken as a Child was not English	23.2%	24.5%	25.3%	25.8%
People with a Disability	5.6%	1.9%	1.8%	1.7%
People with a Disability Requiring Work-Related Adjustment	N/A	0.4%	0.4%	0.4%

Source: PSC Workforce Diversity Report June 2018 Notes: 1. The benchmark of 50% for representation of women across the sector is intended to reflect the gender composition of the N community. 2. The NSW Public Sector Aboriginal Employment Strategy 2014-17 introduced an aspirational target of 1.8% by 2021 for each of the sector's salary bands. If th 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%. 3. A benchmark for 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 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 whe predominant language. 4. In December 2017 the NSW Government announced the target of doubling the representation of people with disability in the NSW public sector from 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 Requ Adjustment' was not updated.

Trends in the distribution of workforce diversity groups

		DISTRIBUTION INDEX		
WORKFORCE DIVERSITY GROUP	**BENCHMARK**	**2016**	**2017**	**2018**
Women	100	92	92	92
Aboriginal and/or Torres Strait Islander People	100	75	77	75
People whose First Language Spoken as a Child was not English	100	98	97	98
People with a Disability	100	96	96	95
People with a Disability Requiring Work-Related Adjustment	100	98	99	98

Source: PSC Workforce Diversity Report June 2018 Notes: 1. A 2018 Index score of 100 indicates that the distribution of members of the Workforce Diversity group across salary bands 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 b 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 be more concentrated at higher salary bands than is the case for other staff. 2. The Distribution Index is not calculated when the number of employees in the Workforce Diversity group is less 20 or when the number of other employees is less than 20.

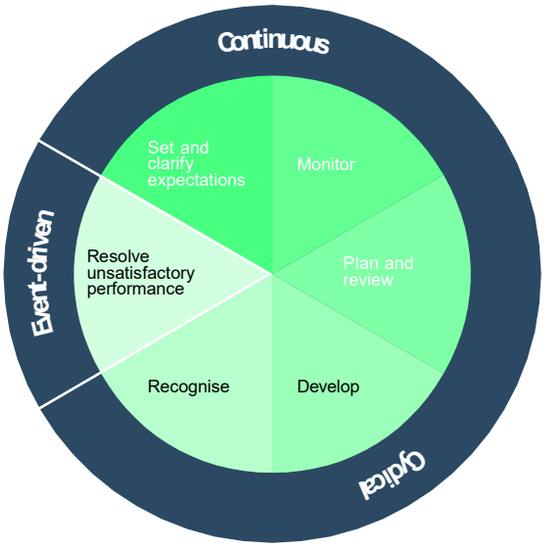
PERFORMANCE MANAGEMENT

NSW Health is committed to continuing to nurture a skilled workforce able to achieve individual goals and adapt to change.

Developing leadership and management abilities is fundamental to drive the planning and implementation of organisational objectives.

NSW Health programs link with the NSW Public Sector Performance Development Framework, where participants are encouraged to develop and enhance skills, performance and career development.

The NSW Public Sector Performance Development Framework mandates that all performance management systems in the NSW public sector must contain the following six core components:



Learning and development

Learning and development plays a key role in facilitating innovative thinking. The Health Education and Training Institute (HETI) supports education and training for excellent health care across NSW Health. The Institute provides world-class education and training resources to support the full range of roles across the public health system including patient care, administration and support services. HETI Higher Education celebrated its first graduation ceremony in 2017-18, awarding 60 Certificates, Diplomas and Master's degrees in Psychiatric Medicine and Applied Mental Health Studies.

HETI awarded more than 230 postgraduate scholarships and 1343 undergraduate scholarships and placement grants to nursing and midwifery staff; together with 806 scholarships and grants for rural allied health services.

Skills development

Online courses covered topics including refugee health, identifying homelessness, and building a safe workplace culture

The Health Education and Training Institute led a renewed focus on self-managed learning, redeveloping and expanding the statewide e-learning management system My Health Learning. The Institute developed 170 new e-learning modules and courses for My Health Learning. HETI also won a number of awards for its educational content: four gold Learn X Impact awards in categories: Best Bespoke/Custom Model, Best Video Design, and two in Best Learning Transfer.

HETI's new e-journal, Health Education in Practice: Journal of Research for Professional Learning was launched at the inaugural Health Education in Practice Symposium.

The Next Generation of Leaders and Managers pilot program progressed, with 26 participants achieving their Diplomas of Leadership and Management. A second cohort of 41 senior NSW Health staff graduated from HETI's NSW Health Senior Executive Development Program.

HETI's work in supporting NSW Health staff to harness CORE values was recognised. HETI was a finalist in the 2017 NSW Health Awards, and a further 4065 participants completed our CORE Chat programs.

More than 300 delegates, a new record, attended HETI's Sixth Rural Health and Research Congress, cementing its place as a peak event in the health care calendar.

Bullying and complaints

Health organisations continued to implement local strategies aimed at reducing incidents of bullying and unacceptable behaviour and enhance workplace culture. Anti-bullying management advisors developed 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 provides guidance and information to employees on the process for resolving complaints.

Health organisations must report de-identified data to the Ministry of Health on individual complaints known to human resources departments. These are initially assessed as potential bullying complaints. There were 85 bullying complaints received for the period 1 July 2017 to 30 June 2018. This represents 0.07 per cent of the total full-time equivalent (FTE) staff in the health system (based on June 2018 FTE). This is an increase from 2016-17's 72 complaints, but is lower than the 2015-16 figure of 92 complaints.

The 55 participants attending a Grievance Policy Implementation Workshop in May 2018, represented a broad spectrum of the health system. The externally-facilitated workshop allowed participants to discuss how implementation is progressing within their respective organisations. The workshop also featured presentations on successful implementations and resources to be shared across the system.

WORKPLACE HEALTH AND SAFETY

Workers' compensation

In accordance with the *Work Health Safety Act (NSW) 2011* and the *Work Health and Safety Regulation (NSW) 2011*, the Ministry of Health maintains its commitment to the health, safety and welfare of workers and visitors to its workplace.

Strategies to improve work health and safety include implementing Work Health Safety: Better Practice Procedures and Injury Management and Return to Work policy frameworks; ongoing commitment to the Ministry of Health Work Health Safety Mission Statement, and promoting healthy lifestyle campaigns on general health and wellbeing strategies to staff.

Strategies to improve workers' compensation and return-to-work performance included:

- a focus on timely return-to-work strategies and effective rehabilitation programs for employees sustaining work-related injuries and emphasising recovery at work
- frequent claims reviews with the Fund Claims Manager to monitor claim activity, return-to-work strategies, industry performance and compensation costs
- ongoing commitment to promoting risk management and injury prevention strategies including conducting workplace assessments, ergonomic information available on the intranet, and investigating and resolving identified hazards in a timely manner.

ENVIRONMENTAL MANAGEMENT

ENVIRONMENTAL SUSTAINABILITY

NSW Health continued its strong commitment to environmental sustainability, implementing key measures within the Health Resource Efficiency Strategy in alignment with Government's Resource Efficiency Policy. Measures include energy efficiency and solar photovoltaic upgrades.

The table below shows the rolling four-year electricity cost and consumption for NSW.

Rolling 4-year electricity contract cost and use

YEAR	ELECTRICITY USE MWh	TOTAL ELECTRICITY BILL $*
2014-2015	779,000	$112,327,000
2015-2016	777,000	$96,581,000
2016-2017	775,000	$105,083,000
2017-2018	782,000	$123,209,000

Key achievements 2017-18

NSW Health continues to be the NSW Government leader in the energy efficiency space.

In early 2017, the Ministry of Health launched the Large-scale Solar (PV) Pilot with the aim of testing the financial viability of implementing battery-ready large-scale solar photovoltaics on major hospitals and other suitable sites. In June, the first of these systems was switched on at Port Macquarie Hospital. The system is the largest on a healthcare facility in Australia and the largest on any NSW Government building. Early results indicate it will save the Mid North Coast Local Health District about $130,000 a year. The pilot continues, with two more systems in the procurement stage, and a further seven in the planning stage. The Ministry of Health's Sustainability and Facilities Team is also investigating the suitability of battery storage at large NSW Health sites.

A variety of energy efficiency measures managed by local health districts has seen NSW Health's electricity consumption remain relatively flat for a fourth consecutive year. Cost increases were a result of increased power prices, rather than increased power use.

RESEARCH AND DEVELOPMENT

MEDICAL RESEARCH SUPPORT PROGRAM AND ASSOCIATED PROGRAMS

Medical Research Support Program (MRSP)

The NSW Government established the Medical Research Support Program (MRSP) to provide infrastructure funding to health and medical research organisations. MRSP Assistance Funding was provided to institutes to assist with possible mergers or governance restructures. The 2016-20 round funded 15 institutes. Grants paid during 2017-18 were:

ORGANISATION NAME	AMOUNT ($)
Garvan Institute	$7,152,671
The George Institute for Global Health	$7,898,315
Westmead Millennium Institute for Medical Research	$3,579,619
Hunter Medical Research Institute (HMRI)	$6,854,275
ANZAC Research Institute	$895,243
Centenary Institute	$1,889,201
Children's Medical Research Institute (CMRI)	$1,648,701
Ingham Institute	$1,148,391
Heart Research Institute	$679,266
Neuroscience Research Australia	$2,658,383
Victor Chang Cardiac Research Institute	$1,877,017
Black Dog Institute	$1,442,341
Children's Cancer Institute Australia (CCIA)	$1,014,476
Illawarra Health and Medical Research Institute (IHMRI)	$905,002
Woolcock Institute	$958,329

Medical Research Support Program (MRSP) assistance funding

Assistance funding provided to institutes to assist with possible mergers or governance restructures.

ORGANISATION NAME	AMOUNT ($)
Neuroscience Research Australia (Schizophrenia Research Institute)	$425,000

Paediatrio

Funding provided to support the pilot screening program for Spinal Muscular Atrophy and Severe Immunodeficiency.

ORGANISATION NAME	AMOUNT ($)
Paediatrio	$2,000,000

Total MRSP Program Expenditure 2017-18	**$43,026,234**

SCHIZOPHRENIA RESEARCH

Schizophrenia Research Chair

The Chair provides scientific leadership at the Schizophrenia Research Laboratory in conducting research and mentorship for schizophrenia researchers throughout the state.

ORGANISATION NAME	AMOUNT ($)
Neuroscience Research Australia	$1,000,000
Total	$1,000,000

NETWORKS

Funding provided to clinical networks to support statewide research collaboration.

ORGANISATION NAME	AMOUNT ($)
National Heart Foundation (Cardiovascular Research Network)	$250,000
Multiple Sclerosis Research Australia	$105,000
Australian and New Zealand Spinal Cord Injury Network	$50,000
Total	$405,000

RESEARCH HUBS

The research hubs receive funding to help coordinate hub activities and maximise collaboration. The funds will enable expensive equipment, accommodation and support services to be shared efficiently, and help develop statewide research translation.

ORGANISATION NAME	AMOUNT ($)
Heart Research Institute (Central Sydney)	$100,000
St Vincent's Centre for Applied Medical Research (Darlinghurst)	$100,000
Hunter New England LHD (Hunter)	$100,000
Ingham Institute (Liverpool)	$100,000
University of Sydney (Northern Sydney)	$100,000
Randwick Health and Medical Research Institute (Health Science Alliance)	$100,000
Children's Medical Research Institute (Westmead)	$100,000
Illawarra Health and Medical Research Institute (Illawarra)	$100,000
Mid North Coast Local Health District (Rural)	$200,000
Total	$1,000,000

GENOMICS

The Sydney Genomics Collaborative received $24 million over four years to give NSW researchers access to cutting-edge genomic technologies. The collaborative involves three sub-programs:

- Program A: Medical Genome Reference Bank – a data library containing the whole genome sequences of at least 4000 Australians.
- Program B: NSW Genomics Collaborative Grants Program – to support research projects aiming to better understand the genetic basis for disease.
- Program C: Cancer Genomics Medicine Program – programs for clinical screening for 'actionable' mutations in advanced cancer, and a clinical trial based on molecular eligibility and identification of cancer risk genes in young cancer patients.

ORGANISATION NAME	AMOUNT ($)
Garvan Institute (Program A)	$1,700,000
Garvan Institute (Program B Fullerton)	$2,100,000
Neuroscience Research Australia (Program B Fullerton)	$360,000
Garvan Institute (Program C)	$2,400,000
Total	$6,560,000

MEDICAL DEVICES AND COMMERCIALISATION

Medical Device Fund

The Medical Device Fund is a competitive technology development and commercialisation fund, which helps encourage and support investment in developing medical devices and related technologies in NSW.

ORGANISATION NAME	AMOUNT ($)
SpeeDX Pty Ltd	$2,500,000
Medlogical	$1,250,000
Baymatob	$1,470,000
Western Sydney Local Health District	$1,390,000
Total	$7,010,000

Medical Device Commercialisation Training Program

The Medical Device Commercialisation Training program is delivered by Cicada Innovations. Participants gain skills in entrepreneurship, medical device design, development, and commercialisation. Candidates to attend the NSW-QB3 Rosenman Institute Scholar Program in the United States are drawn from the three-month training program. The program also provides start-up awards and travel scholarships.

NSW QB3 Rosenman Institute Scholar Program

NSW has established a Postdoctoral fellowship program in medical device commercialisation, in partnership with the Rosenman Institute in San Francisco.

Medical Research Commercialisation Fund (MRCF)

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

ORGANISATION NAME	AMOUNT ($)
Cicada Innovations (ATP Innovations)	$729,722
University of California San Francisco (QB3)	$202,395
Scid Pty Ltd (scholarship grant)	$646,496
MDC Travel scholarships	$25,000
Medical Research Commercialisation Fund (MRCF)	$300,000
Total	$1,603,613

EARLY TO MID-CAREER FELLOWS AND PHD SCHOLARSHIPS

PhD Scholarships

The PhD scholarship program provides funding to host universities to enable PhD candidates to gain skills and undertake projects that will build capacity in the NSW health system in areas of identified need.

ORGANISATION NAME	AMOUNT ($)
Charles Sturt University	$33,600
University of Newcastle	$115,000
University of New England	$35,000
University of New South Wales	$65,000
University of Sydney	$125,000
University of Technology	$148,260
University of Wollongong	$15,000
Western Sydney University	$10,000
Subtotal	$546,800

Early to Mid-Career Fellowships

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

ORGANISATION NAME	AMOUNT ($)
University of New South Wales	$594,995
Anzac Research Institute	$578,258
Heart Research Institute	$249,980
University of Newcastle	$1,160,061
Sydney University	$2,005,115
Victor Chang Cardiac Research Institute	$823,519
Western Sydney Local Health District	$595,000
Subtotal	$6,006,928

Total EMC and PhD Expenditure 2017-18	**$6,553,788**

TRANSLATIONAL RESEARCH GRANTS

The Translational Research Grants Scheme takes an innovative approach to funding priority-driven research led by local health services in NSW. It supported 24 research projects in 2017-18.

ORGANISATION NAME	AMOUNT ($)
Central Coast LHD	$661,009
Far West LHD	$123,302
Hunter New England LHD	$934,909
Illawarra Shoalhaven LHD	$515,418
Mid North Coast LHD	$266,194
Murrumbidgee LHD	$101,443
Northern NSW LHD	$84,564
Northern Sydney LHD	$635,600
NSW Health Pathology	$205,845
South Eastern Sydney LHD	$666,199
Southern NSW LHD	$352,422
South West Sydney LHD	$682,316
Sydney Children's Hospitals Network	$312,134
Western NSW LHD	$256,160
Western Sydney LHD	$1,325,992
Total	$8,321,383

PREVENTION RESEARCH SUPPORT PROGRAM

The Prevention Research Support Program is a competitive funding scheme administered by the NSW Ministry of Health. Round 5 of the program runs from July 2017 to June 2021.

GRANTS PAID IN 2017-18	AMOUNT ($)	PURPOSE
Hunter Medical Research Institute	400,000	Public Health Program Capacity Building Group
University of New South Wales	250,000	Centre for Primary Health Care and Equity
University of New South Wales	498,100	The Kirby Institute
University of Sydney	485,317	Clinical and Population Perinatal Health Research
University of Sydney	499,209	Prevention Research Collaboration
University of Wollongong	250,000	Early Start Research Institute
Western Sydney Local Health District	500,000	Centre for Infectious Diseases and Microbiology - Public Health
TOTAL	$2,882,626	

EQUITY AND DIVERSITY

NSW Disability Inclusion Action Plan 2016-2019

The NSW Health Disability Inclusion Action Plan 2016-2019 sets directions for the NSW health system to provide equitable and dignified access to services and employment for people regardless of disability.

As part of the obligations in the NSW Health Disability Inclusion Action Plan 2016-2019, NSW Health promotes the provision of equitable systems and processes to improve the access and experience of people with disability. This year there has been ongoing improvement to promote and encourage staff to undertake standardised online learning across NSW Health organisations.

In 2017, the Health Education and Training Institute undertook further work to develop, implement, and review training modules with a focus on disability, diversity, awareness, and inclusion. Collaboration has occurred across the NSW Health system to develop additional priority education and training resources with a disability inclusion focus. There have been general education and training requirements identified that can be used to up-skill health services staff on disability inclusion. This has resulted in a move to incorporate scenarios related to disability into non-specific disability resources as a strategy to promote the recognition of disability needs in a variety of health cases.

In addition to the formalised NSW Health training, many local health districts and specialty health networks undertake local training on care and service provision for people with disability. The main focus of this training is to build staff awareness of the experience of people with disability in order to understand disability inclusion. Some of these local resources and training include:

Promoting positive attitudes and behaviours

The Health Education and Training Institute offered online training courses supporting NSW Health staff to communicate effectively with people with disability.

Creating liveable communities

In 2017-18, 25 rural Multipurpose Services (MPS) participated in the Agency for Clinical Innovation's Living Well in MPS Collaborative, to implement principles of care and improve quality of life for residents who call an MPS home. Over 360 small-scale improvements were embedded, including developing social profiles highlighting residents' likes, dislikes and routines, improving access to aged care specific education for staff, using telehealth, and making environments more home-like, for example by building vegetable gardens and including pets. The final evaluation found the project addressed gaps in residential aged care assessment identified by the Australian Commission on Safety and Quality in Healthcare: A Principles in Practice Report.

Providing equitable systems and processes

- The 2017 NSW Health Innovation Symposium included discussion on building an inclusive culture for people with disability. It focused on best practice approaches to providing responsive and inclusive patient-centred care for people with intellectual disability.
- Illawarra Shoalhaven Local Health District produced videos for their website in partnership with a non-government organisation for people with disability. The videos use examples, easy language and captions to explain the patient's Rights and Responsibilities and how to provide feedback or make a complaint about the NSW health system.
- The Sydney Children's Hospitals Network has information on their website on the National Relay Service for deaf, hearing-impaired or speech impaired people wishing to contact their hospitals by telephone.

Supporting access to meaningful employment opportunities

- HealthShare NSW and eHealth NSW have a Disability Employment Strategy which aimed to increase the employment of people with disability from 2.5 per cent to five per cent by December 2017. The organisation works with disability employment agencies and the National Disability Coordinator to identify and recruit people with disability. The services also offer work experience opportunities to people with disability.
- Hunter New England Local Health District's public website promotes employment for people with disability. Their internal website has information for managers on making workplace adjustments for people with a mental illness.
- Murrumbidgee Local Health District employs peer support workers in their Mental Health and Drug and Alcohol services who have a lived experience of mental illness.
- Sydney Local Health District has partnered with a disability employment service provider to offer employment opportunities to people with moderate intellectual disability. The District provides structured on-the job, supervised training to people with intellectual disability to prepare them for employment with their district, or elsewhere.

National Disability Insurance Scheme

The NSW transition to the National Disability Insurance Scheme (NDIS) officially completed on 30 June 2018.

Over the last year of transition, NSW Health has worked intensively with the National Disability Insurance Agency and other government departments to ensure all existing clients of state disability services, as well as almost 35,000 with new disability needs, transitioned successfully to the NDIS.

The NSW Ministry of Health supported local health districts and specialty health networks to establish clear referral pathways, resolve NDIS-related issues and develop supporting resources.

NSW Health continues its focus on streamlining hospital discharge for NDIS participants, supporting faster access to early intervention services for children with disability and monitoring the interface between the NDIS and the health system.

NSW Health is also working with the National Disability Insurance Agency to maximise the benefits of the scheme.

Preliminary analysis from the NDIS Data Linkage (Admitted Patient and Emergency Department linked data collections) suggests NSW Health services are managing the transition well. As at March 2017, approximately 48,000 disability clients had transitioned to the NDIS, with 25,000 progressing. There was no observable increase in health service utilisation for this group (that is, emergency department presentations, length of stay, unplanned re-admissions or potentially preventable hospitalisations) when compared with the four years before the NDIS Plan approval date.

Multicultural Policies and Services program

The Multicultural Policies and Services program is a whole of NSW Government responsibility overseen by Multicultural NSW. It focuses on ensuring Government agencies implement the principles of multiculturalism through their strategic plans and deliver inclusive and equitable services to the public.

The NSW health system continues to build on initiatives to ensure the health system is accessible and accommodating of culturally and linguistically diverse people.

The key focus areas are:

- Service delivery – a priority, with numerous programs and activities designed to identify service needs and gaps and provide appropriate services.
- Planning – NSW Health organisations are improving how they implement the principles of multiculturalism using data to plan services and policies.
- Leadership – NSW Health leads, and is accountable for, building a culture promoting diversity and supporting all staff to include the principles of multiculturalism in clinical practice.
- Engagement – NSW Health has worked closely with culturally and linguistically diverse communities to develop policies and programs.

SECTION 4

FINANCES

CHIEF FINANCIAL OFFICER'S REPORT

EXPENSES

NSW Health is a provider of patient-centred health services. Approximately $13.4 billion, 60.9 per cent of costs incurred during 2017-18 were labour related, including the costs of employee salaries and contracted Visiting Medical Officers. Other operating and financing costs include approximately $1.7 billion in drug, medical and surgical supplies and $621 million in maintenance related expenses.

Grants and subsidies to third parties for the provision of public health related services totalled approximately $1.3 billion in 2017-18, including payments of more than $746 million in operating grants being paid to affiliated health organisations.

REVENUE

Key items include private patient fees, mainly from private health funds for privately insured patients ($894 million), the Department of Veterans' Affairs for provision of services to entitled veterans ($299 million), a recoup of costs from the Commonwealth through Medicare for highly specialised drugs ($396 million – more than $161 million of which was related to hepatitis C drugs issued under S100), and compensable payments received from motor vehicle insurers for the costs of people hospitalised or receiving treatment as a result of motor vehicle accidents ($160 million).

Commonwealth Payments as part of the National Health Reform Agreement are receipted under grants and contributions ($6 billion).

NSW Health's full year capital expenditure for 2017-18 (excluding capital expensing) was $1.6 billion for works in progress and completed works. The total spent on capital in 2017-18 represents nine per cent of the total Property, Plant, Equipment and Intangibles asset base.

NET ASSETS

NSW Health's net assets at 30 June 2018 were $15 billion. This is made up of total assets of $20.1 billion, netted off by total liabilities of $5.1 billion. The net assets are represented by accumulated funds of $9.9 billion and an asset revaluation reserve of $5.1 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 Ministry of Health. These statements have been included in a separate volume of the 2017-18 annual report. The NSW Ministry of Health and all its controlled entities received an unqualified audit opinion.

NSW Treasury reviews ongoing full year financial performance against the revised forecasts included in the 2018-19 State Budget papers (No.3). NSW Health has been assessed by NSW Treasury as achieving its overall budget responsibilities in 2017-18, against both the expense and revenue forecasts to actual results.

Further Information

Variation to initial budget result is included in 2017-18 audited financial statements (note 41) included in this annual report.

Wendy Hughes
A/Chief Financial Officer

FINANCIAL MANAGEMENT

PROCUREMENT CARDS

Procurement card (PCard) certification

It is affirmed for the 2017-18 financial year that the use of procurement cards (PCards) within the Ministry was in accordance with Premier's Memoranda, Treasurer's directions and NSW Health policy.

The Ministry requires all NSW Health organisations to adopt the use of PCards, where practicable, for purchases of goods and services that are $5000 or less. The use of PCards has improved the efficiency of the business processes associated with procurement. Standard system controls are applied to PCard usage as per NSW Health PCard Policy.

PCard use

PCard use within the NSW Ministry of Health is largely limited to:

- the reimbursement of travel and subsistence expenses
- the purchase of books and publications
- seminars and conferences.

Documenting PCard use

The following measures are used to monitor the use of PCards:

- The Ministry's PCard policy is documented.
- Reports on the appropriateness of Pcard usage are lodged periodically for management consideration.
- Regular fortnightly PCard Transaction Acquittal reports are distributed to portfolio managers to monitor and follow up on verification and approval of outstanding transactions.
- Monthly and quarterly PCard reports are submitted to the Chief Financial Officer.

IMPLEMENTATION OF PRICE DETERMINATION

The NSW state price per national weighted activity unit (NWAU17) for 2017-18 was $4691. This is not directly comparable with last year's state price ($4605 NWAU16), because the Independent Hospital Pricing Authority (IHPA) further refined NWAU per weight values in its annual National Efficient Price Determination. It also introduced changes to various classifications used for activity based funding.

In determining the state price, the average cost for NWAU17 was calculated by escalating the most recently available cost data (2015-16).

The 2017-18 state price reflects year-on-year changes in average cost per NWAU, influenced by productivity improvements, changes in input cost, better capture and reporting of activity, and refinements in standardisation of cost allocation. A major change was inclusion of non-admitted services. Improved data quality means the state price better harmonises service delivery in admitted and non-admitted care.

NON-GOVERNMENT FUNDING

Partnerships for Health – funding to non-government organisations

Each year, NSW Health allocates more than $150 million to more than 310 non-government organisations (NGOs) across the state. Partnerships for Health funding enables 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. They also include delivering information, advice, clinical services, rehabilitation and respite in the community.

In 2017-18, Partnerships for NSW Health continued to focus on improving how NSW Health funds and works with the NGO sector to deliver important community-based services. This included:

- Strengthening partnerships and service outcomes, through longer term agreements that promote greater sustainability of services.
- Continuing to ensure that NGO services which are funded align with government priorities.
- Creating enhanced performance frameworks.
- Committing to a strategic, competitive and transparent approach for purchasing services.

NSW Health engaged with NGO peak organisations and funding recipients on the reforms.

PARTNERSHIPS FOR HEALTH FUNDING ALLOCATED TO NON-G ORGANISATIONS BY THE NSW MINISTRY OF HEALTH 2017-18

Centre for Aboriginal Health

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	2,348,500	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 NS Health on Aboriginal health issues. Funding is given for capacity and capability building, policy leadership a influence, chronic disease and health ethics
Aboriginal Medical Service Co-Operative Ltd	669,700	Provision of population health and drug and alcohol services for the Aboriginal community in the Sydney region
Armajun Health Service Aboriginal Corporation	240,700	Provision of population health services to the Aboriginal community in the Armidale, Glen Innes, Inverell, Tenterfield and Tingha regions
Awabakal Ltd	650,600	Provision of population health, drug and alcohol, ear health and family health services for the Aboriginal community in the Newcastle area
Albury Wodonga Aboriginal Health Service	139,000	Provision of population health services to the Aboriginal community in the Albury Wodonga area
Biripi Aboriginal Corporation Medical Centre	418,900	Provision of population health, drug and alcohol and family health services for the Aboriginal community in Taree area
Bourke Aboriginal Health Service Ltd	360,400	Provision of population health, family health and drug and alcohol services for the Aboriginal community in Bourke and surrounding areas
Bulgan Ngaru Medical Aboriginal Corporation	526,200	Provision of population health and family health services in the Grafton area and population health services the Casino area
Bullinah Aboriginal Health Service Aboriginal Corporation	232,700	Provision of population health services to the Aboriginal community in the Ballina area
Centacare Wilcannia-Forbes	179,800	Provision of family health services in Narromine and Bourke
Coonamble Aboriginal Health Service	339,900	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
Coomealla Health Aboriginal Corporation	130,000	Provision of population health services to the Aboriginal community in the Dareton area
Condobolin Aboriginal Health Service	226,700	Provision of population health services to the Aboriginal community in the Condobolin area
Cummeragunja Aboriginal Corporation	179,500	Provision of population health services for Aboriginal community in the Cummeragunja, Moama and surrounding areas
Dubbo Neighbourhood Centre Inc	96,100	Provision of family health services for communities in the Dubbo area
Dubbo Regional Aboriginal Medical	222,700	Provision of family health services for communities in the Dubbo area
Durri Aboriginal Corporation Medical Service	558,100	Provision of population health, drug and alcohol services for Aboriginal communities in the Kempsey area
Galambila Aboriginal Health Service Inc	328,000	Provision of population health services for Aboriginal communities in the Coffs Harbour area
Goorie Galbans Aboriginal Corporation	144,800	Provision of family health services in the Kempsey area
Griffith Aboriginal Medical Service Inc	232,700	Provision of population health services to the Aboriginal community in the Griffith and Hay region
Illaroo Cooperative Aboriginal Corporation	62,400	Personal care worker for the Rose Mumbler Retirement Village
Illawarra Aboriginal Medical Service	350,600	Provision of population health and drug and alcohol services for the Aboriginal community in the Illawarra a
Intereach NSW Inc	109,400	Provision of family health services in the Deniliquin area
Katungal Aboriginal Corporation Community and Medical Services	224,800	Provision of population health and ear health services for Aboriginal communities in the far South Coast reg

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Maari Ma Health Aboriginal Corporation	406,800	Provision of population health and family health services in the Broken Hill and surrounding areas
Ngaimpe Aboriginal Corporation	199,225	Residential drug and alcohol treatment and referral program providing statewide services located in the Central Coast area
The Oolong Aboriginal Corporation	221,125	Residential drug and alcohol treatment and referral program providing statewide services located in the No area
Pius X Aboriginal Corporation	132,000	Provision of population health services to the Aboriginal community in the Moree area
Oranlea Haven	165,400	Residential drug and alcohol treatment and referral program providing statewide services located near Brewarrina
Orange Aboriginal Medical Service	239,700	Provision of population health services for Aboriginal communities in the Orange area
Riverina Medical and Dental Aboriginal Corporation	533,900	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 Corporation	271,100	Provision of population health and drug and alcohol services for the Aboriginal community in the Nowra are
Tamworth Aboriginal Medical Service Inc	244,700	Provision of population health services to the Aboriginal community in the Tamworth area
Tharawal Aboriginal Corporation	273,800	Provision of population health and drug and alcohol services for the Aboriginal community in the Campbelltown area
Tobwabba Aboriginal Medical Service	226,400	Provision of population health and family health services for the Aboriginal community in the Forster and surrounding areas
Walgett Aboriginal Medical Service	392,800	Provision of population health, family health and drug and alcohol services for the Aboriginal community in Walgett area and surrounding areas
South Coast Women's Health and Welfare Aboriginal Corporation (WAMINDA)	232,500	Provision of population health and family health services to Aboriginal women and their families in the Sout Coast region
Weigelli Centre Aboriginal Corporation	86,000	Residential drug and alcohol treatment and referral program providing statewide services located in the Co area
Wellington Aboriginal Corporation Health Service	1,218,500	Provision of population health, drug and alcohol and family health services for the Aboriginal communities around Wellington
Werin Aboriginal Corporation	230,700	Provision of population health services to the Aboriginal community in the Port Macquarie area
Yerin Aboriginal Health Services Inc	419,500	Provision of population health, ear health and family health services for the Aboriginal communities in the Central Coast area
Yooram Gunya Family Healing Centre Aboriginal Corporation	192,800	Provision of family health services for the Aboriginal community in Forbes and surrounding areas
TOTAL	**14,659,150**	

Aboriginal Maternal and Infant Health

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Durri Aboriginal Corporation Medical Service	213,100	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	319,200	Employment of a community midwife to provide antenatal care to improve the health outcomes of Aboriginal mothers and their babies
Walgett Aboriginal Medical Service	213,100	Employment of a community midwife to provide antenatal care to improve the health outcomes of Aboriginal mothers and their babies. Fundamental aim of the funded program is to improve the health of Aboriginal women and their babies
Albury Wodonga Aboriginal Health Service	241,700	Building Strong Foundations for the Aboriginal Children Families and Communities Program funds culturally appropriate child and family health services
TOTAL	**987,100**	

AIDS

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	120,200	Delivery of education and training in Primary Health Care (Sexual Health) and specialised short courses and skill set training covering HIV/AIDS, hepatitis C & B, sexually transmissible infections (STI) to support Aboriginal health workers in Aboriginal Community Controlled Health Services and Local Health Districts to implement the NSW HIV, sexually transmissible infections (STI), hepatitis C, and hepatitis B strategies
ACON Health Ltd	10,780,300	ACON is the statewide community based organisation providing HIV prevention, education, and support services to people at risk of and living with HIV. Services and programs include: HIV prevention, health promotion, education and community engagement programs for gay and bisexual men to increase access to HIV testing, treatment and prevention
Australasian Society for Viral Hepatitis and Sexual Health Medicine	622,500	ASHM provides: General practitioner 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, as required
Bobby Goldsmith Foundation	1,687,000	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	2,624,900	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	1,927,400	A statewide community based organisation that provides information, support, referral, education and advocacy services for people in NSW affected by hepatitis C
NSW Users and AIDS Association Inc	1,419,100	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	928,400	Statewide community based education, information and referral and support services for people living with HIV
Sex Workers Outreach Project Inc	1,274,100	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	**21,383,900**	

Aged and Disabled

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Cystic Fibrosis NSW	271,600	Counselling, support and assistance to people with Cystic Fibrosis and their families
Parkinsons NSW Inc	27,200	Supports activities to raise community awareness about Parkinson's Disease, with a focus on Parkinson's Week each year
Palliative Care Association NSW	92,900	Palliative Care NSW provides information and education to health care 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
TOTAL	**391,700**	

Community Services

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Centre for Disability Studies Ltd	210,100	Provision of specialised medical, dental and psychological services for adolescents and adults with intellectual or developmental disability
Council of Social Service NSW	260,400	Capacity building activities that increase sustainability in health related NGOs. The Council also delivers 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	396,100	The organisation delivers activities that support health consumer representation and engagement in the development of health policies, strategies and programs. Key activities include support for consumer representative networks and training and education for consumers.
United Hospital Auxiliaries of NSW Inc	203,500	Funding supports delivery of administrative and communications support to the affiliated hospital auxiliaries and UHA Volunteers located in public hospitals, multi-purpose services, community health centres, day car services and other public health facilities across NSW
Women's Health NSW	220,600	This organisation is the peak body for non-government, community based, women's health centres in NSW 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	**1,290,700**	

Drug and Alcohol

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW (Aboriginal Drug and Alcohol Network)	173,800	Coordinate and support the Aboriginal Drug and Alcohol Network and support the development of culturally sensitive alcohol and other drug services for Aboriginal people in Aboriginal health services and local health districts
Aboriginal Medical Service Co-Operative Ltd	301,100	Multi-Purpose Drug and Alcohol Centre at the Redfern location
Drug and Alcohol Multicultural Education Centre (DAMEC)	719,600	Statewide program targeting health and related professionals to assist them to appropriately service culturally and linguistically diverse customers
Network of Alcohol and Other Drugs Agencies Inc	1,426,400	Peak body for non-government organisations providing alcohol and other drug services
The Oolong Aboriginal Corporation	321,100	For the provision of Magistrates Early Referral Into Treatment services at an Aboriginal residential drug and alcohol treatment and referral service
Uniting (NSW ACT)	3,818,000	Medically Supervised Injecting Centre
TOTAL	**6,760,000**	

Health Promotion

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Family Drug Support	357,800	Provides a 24 hour telephone service, information, support and referral to families seeking support due to alcohol and other drug issues
Healthy Kids Association Inc	475,500	Delivery of key activities in relation to the NSW Healthy School Canteen Strategy, and activities associated the Healthy Children Initiative when required
Life Education NSW Ltd	2,089,700	Delivers drug and alcohol and healthy lifestyle related education to primary and secondary school children across NSW
TOTAL	**2,923,000**	

MentaHealth

GRANRECIPIENT	AMOUNT$	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	185,400	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 Cooperative Ltd	306,900	Mental Health project and mental health youth project for Aboriginal community in the Sydney inner city area
Aftercare	776,700	NSW Family and Carer Mental Health Program
Albury Wodonga Aboriginal Health Service	93,600	Mental Health project for Aboriginal community
Awabakal Ltd	105,200	Mental Health project for Aboriginal community in the Newcastle area
Black Dog Institute	1,505,700	Education/training programs for professionals, treatment guidelines, clinics (depression, bipolar, and perinatal depression); and a tele-psychiatry service to rural and remote NSW
Bulgan Ngaru Medical Aboriginal Corporation	107,400	Mental Health project for Aboriginal community
Centacare Wilcannia-Forbes	787,400	NSW Family and Carer Mental Health Program
Coomealla Health Aboriginal Corporation	105,200	Mental Health project for Aboriginal community
Cummeragunja Aboriginal Corporation	105,200	Mental Health project for Aboriginal community
St Vincent De Paul Society – Frederic House	210,200	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
Galambila Aboriginal Health Service Inc	93,600	Mental Health project for Aboriginal community
Katungal Aboriginal Corporation Community and Medical Services	99,100	Mental Health project for Aboriginal community
Lifeline Australia	3,101,200	Crisis support telephone service
Mental Health Coordinating Council Inc	572,000	NSW Mental Health peak organisation funded to support the NGO sector's efforts to provide efficient and effective delivery of mental health services
Mission Australia	782,900	NSW Family and Carer Mental Health Program
Uniting Recovery - Parramatta Mission	1,567,900	NSW Family and Carer Mental Health Program
Peer Support Foundation	274,000	Peer-led mentoring programs supporting the mental, social and emotional wellbeing of young people
Riverina Medical and Dental Aboriginal Corporation	93,600	Mental Health project for Aboriginal community
Schizophrenia Fellowship of NSW	2,417,300	NSW Family and Carer Mental Health Program
South Coast Medical Service Aboriginal Corporation	201,700	Mental Health project for local Aboriginal community
Tharawal Aboriginal Corporation	93,600	Mental Health project for Aboriginal community
Walgett Aboriginal Medical Service	186,900	Mental Health project for Aboriginal community
South Coast Womens Health and Welfare Aboriginal Corporation (WAMINDA)	98,700	Mental Health project for Aboriginal community
Weigelli Central Aboriginal Corporation	93,600	Mental Health project for Aboriginal community
Wellington Aboriginal Corporation Health Service	196,100	Mental Health project for Aboriginal community
Yerin Aboriginal Health Services Inc	93,600	Mental Health project for Aboriginal community
TOTAL	**14,254,700**	

Oral Health

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Aboriginal Medical Service Co-Operative Ltd	127,900	Aboriginal and rural health services
Albury Wodonga Aboriginal Health Service	521,200	Aboriginal and rural health services
Armajun Health Service Aboriginal Corporation	497,000	Aboriginal and rural health services
Awabakal Ltd	186,200	Aboriginal and rural health services
Bourke Aboriginal Health Service	358,800	Aboriginal and rural health services
Birip Aboriginal Corporation Medical Centre	186,200	Aboriginal and rural health services
Bulgan Ngaru Medical Aboriginal Corporation	451,100	Aboriginal and rural health services
Durri Aboriginal Corporation Medical Service	451,100	Aboriginal and rural health services
Illawarra Aboriginal Medical Service	325,500	Aboriginal and rural health services
Katungul Aboriginal Corporation Community and Medical Services	339,200	Aboriginal and rural health services
Maari Ma Health Aboriginal Corporation	204,500	Aboriginal and rural health services
Orange Aboriginal Medical Service	356,700	Aboriginal and rural health services
Pius X Aboriginal Corporation	185,700	Aboriginal and rural health services
University of Sydney (Poche Centre for Indigenous Health)	625,300	Aboriginal and rural health services
Riverina Medical and Dental Aboriginal Corporation	491,200	Aboriginal and rural health services
South Coast Medical Service Aboriginal Corp	282,300	Aboriginal and rural health services
Tobwabba Aboriginal Medical Service	358,800	Aboriginal and rural health services
Tharawal Aboriginal Corporation	325,500	Aboriginal and rural health services
Walgett Aboriginal Medical Service	184,300	Aboriginal and rural health services
Yerin Aboriginal Health Services Inc	356,700	Aboriginal and rural health services
TOTAL	**6,815,200**	

Rural Doctors Services

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
NSW Rural Doctors Network Ltd	1,582,700	The Rural Doctors Network core funding supports a range of programs aimed at ensuring sufficient numbe of suitably trained and experienced general practitioners are available to meet the health care needs of rura NSW communities. Funding is also provided for the NSW Rural Medical Undergraduates Initiatives Progra 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 years of study who commit to completing two of their first three postgraduate years in a NSW regional base hospital
TOTAL	**1,582,700**	

External Health Services

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Royal Flying Doctor Service of Australia (South Eastern Section)	1,599,400	Provision of Rural Aerial Health Service
TOTAL	**1,599,400**	

Children, Youth and Families

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Association for the Wellbeing of Children in Health Care	193,100	The Association is a national not-for-profit organisation advocating for the needs of children, young people and their families within the healthcare system in Australia. AWCH advocates to ensure that the emotional psycho-social needs of children, young people and their families are recognised and met by working in partnership with children, young people, their families, health professionals and the broader community
Australian Breastfeeding Association (NSW Branch)	155,500	The Association provides a 24 hour, seven day a week Helpline to support women who breastfeed. Additio support is provided through a network of local groups. It also promotes the benefits of breastfeeding in the community, works closely with health professionals providing workshops and seminars to them
Australian Red Cross Society	330,500	Residential program for young parents (12-25) principally mothers often commencing in pregnancy with support continuing after the baby's birth
Royal Far West Children's Health Scheme	3,802,100	Royal Far West's Paediatric Development Program provides the delivery of a specialist multidisciplinary su of services for children and their families with health, learning and developmental concerns. The Program delivers and supports access to health and wellbeing services to children and their families in rural, regiona and remote NSW
Red Nose Saving Little Lives (formerly SIDS and Kids NSW)	165,400	Red Nose provides bereavement support to 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
CatholicCare	85,100	This organisation recruits, trains and accredits personnel to deliver Natural Fertility Planning (NFP) and Fam Life Education (FLE) services
Youthsafe	181,600	Youthsafe works with schools, workplaces and community organisations to provide information, build capa and deliver programs to prevent youth injury on the road, at work, while playing sport and when out socialis with friends
Kidsafe NSW Inc	242,900	The organisation undertakes public awareness campaigns and provides information, training and advice on child injury prevention to key stakeholders and the community
YFoundations Inc	125,460	Youth Action is the peak body for young people and youth services in NSW. Youth Action was the success tenderer for the three-year NSW Youth Health Literacy Project in September 2017. The NSW Youth Health Literacy Project aims to improve the health outcomes of young people aged between 12 and 24 years throu promoting their health literacy and access to healthcare
TOTAL	**5,281,660**	

OTHER FUNDING GRANTS 2017-18

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Aaganah Inc	9,100	NSW Drug Court Residential Rehabilitation Service
Acon Health Ltd	15,000	Contribution to Sydney Women and Sexual Health Survey
Acon Health Ltd	18,852	Alcohol and Other Drugs Early Intervention Innovation Fund
Acon Health Ltd	125,000	Mental Health Suicide Prevention Fund Grant
After Care	101,896	Aboriginal Housing and Accommodation Support Initiative
After Care	450,000	Mental Health Like Mind pilot care for adults with mental illness
After Care	589,824	Housing and Accommodation Support Initiative
Alignment Business Solutions Pty Ltd	12,000	Mental Health Patient Experience Symposium 2018
Anglicare Victoria	18,582	Resource and Recovery Support Program
Anglicare Victoria	323,359	Housing and Accommodation Support Initiative
ANZAC Health and Medical Research Foundation	578,258	Early Mid Career Fellowship
ANZAC Health and Medical Research Foundation	895,243	Medical Research Support Program
Anzics	331,518	Bi-national Intensive Care Databases
Apostolic Church Australia as the operator of a PBI	3,595	COACH Mentoring program for the People Builders Port Macquarie
Asbestosis and Mesothelioma Association of Australia Ltd	10,000	One-off donation to contribute to the work of the AMAA
Aspect Vern Barnett School	25,000	To assist with provision of services and amenities for the school
Aust Society for Medical Research	30,000	Sponsorship for ASMR Medical Research Week
Australasian Neuroscience Society Inc	20,000	Annual Meeting of the Australasian Neuroscience Society Building Bridges
Australasian Spinal Cord Injury Network Ltd	50,000	Research into spinal cord injuries
Australian Breastfeeding Association	5,000	Sponsorship of the 2018 Australian Breastfeeding Association Health Professional Seminar in Sydney

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Australian Commission on Safety and Quality in Health Care	2,444,071	Contribution for the Australia Commission on Safety and Quality in Health Care
Australian Drug Foundation Inc	1,700,000	Community Engagement and Action Plan
Australian Medical Assoc (NSW) Ltd	20,000	The Alliance Junior Doctor Conference
Australian Red Cross First Aid Training	18,000	Australian Red Cross First Aid Training
Australian Red Cross Society	186,895	Save-a-mate harm reduction program at NSW music festivals
Australian Rickettsial Ref Lab Foundation Ltd	200,000	Donation for new Human Q fever vaccine
Barnardos Australia	1,337,348	Family Referral Service Grant Illawarra
Barnardos Australia	2,512,606	Family Referral Service Grant South Eastern and Northern Sydney
Batyr Australia Ltd	49,000	Trial and Evaluation of Virtual 'Being Herd'
Baymatob Pty Ltd	1,470,000	Medical Devices Fund
Beautiful Mind Community Committee	50,000	Renovation of patients courtyard area at Banks House, AMHU Bankstown Hospital
Being	62,000	Consumer Workers Forum
Benevolent Society	2,497,782	Family Referral Service
Beyond Five	15,000	To assist with the organisation's sustainability
Billabong Clubhouse Inc	15,000	Building shed for Billabong Clubhouse
Biotalk Pty Ltd	3,000	Funding for Franklin Women Breakfast Event
Black Dog Institute	120,157	Back to Base Pulse Oximetry Trial
Black Dog Institute	1,442,341	Medical Research Support Program
Camden Hospital Auxiliary	10,494	Paws Pets Therapy and Low Low beds
Cancer Council NSW	14,545	Tobacco in Australia website
Cancer Council NSW	40,000	Oceania Tobacco Control Conference Partnership
Catholic Care Social Services Hunter-Manning	5,140	Installation and purchase of Smartboard
Catholic Healthcare Ltd	307,500	Pathways to Community Living Initiative Grant 2017/18
Cenofex Innovations Pty Ltd	189	Medical Device Commercialisation Training Programs reimbursement
Centenary Institute of Cancer Medicine and Cell Biology	1,489,201	Medical Research Support Program
Cerebral Palsy Alliance	500,000	Funding for cerebral palsy research
Chain Reaction	40,000	Mt Druitt Learning Ground
Cheng Tegan - Alexandria	10,000	Payment to Tegan Cheng as part of the 2017 Medical Device Commercialisation Training Programs Post Program Awards
Childrens Cancer Institute Australia	1,014,476	Medical Research Support Program
Childrens Medical Research Institute	120,000	NSW Medical Research Hub
Childrens Medical Research Institute	1,648,701	Medical Research Support Program
Coltman Celeste - Shellhabour	10,000	Payment to Celeste Coltman as part of the 2017 Medical Device Commercialisation Training Programs Post Program Awards
Commonwealth Dept of Health	169,435	National Mental Health Planning Tool NSW contribution
Community Activities Lake Macquarie Inc	69,870	Suicide Prevention Fund Grant for Mental Health 2017/18
Community Carers Accomodation South East Inc	300,000	Community Carers Accomodation
Community Life Batemans Bay Inc	50,000	Donation to assist with services to the community
Community Northern Beaches	75,000	Supporting the community centre
Community Restorative Centre	128,312	Drug and Alcohol Treatment Services Program 2017/2020
Compass Housing Services	176,830	Suicide Prevention Fund Grant 2017/18
Condobolin Aboriginal Health Service Inc	100,000	Mental Health First Aid Training
Conferences and Education Management Pty Ltd	5,000	2018 Youth Health Conference
Coomealla Health Aboriginal Corporation	248,610	Suicide Prevention Fund Grant 2017/18
Copacabana Community Association Inc	21,180	Funding for Copacabana Men's Shed
Cranes Community Support Programs Ltd	372,820	Suicide Prevention Fund Grant 2017/18
Damec	319,220	Drug and Alcohol Treatment Services Grant 2017/2020
Denman Hospital Auxiliary	5,000	Princess Air Comfort Chair, gel cushions, wheelchairs and an ETAC Commode Chair
Department of Industry	750,000	Research into cultivation cannabis
Department of Health and Ageing	627,577	Health Star Rating Implementation - NSW Contribution to Front-of-Pack Labelling 2017/18
Department of Health and Ageing	153,929	Nationally Funded Centres Program Contribution 2017/18
Department of Health and Ageing	1,150,715	NSW Contribution to Australian Health Ministers' Advisory Council 2017/18
Department of Health and Ageing	1,528,955	NSW Contribution to National Cord Blood Collection Network
Department of Health and Ageing	1,780,161	Immunisation Unit - Australian Immunisation Register NSW Grant 2017/18

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Dubbo Neighbourhood Centre Inc	38,364	Funding for Local Support Coordinators
Dubbo Neighbourhood Centre Inc	86,500	Commonwealth Women's Safety Package - Grant 2017/18
Easylink Community Transport	55,000	HiAce - shuttle service between Monavale and Northern Beaches Hospital
Erina Baptist Community Care Ltd	2,530	Erina Men's Community Shed - Security alarm system
Family Drug Support	25,000	Support annual weekend volunteer workshop
Fight for a Cure Ltd	5,000	Donation to support Fight on the Beaches
Foundation House	50,000	Infrastructure and training upgrade
Garvan Institute Molecular Screening and Therapeutics	200,000	Molecular Screening and Therapeutics Program
Garvan Institute of Medical Research	10,000	2018 Health and Medical Research Sponsorship
Garvan Institute of Medical Research	20,000	Funding to support Drug Development Conference
Garvan Institute of Medical Research	1,700,000	Genomic Grant - Program A
Garvan Institute of Medical Research	2,100,000	Genomic Grant - Collaborative Grant 2017
Garvan Institute of Medical Research	2,400,000	Genomic Grant - Program C
Garvan Institute of Medical Research	7,152,671	Medical Research Support Program
Get Around It Youth Mental Health Foundation Ltd	1,500	Get Around It Run for Mental Health
Gidget Foundation Australia	120,000	Funding request to expand and continue the telehealth counselling service
Grand Pacific Health Ltd	466,320	Suicide Prevention Fund Grant 2017/18
Grand Pacific Health Ltd	1,473,720	Housing and Accommodation Support Initiative/Resource and Recovery Support Program Grand Pacific Health Grant 2017/18
Hammondcare	1,257,971	Special Care Unit
Hammondcare	2,865,874	Palliative Care Home Support Services
Hand sanitisers - Play Events	33,507	Brochures and hand sanitisers for the flu campaign
Health Science Alliance	120,000	NSW Medical Research Hub
Healthdirect Australia	1,412,957	Quitline Service
Healthdirect Australia	1,715,399	Get Healthy Information and Coaching Service Delivery
Healthdirect Australia	14,122,460	Nurse Triage Service
Healthwise New England North West	426,533	Suicide Prevention Fund Grant 2017/18
Healthwise New England North-West	3,000	Funding to assist in hosting a Men's Health Night
Human Genetics Society of Australasia Inc	15,000	2018 ASM Sponsorship Funding
Humpty Dumpty Foundation Ltd	60,000	Funding for the Michelle Beets Memorial Award
Humpty Dumpty Foundation Ltd	165,780	Funding for hospital medical equipment
Hunter Medical Research Institute	400,000	NSW Prevention Research Support Program
Hunter Medical Research Institute	6,854,275	Medical Research Support Program
Hunter Primary Care Ltd	212,964	Suicide Prevention Fund Grant
Illawarra Health and Medical Research Institute Ltd	120,000	NSW Medical Research Hub
Illawarra Health and Medical Research Institute Ltd	905,002	Medical Research Support Program
Illawarra Shoalhaven Suicide Prevention Collaborative	10,000	Lifespan - Suicide Prevention Trial
Ingham Institute for Applied Medical Research	120,000	NSW Medical Research Hub
Ingham Institute for Applied Medical Research	1,148,391	Medical Research Support Program
Jarrah House	197,419	Drug and Alcohol Treatment Services
JDRF	5,000	Fundraising walk - type 1 diabetes
Justice Reinvestment Project	76,595	Data Manager Position at Maranguka Justice Reinvestment Project - Bourke
Kedesh Rehabilitation Services Ltd	388,307	Drug and Alcohol Treatment Services Program
Kids With Cancer Foundation (Australia) Ltd	2,000	Scare Cancer Away Fundraiser
KidsFest Shellharbour 2018	10,000	Funding request for 11th Kidsfest
Kirby Institute University of NSW	36,000	Support HPV conference
Koori Kids Pty Ltd	5,500	NAIDOC School Initiatives 2018 - Contribution
Lifeline Australia	50,000	Assist with the ongoing viability of crisis line in NSW
Lifeline Harbour to Hawkesbury Inc	25,200	Eclipse Training Group Program
Lifeline Northern Beaches	27,600	Mental health training for teaching staff in schools on the Lower North Shore
Lives Lived Well	100,000	Women and Children residential rehabilitation

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Maari Ma Health Aboriginal Corporation	313,422	Drug and Alcohol Treatment Services Program
Mackillop Family Services	667,884	Family Referral Service
Macquarie University	220,000	National Health and Medical Research Council Partnership 2017/18
Manning Valley Push for Palliative	11,670	Donation of 12 fusion high back chairs
Medical Technology Association of Australia Ltd	10,000	MedTech 2017 Annual conference support
Medlogical Innovations Pty Ltd	1,250,000	Medical Devices Fund
Memphasys Ltd	400,000	Medical Devices Fund
Mental Health Australia Ltd	20,943	National Mental Health Consumer and Carer Forum 2017/18
Mental Health Co-Ordinating Council Inc	50,000	Study into Monitoring and Safeguards Mechanisms in NSW 2018
Mental Health First Aid Australia	58,752	Mental Health First Aid Instructor Courses
Millar Thomas Roseville	5,000	Payment to Thomas Millar and Burkhardt Schuett as part of the 2017 Medical Device Commercialisation Training Programs Post Program Awards
Miracle Babies	35,000	Improving website page
Mission Australia	48,686	Housing Accomodation and Support Initiative
Mission Australia	166,050	Pathways to Community Living Initiative
Mission Australia	244,704	Resource and Recovery Support Program
Mission Australia	472,643	Aboriginal Housing and Accommodation Support Initiative
Mission Australia	1,914,809	Community Living Supports commitment as part of Mental Health Reform
Mission Australia	4,967,023	Housing and Accommodation Support Initiative
Monash University	3,000	European Molecular Biology Laboratory Postgraduate Symposium
Moree Community Health	5,000	Guyra Men's Health Night
MRCF Pty Ltd	300,000	Medical Research Commercialisation Fund
Multiple Sclerosis Research Australia Ltd	105,000	Networks - MS Clinical Trials Research Network
Muswellbrook Hospital Auxiliary	10,000	Purchase of womens health instrument
National Assoc For Loss and Grief NSW Inc	409,898	2017/18 Core Funding for National Association for Loss and Grief NSW Inc
National Blood Authority	1,125,596	National Supply Plan - NSW Contribution.
National Centre for Childhood Grief	10,000	National Centre for Childhood Grief
National Heart Foundation of Aust NSW Division	250,000	Networks - CVRN
National Heart Foundation of Australia WA Division	22,000	Australian Physical Activity Network
Neami Limited	87,856	Aboriginal Housing and Accommodation Support Initiative
Neami Limited	183,528	Resource and Recovery Support
Neami Limited	3,466,569	Community Living Supports commitment as part of Mental Health Reform
Neami Limited	10,063,299	Housing and Accommodation Support Initiative
Nelune Foundation	150,000	Funding to purchase new equipment for Nelune Cancer Survivorship Centre
Network of Alcohol and other Drugs Agencies (NADA)	50,000	Capacity building for frontline workers
Neuroscience Research Australia	10,000	Support SPHERE 2017
Neuroscience Research Australia	360,000	Genomic Grant - Collaborative Grant 2017
Neuroscience Research Australia	1,000,000	NSW Schizophrenia Research Chair
Neuroscience Research Australia	3,083,383	Medical Research Support Program
New Horizons Enterprises Ltd	154,852	Resource and Recovery Support Program
New Horizons Enterprises Ltd	529,960	Aboriginal Housing and Accommodation Support Initiative
New Horizons Enterprises Ltd	6,204,714	Community Living Supports
New Horizons Enterprises Ltd	11,762,472	Housing and Accommodation Support Initiative
Northern Rivers Social Dev Council Ltd	1,080,825	Family Referral Service
Nova Employment	10,000	Focus on Ability Short Film Festival
NSW Consumer Advisory Group - Mental Health Inc	5,000	Peer Workforce Project Officer position
NSW Consumer Advisory Group - Mental Health Inc	90,000	Peer Workforce Senior Project Officer
NSW Nurses and Midwives' Association	85,000	Bob Fenwick Mentoring Grants Program 2017/18
Obesity Australia Pty Ltd	100,000	Funding to Support the Impact Assembly
One Door	86,602	Resource and Recovery Support Program
Open Minds Australia Ltd	1,078,225	Housing and Accommodation Support Initiative/Resource and Recovery Support Program
Open Minds Australia Ltd	1,637,644	Community Living Support - Northern NSW

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Orange Aboriginal Medical Service	100,000	Mental Health First Aid Training
Paediatrio Donation	350,000	Cystic Fibrosis miscroscope
Paediatrio Ltd	2,000,000	Paediatrio - SMA
Pain Management Research Institute Ltd	7,500	Contribution to the research and education work
Palliative Care Nsw Inc	50,000	Sponsorship of 2018 Palliative Care NSW Conference
Parliamentary Morning Teal	854	Parliamentary Morning Teal
Pathfinders Ltd	2,437,631	Family Referral Service
Pharmacy Guild of Australia NSW Branch	1,384,260	Pharmacy Incentive Scheme
Pharmacy Guild of Australia NSW Branch	1,977,555	Pharmacy Needle and Syringe Program Fitpack Scheme
Philippine Australian Society for Senior Citizens	3,500	Dementia Forum
Pink Hope	250,000	Breast and ovarian cancer
Relationships Aust Canberra and Region Inc	937,685	Family Referral Service
Relationships Australia (NSW)	2,370,850	Family Referral Service - Western Sydney
Research Australia	10,000	2018 Health and Medical Research Awards as part of the NSW Health and Medical Research Sponsorship Program
Richmond PRA Limited	246,616	Resource and Recovery Support Program
Richmond PRA Limited	327,146	Aboriginal Housing and Accommodation Support Initiative
Richmond PRA Limited	1,299,884	Youth Community Living Supports
Richmond PRA Limited	2,343,698	Community Living Support
Richmond PRA Limited	14,083,952	Housing and Accommodation Support Initiative
Rotary Club of Kiama	8,000	Teen Mental Health Intervention Project at Kiama High School
Rotary Club of Warners Bay Inc	35,000	Funding for the Rotary District 9670's Men's Health Education Rural Van
Rotary's Men's Health Education Rural Van	10,000	Rotary's Men's Health Education Rural Van
Royal Institute for Deaf and Blind Children	305,910	Third installment Bone Conduction Implant
RSL Lifecare Ltd	805,999	MHACPI Transition Unit
Samaritans Foundation Diocese of Newcastle	344,035	Drug and Alcohol Treatment Services
Sane Event Group	13,000	Sponsorship for RACP Congress 2018
Schizophrenia Fellowship of NSW Ltd	20,000	The Wellness Walk 2018
Schizophrenia Fellowship of NSW Ltd	30,970	Resource and Recovery Support One Door
Schizophrenia Fellowship of NSW Ltd	53,000	Community Development Program
Schizophrenia Fellowship of NSW Ltd	89,483	Forensic Reintegration Program
SDIP Innovations Pty Ltd	646,605	Medical Device Commercialisation Training Program Scholarship
Set 2 Learn	30,000	First Aid Training
SHARC Southern Region Inc	67,000	Funding for HiAce vehicle to carry participants
Shoalhaven Neighbourhood Services Inc	1,000	Funding for Women's Wellness Festival
Silver Chain Group Ltd	3,751,712	Palliative Care Home Support Services
Singleton Hospital Auxiliary	5,000	Pressure care mattresses
Smart Recovery Aust Ltd	140,000	Alcohol and Other Drugs Early Intervention Innovation Fund
Southern Cross Austereo	5,000	National fundraiser for Give Me 5 For Kids
Southern Cross Care	297,000	Pathways to Community Living Initiative, Specialist Residential Aged Care Facility
Speedx Pty Ltd	2,500,000	Medical Devices Fund
St John's Ambulance	18,000	First Aid Training
St Vincent De Paul Society NSW	80,098	Drug and Alcohol Treatment Services
St Vincent's Health Australia	2,650,000	Reimbursement for costs incured particiapting in the State's procurement processes relating to Wyong, Shellharbour and New Maitland hosptials
St Vincent's Hospital Sydney Ltd	20,000	NSW Medical Research Hub
State Library of New South Wales	169,710	Drug Info Program Extension
Stillbirth Foundation Australia	50,000	Support for stillbirth education campaigns
Subliminal - Lithgow LGA	1,000	Subliminal Festival 2017 Lithgow
The Baggy Blues Members Club Ltd	60,350	The Baggy Blues Ltd and Rural Adversity Mental Health Program - Joint Rural Project
The Buttery Ltd	349,676	Drug and Alcohol Treatment Services
The Forrest Centre	2,000,000	10 bed palliative care facility
The George Institute	10,000	Support for 7th International Hypothermia and Temperature Management Symposium, August 2018 as part of the NSW Health Medical Research Sponsorship Program
The George Institute	7,898,315	Medical Research Support Program

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
The Heart Research Institute Ltd	12,500	Sponsorship of Health Research Institute Cardio Vascular Symposium as part of NSW Health's Medical Research Sponsorship Program
The Heart Research Institute Ltd	100,000	NSW Medical Research Hub
The Heart Research Institute Ltd	249,980	Early Mid Career Fellowship
The Heart Research Institute Ltd	679,266	Medical Research Support Program
The Lions Children's Cancer Genome Project	50,000	NSW Parliamentary Lions Club
The Lyndon Community	110,000	Alcohol and Other Drugs Early Intervention Innovation Fund
The Rotary Club of Gosford North	25,000	Save Our Kids Project
The Salvation Army (NSW) Property Trust	214,317	Drug and Alcohol Treatment Services
The Salvation Army (NSW) Property Trust	278,473	Alcohol and Other Drugs Early Intervention Innovation Fund
The Sax Institute	9,325	Genomics Related Chronic Health Problems
The Sax Institute	10,000	Sponsorship
The Sax Institute	500,000	Partnership Centre on Systems Perspectives on Preventing LifeStyle - Related Chronic Health Problems
The Sax Institute	1,000,000	Core infrastructure funding and discrete services to NSW Health
The Westmead Institute for Medical Research	50,000	Fundraising for 21st birthday of Westmead Institute, to fund genomics equipment
The Westmead Institute For Medical Research	3,579,619	Medical Research Support Program
The White Knight Foundation Ltd	10,000	Fundraising contribution to support the work of the Foundation
Third Sector Australia Ltd	117,622	Housing and Accommodation Support Initiative
Third Sector Australia Ltd	121,959	Aboriginal Housing and Accommodation Support Initiative
UCA Parramatta Mission	1,055,222	'Likemind' Mental Health Program - Seven Hills
UCA Parramatta Mission	1,067,954	Housing and Accommodation Support Initiative
UCA Parramatta Mission	1,192,384	'Likemind' Mental Health Program - Penrith
UCA Parramatta Mission	2,350,077	Community Living Services
UCA Parramatta Mission	2,859,112	Housing and Accommodation Support Initiative/Resource and Recovery Support Program
UCA Parramatta Mission	3,204,746	Housing and Accommodation Support Initiative Plus
Uniting (NSW ACT)	237,742	Family Referral Service - Western NSW - Bourke
Uniting (NSW ACT)	1,448,105	Family Referral Service - Western NSW - Dubbo
Uniting (NSW ACT)	2,247,637	Family Referral Service - South West Sydney
University of Melbourne	50,000	Domestic and Family Violence Research and Training
University of Melbourne	70,000	National Health and Medical Research Council Partnership Grant - Chlamydia Case Management in GP
University of New England	35,000	NSW Health PhD Scholarship Program
University of Newcastle	15,000	Conduct a randomised trial of an intervention to facilitate the implementation of a statewide school physical activity policy
University of Newcastle	20,000	Trial in antenatal clinics for to reduce alcohol use in pregnancy
University of Newcastle	115,000	PhD Scholarship
University of Newcastle	1,160,061	Early Mid Career Fellowship
University of Newcastle	3,895,000	Centre for Rural and Remote Mental Health Program
University of Newcastle	3,943,754	NSW Clinical Cannabis Medicine Program
University of NSW	9,383	David Cooper Symposium Contribution
University of NSW	10,000	Shiying Zheng as part of the NSW Health PhD Scholarship Program
University of NSW	20,000	Kelly Thompson as part of the NSW Health PhD Scholarship Program
University of NSW	25,000	Better Mental Health Outcomes for people with ID
University of NSW	30,000	Research - Identifying and addressing gaps in Australia's adolescent HPV vaccination program
University of NSW	45,000	PhD Scholarship Program grant for Nicola Meahger
University of NSW	90,000	2019 The Big Anxiety Festival - Edge of the Present
University of NSW	122,000	Clinical Academic Workplace Mental Health Research Program
University of NSW	215,624	Expanded PrEP Implementation in Communities in NSW - Pre-exposure Prophylaxis
University of NSW	250,000	NSW Prevention Research Support Program - Centre for Primary Health Care and Equity (CPHCE)
University of NSW	300,000	Enhancing Treatment of Hepatitis C in Opioid Substitution Settings II (ETHOS II)
University of NSW	361,130	Mental Health Intellectual Disability — Mental Health Reform Projects and Budget
University of NSW	430,334	Intellectual Disability Mental Health Chair
University of NSW	498,100	NSW Prevention Research Support Program - The Kirby Institute

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
University of NSW	594,995	Early Mid Career Fellowship
University of NSW	631,909	Clinical Trials for Cannabis Products Meera Agar
University of NSW	724,911	NSW Research Program HIV, STI and Viral Hepatitis
University of Sydney	20,000	Contribution to the Arts and Health Performance and Symposium
University of Sydney	100,000	NSW Medical Research Hub
University of Sydney	125,000	NSW Health PhD Scholarship Program
University of Sydney	188,970	Chair of Medical Physics
University of Sydney	190,290	Safety and Biovigilance in Organ Donation in NSW
University of Sydney	250,000	Centre for Eating and Dieting Disorders
University of Sydney	300,000	Growing Health Kids (GHK) evaluation support
University of Sydney	400,000	Brain and Mind Research Institute sponsorship to support the establishment of two Chair Research Programs in Mental Health
University of Sydney	485,317	NSW Prevention Research Support Program - Clinical and Population Perinatal Health Research (CPPHR)
University of Sydney	499,209	NSW Prevention Research Support Program - Prevention Research Collaboration (PRC)
University of Sydney	750,000	Physical Activity, Nutrition and Obesity Prevention Research Grant
University of Sydney	1,214,947	Clinical Trials for Chemotherapy Induced Nausea and Vomiting
University of Sydney	2,005,115	Early Mid Career Fellowship
University of Sydney and Healing Foundation	10,000	Healing Our Spirit Worldwide: The Eighth Gathering
University of Technology Sydney	148,260	PhD Scholarship
University of Wollongong	5,000	Milestone payment two to student Kara Cappetta
University of Wollongong	250,000	NSW Prevention Research Support Program - Early Start Research Institute (ESRI)
University of Wollongong	1,097,672	Project Air 2017/18
Variety the Childrens Charity (NSW)	10,000	FIN MINCON grant 2017/18
Victor Chang Cardiac Research Institute Ltd	12,500	Sydney Cardiovascular Symposium 2017
Victor Chang Cardiac Research Institute Ltd	823,519	Early Mid Career Fellowship
Victor Chang Cardiac Research Institute Ltd	1,877,017	Medical Research Support Program
Waldronsmith Management	25,000	Support Funding for Carers and Consumers to attend the Australian Psychosis Conference to be held in Sydney
Watershed Drug and Alcohol Rehabilitation and Education Services Ltd	186,343	Drug and Alcohol Treatment Services
We Help Ourselves	307,941	Drug and Alcohol Treatment Services Program - Hunter
We Help Ourselves	395,245	Drug and Alcohol Treatment Services Program - Sydney
Wellington Aboriginal Corporation Health Service	124,864	Funding for Local Support Coordinators
Wellington Aboriginal Corporation Health Service	150,000	Bila Muuji CQI Project funding for 2017/18
Wellways Australia Ltd	536,779	Community Living Support - Murrumbidgee
Wellways Australia Ltd	698,385	Community Living Support - Illawarra Shoalhaven
Wellways Australia Ltd	866,593	Youth Community Living Support
Wellways Australia Ltd	1,631,347	Community Living Support
Wellways Australia Ltd	9,715,106	Housing and Accommodation Support Initiative/Resource and Recovery Support Program
Wesley Community Services Ltd	3,092,000	Mothers with Mental Illness and their Children : Mental Health Community Support Program
Wesley Mission	45,000	First Aid Training
Woolcock Institute of Medical Research Ltd	958,329	Medical Research Support Program
Yerin Aboriginal Health Service Inc	97,245	Funding for dental chair
Y Foundations	140,000	Youth Sexual Health Program Grant
Yoorana Gunya Family Healing Centre Aboriginal Corp	100,000	Mental Health First Aid Training

NSW MINISTRY OF HEALTH OPERATING CONSULTANTS 2017-18

Consultancies equal to or more than $50,000

CONSULTANT	COST $	DESCRIPTION
Amf & Associates Pty Ltd	90,000.00	Project support for Social Impact Investment and NDIS
Reos Partners Trust	86,446.68	Review of the Mental Health Commission of NSW
McAlister Andrew - Haberfield	79,016.00	Support services for the Mental Health Branch Reviews 2017- 2018
L E K Consulting Australia Pty Ltd	75,000.00	Drug development review
Snapcracker Research & Strategy Pty Ltd	56,200.00	Conduct additional research groups with Aboriginal people
SUBTOTAL	386,662.68	
Organisational Reviews		
McKendrick Claire - Manly	98,800.00	Professional services for the review of the Mental Health Review Tribunal
Orc International Pty Ltd	55,711.70	Reporting on stakeholder perceptions of the Mental Health Commission
Nous Group	50,100.00	Essential of Care Program Review
SUBTOTAL	204,611.70	
CONSULTANCIES EQUAL TO OR MORE THAN $50K	**591,274.38**	

Consultancies less than $50,000

DURING THE YEAR 4 OTHER CONSULTANCIES WERE ENGAGED IN THE FOLLOWING AREAS:

Management Services	280,902.45	
Organisational Review	184,610.41	
Training	56,436.84	
Legal Services	45,277.71	
IT Services	25,000.00	
CONSULTANCIES LESS THAN $50K	592,227.41	
TOTAL	**1,183,501.79**	

PAYMENT OF ACCOUNTS

The following tables provide payment performance information for the NSW Ministry of Health for 2017-18.

2017-18 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 SUPPLIERS[1]				
September	0	8,852	645	2,847
December	3,531	5,069	204	437
March	0	3,721	1,023	1,114
June	7	10,821	91	890
SMALL BUSINESS SUPPLIERS[1]				
September	0	0	0	0
December	0	0	0	0
March	0	2	0	0
June	0	41	0	29

ACCOUNTS DUE OR PAID WITHIN EACH QUARTER				
	SEPTEMBER	**DECEMBER**	**MARCH**	**JUNE**
ALL SUPPLIERS[1]	**$'000**	**$'000**	**$'000**	**$'000**
Number of accounts due for payment	3,574	3,119	2,899	3,151
Number of accounts paid on time	3,555	3,092	2,888	3,144
Actual percentage of accounts paid on time (based on number of accounts)	99.5%	99.1%	99.6%	99.8%
Dollar amount of accounts due for payment	65,138	58,178	71,321	69,192
Dollar amount of accounts paid on time	65,051	58,065	71,287	69,127
Actual percentage of accounts paid on time (based on $)	100%	100%	100%	100%
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts ($)	0	0	0	0
SMALL BUSINESS SUPPLIERS[2]				
Number of accounts due for payment to small businesses	29	42	37	28
Number of accounts due to small businesses paid on time	29	42	37	28
Actual percentage of small business accounts paid on time (based on number of accounts)	100%	100%	100%	100%
Dollar amount of accounts due for payment to small businesses	269	321	433	308
Dollar amount of accounts due to small businesses paid on time	269	321	433	308
Actual percentage of small business accounts paid on time (based on $)	100%	100%	100%	100%
Number of payments to small businesses 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 11/12 Payment of Accounts.

Commentary

Time for payment of accounts for the NSW Ministry of Health showed a consistent performance over the year. During the year, measures have been taken to ensure NSW Ministry of Health staff are aware of NSW Treasury Circular 11/12, including conducting training sessions to educate relevant personnel about invoice approval processes. 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 2017-18 financial year.

RISK MANAGEMENT AND INSURANCE ACTIVITIES

Across NSW Health, the major insurable risks are public liability (including medical indemnity for employees), workers compensation and medical indemnity provided through the Visiting Medical Officer (VMO) and Honorary Medical Officer (HMO) Public Patient Indemnity Scheme.

NSW Treasury Managed Fund

Insurable risks are covered by the NSW Treasury Managed Fund (TMF), a self-insurance arrangement of the NSW Government implemented on 1 July 1989, of which the Ministry of Health (and its controlled entities) 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 Health is provided with funding via a benchmark process and pays deposit contributions for workers compensation, motor vehicle, liability, property and miscellaneous lines of business.

The cost of TMF indemnity in 2017-18 for NSW Health is identified under Contributions. Benchmarks are the budget allocation.

Benchmarks (other than Visiting Medical Officers) are funded by NSW Treasury. Workers' compensation and motor vehicle are actuarially determined and contributions 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.

The workers compensation deposit contribution is adjusted through a hindsight calculation process after three years and five years. Workers compensation 2012-13 final five years and 2014-15 interim three years were declared and adjusted as at 30 June 2017, with the Ministry receiving a surplus of $10.185 million for the 2012-13 fund year and a surplus of $11.702 million for the 2014-15 fund year, a net result of a $21.887 million surplus.

The motor vehicle hindsight adjustment for the 2014-15 fund year was an overall surplus of $237,700 (excl. GST) received in June 2018.

	CONTRIBUTIONS ($000)	BENCHMARK ($000)	VARIATION ($000)
Workers Compensation	161,582	168,518	6,936
Motor Vehicle	6,423	7,513	1,090
Property	10,783	10,676	(107)
Liability	227,919	225,640	(2,279)
Miscellaneous	326	323	(3)
TOTAL TMF	**407,033**	**412,670**	**5,637**
VMO	34,964	34,964	
TOTAL	**441,997**	**447,634**	**5,637**

Workers' compensation

The following tables detail frequency and total claims cost, dissected into occupation groups and mechanism of injury group, for the three financial years 2015-16, 2016-17 and 2017-18.

Workers' Compensation – frequency and total claims cost

	2017-18				2016-17				2015-16			
	FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST	
OCCUPATION GROUP	NO	%	$M	%	NO	%	$M	%	NO	%	$M	%
Nurses	1,719	38.5	14.7	39.6	1,657	37.1	22.3	40.3	1,660	36.3	17.5	36.2
Hotel Services	843	18.9	5.8	15.6	802	18.1	8.9	16.1	928	20.3	8.1	16.8
Medical/Medical Support	563	12.6	4.6	12.4	634	14.2	6.9	12.5	629	13.8	6.1	12.6
General Administration	395	8.9	3.6	9.7	416	9.3	5.3	9.6	409	8.9	4.8	10.0
Ambulance	726	16.3	6.8	18.3	719	16.1	8.9	16.1	721	15.8	10.2	21.1
Maintenance	134	3.0	1.2	3.2	167	3.7	2.4	4.3	146	3.2	0.9	1.9
Linen Services	80	1.8	0.4	1.1	67	1.5	0.6	1.1	72	1.6	0.6	1.3
Not Grouped	1	0	0.01	0.1	0	0	0.0	0.0	2	0.1	0	0.1
TOTAL	**4,461**	**100**	**37.1**	**100**	**4,462**	**100**	**55.3**	**100**	**4,567**	**100**	**48.3**	**100**

Data Source: iCare DataWarehouse

	2017-18				2016-17				2015-16			
	FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST	
MECHANISM OF INJURY GROUP	NO	%	$M	%	NO	%	$M	%	NO	%	$M	%
Body stress	1,914	42.9	15.8	42.6	1,965	44.0	24.9	45.0	2,124	46.5	22.4	46.4
Slips and Falls	791	17.7	6.5	17.5	801	17.9	9.1	16.5	777	17.0	7.6	15.7
Mental Stress	458	10.3	7.9	21.3	416	9.3	11.2	20.3	359	7.9	8.7	18.1
Hit by Objects	428	9.6	2.3	6.2	369	8.4	3.3	6.0	359	7.9	2.8	5.8
Being assaulted	188	4.2	1.2	3.2	247	5.5	2.0	3.6	284	6.2	2.6	5.4
Motor Vehicle	183	4.1	1.8	4.9	135	3.0	2.4	4.3	133	2.9	2.1	4.3
Other causes	499	11.2	1.6	4.3	529	11.9	2.4	4.3	531	11.6	2.1	4.3
TOTAL	**4,461**	**100**	**37.1**	**100**	**4,462**	**100**	**55.3**	**100**	**4,567**	**100**	**48.3**	**100**

Data Source: iCare DataWarehouse

Claims frequency

	2017-18	2016-17	2015-16
Total number of claims	4,461	4,462	4,567
No. claims lodged per 100 FTE	3.69	3.99	3.9
Total Claim Costs $M	37.1	55.3	48.3
Average Claims Cost	$14,649	$15,623	$10,576
Cost of Claims per FTE	$307	$494	$444
Cost of Claim as % S&W	0.56	0.54	0.57
% stress v non-stress claims	10.30%	9.40%	8.70%

Data Source: iCare DataWarehouse

Average cost ($ per claim)

	2017-18	2016-17	2015-16
Nurses	$15,058	$13,959	$11,015
Hotel Services	$12,081	$13,806	$8,806
Medical Medical Supp.	$16,051	$11,547	$9,698
Ambulance	$17,448	$18,738	$20,636
Body Stress	$14,336	$16,048	$11,465
Slips and Falls	$13,073	$13,085	$10,506
Mental Stress	$34,774	$40,177	$24,859

Data Source: iCare DataWarehouse

Return to Work (RTW) rates

As at 30 June 2018, NSW Health achieved the following Return to Work rates:

RTW% FOR 0-5 WEEKS	RTW% FOR 5-13 WEEKS	RTW% FOR 14-26 WEEKS	RTW% FOR 14-26 WEEKS
92%	86%	91%	94%

Data Source: iCare DataWarehouse

Legal liability

This covers actions of employees, health services and incidents involving members of the public. Legal liability claims are long-tail, meaning they may extend over many years.

As at 30 June 2018, there were 5213 claims reported for the period 1 July 2012 to 30 June 2018, with a net incurred cost of $960.7 million. This does not include claims 'notified' or 'notified finalised' but does include actual claims with $0 incurred cost. The number of reported claims has increased in 2017-18 from 2016-17 by 126 claims or 15 per cent. However, the number of zero incurred claims increased from 101 claims in 2016-17 to 260 claims in 2017-18. As a result, incurred costs fell in 2017-18 from 2016-17 by $35 million or 20 per cent.

Claims reported and cost by health organisation – 2012-13 to current

ORGANISATION	NUMBER OF CLAIMS	CLAIMS %	NET INCURRED	NET INCURRED %
Hunter New England LHD	487	9.2%	$160,858,726	16.8%
South Western Sydney LHD	458	8.7%	$96,425,637	10.1%
Western Sydney LHD	670	12.7%	$89,017,660	9.3%
Northern Sydney LHD	448	8.5%	$78,096,621	8.1%
Illawarra Shoalhaven LHD	288	5.5%	$76,227,041	7.9%
Sydney LHD	388	7.4%	$72,804,073	7.6%
South Eastern Sydney LHD	492	9.3%	$50,809,472	5.3%
Central Coast LHD	377	7.2%	$50,234,832	5.2%
Northern NSW LHD	207	3.9%	$43,240,933	4.5%
Southern NSW LHD	147	2.8%	$42,018,850	4.4%

The top five clinical practice areas by net incurred cost identified for health liability claims are:

TOP 5 PRACTICE AREAS	NO. CLAIMS RECEIVED		
	FY2017-18	FY2016-17	FY2015-16
Specialist Emergency Medicine	87	54	38
Obstetrics & Gynaecology	43	26	22
Specialist Surgery - Orthopaedic	22	12	3
Specialist Psychiatry	22	21	9
Nursing - Other	42	9	5

By clinical service context, claims received were:

CLINICAL SERVICE CONTEXT	NO. CLAIMS RECEIVED		
	FY2017-18	FY2016-17	FY2015-16
Accident & Emergency	112	63	43
Obstetrics	66	37	34
General Surgery	56	20	8
Psychiatry	33	21	11
General Medicine	28	29	6
Orthopaedics	24	13	3
Cardiology	24	17	4
Gynaecology	16	5	4

Visiting Medical Officer and Honorary Medical Officer – Public Patient Indemnity Cover

From 1 January 2002, the NSW Treasury Managed Fund has provided coverage for all Visiting Medical Officers (VMOs) and Honorary Medical Officers (HMOs) treating public patients in public hospitals, provided that they each sign a service agreement and a contract of liability coverage with their public hospital organisation. In accepting this coverage, VMOs and HMOs agree to a number of risk management principles that assist with the ongoing reduction of incidents in NSW public hospitals. Since its inception in 1999 for specialist sessional VMOs, this indemnity has been extended to cover private patients in the rural sector, all private paediatric patients and obstetricians and gynaecologists seeing public patients in public hospitals. From June 2009, cover was extended to permit VMOs to treat privately referred non-inpatients at NSW public hospitals.

The number of VMO claims for the period 1 July 2012 to 30 June 2018 was 1318 with a net incurred cost of $175 million. There has been a decrease of 17 claims, or 11 per cent, in the number of claims reported in 2017-18 from 2016-17. Net incurred costs decreased in 2017-18 from 2016-17 by $6.9 million, or 24 per cent.

There was an increase of 32 or 17 per cent in the number of notifications reported in 2017-18 from 2016-17.

The top five clinical practice areas by net incurred cost identified for VMO claims are:

TOP 5 PRACTICE AREAS	NET INCURRED COST ($M)		
	FY2017-18	FY2016-17	FY2015-16
General Surgery	57	62	56
Obstetrics & Gynaecology	36	33	56
Radiology	64	39	93
Specialist Anaesthetics	35	27	47
Specialist Surgery-Orthopaedic	26	13	31
General Practice - Procedural	27	19	26
General Practice - Other	27	28	16

Property

As at 30 June 2018, a total of 280 claims were lodged in the 2017-18 fund year, for a net incurred cost of $8.8 million. This was a decrease of 71 claims but an increase in net incurred cost of $1.1 million, compared with claims lodged in the 2016-17 fund year.

Accidental damage, covering damage to equipment while in a facility or damage to buildings from a motor vehicle collision, accounted for 27.5 per cent of claims and 12.8 per cent of net incurred cost followed by electrical fault (10.7 per cent of claims and 12.4 per cent of net incurred cost) and storm and tempest (7.9 per cent of claims but with 14.2 per cent of net incurred costs). There were 18 incidents of theft during 2017-18 with a net incurred cost of $159,282.

Motorvehicles

As at 30 June 2018, there were 2142 claims lodged in the fund year 2017-18 for a total net incurred cost of $5 million and an average amount paid per claim of $2318. For this period, there was a declared motor vehicle fleet of 8,517 vehicles.

Included in the above claims, there were 695 claims reported by NSW Ambulance, 331 in regional NSW and 364 in the metro area, for a total net incurred cost of $2.69 million and average amount paid per claim of $3865. This is an increase of 131 in the number of claims and an increase on the average cost per claim of $196 from 2016-17. For this period, there were 1463 declared motor vehicles for NSW Ambulance.

Risk management initiatives

NSW Health is again leading the way in assisting injured workers to recover and return to work from work-related or non-work related injuries and illnesses. In 2018, NSW Health commenced the implementation of the Progressive Goal Attainment Program (PGAP) developed by Professor Michael Sullivan. PGAP is a 10-week activity mobilisation aimed at meeting the rehabilitation needs of workers who are struggling to overcome the challenges associated with persistent long term pain conditions. The PGAP project is aimed at strategically addressing key risks for NSW Health through the implementation of initiatives, rehabilitation efforts and education.

NSW Health and Insurance for NSW have entered into a Relationship Management Plan designed to develop a long-term relationship and to identify additional strategic risk management opportunities. In support of this plan, NSW Health is advancing the following project initiatives:

- New specialised and innovative training for managing claims such as mental health and vicarious trauma.
- A series of training seminars on claims management innovations and best practice from other public sector agencies and the private sector.
- Strategies to increase the participation of older workers in the Health workforce as the key to improving productivity through the retention of skilled workers.
- Developing and trialling a cross-agency work trial program for permanently injured workers. The initial pilot program will be conducted between NSW Health and Fire & Rescue NSW.

NSW Health with NSW Ambulance, is developing and implementing wellbeing initiatives under the Premier's specific funding provided in 2017. To date the focus has been on education and training for managers around recognising mental ill-health in workers and providing the tools to support workers to continue at work. In addition, considerable funds have been spent on individual programs such as suicide prevention, addressing bullying and harassment, and preventing injury through safe work practices.

ASSET MANAGEMENT

Key achievements 2017-18

The implementation of Health asset management reforms in alignment with government reforms, and in close collaboration with Property NSW, continue in 2017-18.

The newly formed Asset Management Unit at Health Infrastructure has augmented future focused, critical maintenance programs for existing facilities. The ongoing implementation of the Asset and Facilities Management (AFM) Online Information system remains a priority, as the system is a critical enabling tool. Implementation support was enhanced and the system was further embedded in local health districts.

Land disposal

The nine properties sold in 2017-18 realised gross proceeds of $11.44 million. 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 2018	REVENUE ('000s)
Forbes - Ford House, Community Health Centre, 2 Elgin St	Contract settled	$350
Coonamble, Ambulance Station, 91 Castlereagh St	Contract settled	$150
Wilcannia, 3 Field St	Contract settled	$5
Summer Hill Creek, 1067 Ophir Rd	Contract settled	$695
Westmead, Cedar Cottage, 28 Railway Parade	Contract settled	$4,500
St Leonards, sub-stratum land	Contract settled	$0
Rockdale, old ambulance site	Contract settled	$3,000
Orange, 90 Dalton St	Contract settled	$140
Albury, Part 590 Smollett St	Contract settled	$2,600
TOTAL GROSS		**$11,400**
TOTAL NET (APPROX., LESS 10% SALES COSTS)		**$10,296**

Capital works

The Capital Works Program total expenditure for NSW Health in 2017-18 was $1.75 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.

All major capital projects completed in 2017-18

PROJECT	TOTAL COST ($M)	COMPLETION DATE
AMBULANCE SERVICE NSW		
Expansion of ASNSW Mobile Data Terminals	Jun-18	$2.8 M
Total		$2.8 M
CENTRAL COAST LOCAL HEALTH DISTRICT		
Gosford Hospital Oncology Management Information System (OMIS)	Jun-18	$.8 M
Gosford Hospital 15 Ward Street Accommodation Refurbishment	Jun-18	$1.1 M
Emergency Department Security and Duress Alarms Upgrade (Various Sites)	Jun-18	$.6 M
Total		$2.5 M
FAR WEST LOCAL HEALTH DISTRICT		
Remote Staff Accommodation at Wilcannia, Tibooburra, White Cliffs & Wentworth	Jun-18	$1.0 M
Emergency Department Security and Duress Alarms Upgrade (Various Sites)	Jun-18	$.3 M
Total		$1.3 M
HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT		
Armidale Hospital Redevelopment (HI)	Jun-18	$60.0 M
Belmont Hospital - High Volume Short Stay Unit	Jun-18	$1.0 M
John Hunter Hospital Cardiac Cath Lab and Vascular Lab Equipment	Jun-18	$8.7 M
Manning Hospital - East End Car Park	Aug-17	$2.0 M
Emergency Department Security and Duress Alarms Upgrade (Various Sites)	Jun-18	$1.1 M
Total		$72.8 M

ILLAWARRA SHOALHAVEN LOCAL HEALTH DISTRICT		
Replace CT Scanner Illawarra Cancer Care Centre	Oct-17	$.6 M
Nowra Dental Clinic	Jul-17	$3.8 M
Emergency Department Security and Duress Alarms Upgrade (Various Sites)	Jun-18	$.3 M
Total		$4.8 M
JUSTICE HEALTH AND FORENSIC MENTAL HOSPITAL		
JHH Road Network Upgrade	Jun-18	$1.4 M
Justice Health Safety Upgrade Seclusion of High Risk Patients	Jun-18	$.6 M
Total		$2.0 M
MID NORTH COAST LOCAL HEALTH DISTRICT		
Coffs Harbour Aboriginal Cultural & Family Wellbeing Centre	Apr-18	$.5M
Dorrigo MPS Security Upgrade/ Medical Records Relocation	Nov-17	$.3 M
Emergency Short Stay Unit Conversion (Port Macquarie BH)	Jul-17	$1.2 M
Ellimatta Lodge (Port Macquarie) - Upgrade/Refurbishment of Mental Health Facility	Aug-17	$.8 M
Port Macquarie Hospital Service Relocation and Expansion	Sep-17	$2.5M
Port Macquarie Hospital Pre-Admission Clinic	Aug-17	$1.5M
Wauchope Hospital Rehabilitation Unit Renovation & Amenities Expansion	Jun-18	$.5M
Emergency Department Security and Duress Alarms Upgrade (Various Sites)	Jun-18	$.4 M
Total		$7.7M
MURRUMBIDGEE LOCAL HEALTH DISTRICT		
Deniliquin Hospital Renal Dialysis Satellite Service	Mar-18	$1.0 M
Wagga Wagga District Office Consolidation	Nov-17	$2.4 M
Emergency Department Security and Duress Alarms Upgrade (Various Sites)	Jun-18	$1.4 M
Total		$4.8 M
NEPEAN BLUE MOUNTAINS LOCAL HEALTH DISTRICT		
Nepean - West Block Fire Upgrade	Oct-17	$.8 M
Emergency Department Security and Duress Alarms Upgrade (Various Sites)	Jun-18	$3.5M
Total		$4.3 M
NORTHERN NSW LOCAL HEALTH DISTRICT		
Bulinah (Ballina) Aboriginal Health Service Expansion	Dec-17	$.5M
Murwillumbah Hospital Satellite Renal Dialysis Unit	Jun-18	$1.1M
Emergency Department Security and Duress Alarms Upgrade (Various Sites)	Jun-18	$1.9 M
Total		$3.4 M

NORTHERN SYDNEY LOCAL HEALTH DISTRICT		
Oncology Management Information System Implementation (Cancer & Palliative Care Network)	Jun-18	$1.0 M
Statewide Home Dialysis Equip.	Jun-18	$5.3 M
RNSH Heart Lung Machine	Jun-18	$.4 M
RNSH Neuro Microscope - Theatre	Jun-18	$.8 M
RNSH VELOCITY Software	Jun-18	$.4 M
RNSH - Purchase of Replacement CT Scanner	Jun-18	$1.7M
Emergency Department Security and Duress Alarms Upgrade (Various Sites)	Jun-18	$.5M
Total		$10.1M
SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT		
Prince of Wales Hospital - CT Scanner (Radiotherapy)	Dec-17	$.6 M
Prince of Wales Hospital - Planning System Radiotherapy	Jun-18	$2.3 M
Royal Hospital For Women - Fertility Clinic Stage 2	Jun-18	$1.0 M
St George Hospital Car Park (HI)	Jun-18	$4.3 M
St George Hospital ICU Pod (4th)	Oct-17	$3.0 M
St George Hospital - CT Scanner (Radiotherapy)	Apr-18	$.8 M
Sutherland Hospital Expansion	Jun-18	$62.9 M
Sutherland Hospital Trolley Washer	Dec-17	$.3 M
Sutherland Hospital ED Monitors	Dec-17	$.3 M
CT Simulator & Computer Planning System	Jun-18	$1.3 M
Total		$76.8M
SOUTHERN NSW LOCAL HEALTH DISTRICT		
Moruya Hospital Computer Tomography CT Scanner	Oct-17	$2.3 M
Pambula Hospital Community Health Refurbishment	May-18	$1.6 M
Jindabyne HealthOne	Sep-17	$2.6 M
Emergency Department Security and Duress Alarms Upgrade (Various Sites)	Jun-18	$1.2 M
Total		$7.7M
SOUTH WESTERN SYDNEY LOCAL HEALTH DISTRICT		
Campbelltown Hospital Replacement Fluoroscopy Unit	Jul-17	$.6 M
Campbelltown Hospital CT Scanner	Jun-18	$1.9 M
Liverpool Hospital Retail Project	Aug-17	$.6 M
Liverpool Hospital M3 Linac Redevelopment	Jul-17	$4.7M
Liverpool Hospital Cancer Outpatients Refurbishment	Aug-17	$.8 M
Liverpool Hospital Replacement 1.5T MRI Scanner	Jul-17	$1.5M
Liverpool Hospital CT Scanner	Jun-18	$1.9 M
SWSLHD Oral Health Minor Works (Dental Chairs, Rosemeadow & Liverpool)	Jul-17	$1.0 M
SWSLHD Mental Health Building Safety Works (Bankstown-Lidcombe, Campbelltown and Liverpool Hospitals)	Jun-18	$1.6 M

Emergency Department Security and Duress Alarms Upgrade (Various Sites)	Jun-18	$1.2 M
SWS Anaesthesia Equipment	Jun-18	$1.1 M
Total		$16.8 M
SYDNEY CHILDREN'S HOSPITAL NETWORK		
Kids Research Institute Clinical Trials Centre - Construction SCHN Westmead (HI)	Jun-18	$4.86 M
CHW Kid's Research Institute - EPI Laboratory	Jun-18	$.35 M
CHW Kid's Research Institute - ABSCIEX Equipment	Jun-18	$.75 M
Fused Deposition Modelling 3D Printer	Jun-18	$.47 M
Children's Hospital Westmead Close Observation Unit	Jun-18	$4.95 M
Total		$11.4 M
SYDNEY LOCAL HEALTH DISTRICT		
SLHD Energy Efficient Government Program (Lighting Upgrades at Balmain and Sydney Dental Hospitals)	Mar-18	$.6 M
Chris O'Brien Lifehouse Equipment - Interventional CT Scanner	Sep-17	$1.5 M
Concord Hospital CT Scanner Replacement	Sep-17	$3.6 M
Concord Hospital Operating Theatres Endoscopic Equipment Replacement	Dec-17	$2.0 M
Concord Hospital - Operating Theatre Renovation	Jun-18	$2.7 M
Royal Prince Alfred Hospital Car Park (HI)	Jun-18	$34.6 M
RPAH IRO Building Level 6 Refurbishment	Jun-18	$.7 M
SLHD Aged Care/Rehab Network	Sep-17	$6.5 M
Emergency Department Security and Duress Alarms Upgrade (Various Sites)	Jun-18	$7.3 M
Total		$59.6 M
WESTERN NSW LOCAL HEALTH DISTRICT		
Canowindra ED & Ambulance Entry Relocation & Upgrade	Feb-18	$1.0 M
Forbes District Hospital Remediation	Jun-18	$.3 M
Nyngan MPS Satellite Dialysis Unit	Jan-18	$1.5 M
Bloomfield Hospital Fire Hydrant Rectification	Feb-18	$1.0 M
Orange HSS Screening/Fluoroscopy Replacement	Jun-18	$.7 M
Orange Health Service - Radiation Oncology Treatment Planning System Enhancement	Jun-18	$.6 M
Trangie Community Health Rectification	Jan-18	$1.6 M
WNSWLHD Energy Efficient Government Program (EEGP)	Jan-18	$5.4 M
Emergency Department Security and Duress Alarms Upgrade (Various Sites)	Jun-18	$2.3 M
Total		$14.5 M
WESTERN SYDNEY LOCAL HEALTH DISTRICT		
Westmead Hospital Cancer Services Ward C5C Refurbishment	Jul-17	$3.9 M
Westmead Hospital Spec-CT Replacement	Jun-18	$1.3 M
Total		$5.2 M
TOTAL ALL	**848.5**	

Milestones

Significant milestones in 2017-18 include:

- The Central Acute Services Building commenced construction and the multi-storey car park opened at the $1 billion Westmead Redevelopment (Stages 1A & 1B, and The Children's Hospital – Stage 1)
- The Stage 1 Very Early Contractor Involvement contract was awarded and Stage 1 early works commenced for the Nepean Redevelopment Stages 1 & 2 ($1 billion)
- The Very Early Contractor Involvement contract was awarded and Stage 1 emergency department expansion works were completed on the $720 million Randwick Campus Redevelopment
- At the more than $700 million Blacktown and Mount Druitt Hospitals Expansion – Stage 2, the Mount Druitt Drug Health and Renal facilities were completed and the Blacktown Hospital structure reached its highest point of construction
- Planning commenced for the $632 million Campbelltown Hospital Redevelopment – Stage 2
- The preferred site was announced for the $582 million Tweed Valley Hospital
- Enabling works commenced and the State Significant Infrastructure Application was lodged on the $470 million New Maitland Hospital
- The new 11-storey building was officially opened at the $348 million Gosford Hospital Redevelopment
- Enabling works commenced for the $341 million Concord Hospital Redevelopment (Phase 1A and 1B)
- The $265 million St George Hospital Redevelopment Acute Services Building was officially opened
- The paediatric, surgical and medical inpatient wards and the Southern Tower fit out were completed at the Lismore Base Hospital Redevelopment – Stage 3 ($230.5 million)
- Construction commenced on the $200 million Hornsby Ku-ring-gai Hospital Redevelopment – Stage 2
- Enabling works commenced on the $200 million Wyong Hospital Redevelopment
- Schematic Design was completed and the State Significant Development Application lodged for the $194 million Coffs Harbour Hospital Expansion
- Stage 4 main works construction commenced on the Dubbo Hospital Redevelopment – Stages 3 & 4 ($150 million)
- Early works commenced for the Goulburn Hospital and Health Service Redevelopment ($120 million)

- The Forensic Medicine and Coroner's Court ($91.5 million) structure reached its highest point of construction
- The preferred greenfield site was announced and the Schematic Design launched for the Macksville Hospital Development ($73 million)
- Early works commenced on the $70.7 million Mudgee Hospital Redevelopment
- Enabling works commenced and the State Significant Development Application was lodged for the Bowral & District Hospital Redevelopment ($65 million)
- The construction tender was awarded for Inverell Hospital Redevelopment ($60 million)
- Armidale Hospital Redevelopment ($60 million) main construction works were completed and the new building was officially opened
- Construction commenced on the $50.4 million Bulli Aged Care Centre of Excellence
- Early works were completed at the $40 million Manning Hospital Redevelopment – Stage 1
- Early works commenced and master planning was completed for the Griffith Hospital Redevelopment Stage 1 ($35 million)
- The $30 million Broken Hill Health Service Redevelopment was completed and handed over for operational commissioning
- Main works commenced on the $21.5 million Muswellbrook Hospital Redevelopment – Stage 2
- Schematic Design was completed for Cooma Hospital ($18.6 million)
- Stage 2B of the $18 million John Hunter Children's Hospital Neonatal Intensive care Unit – Stages 2 and 3 project was completed
- The $17.5 million Port Macquarie Mental Health Unit reached the highest point of construction

Note: The above may include reference to individual components of larger infrastructure projects and programs therefore may not be recognised as officially completed.

SECTION 5

FINANCIAL REPORT

INDEPENDENT AUDITOR'S REPORT

Ministry of Health

To Members of the New South Wales Parliament

Opinion

I have audited the accompanying financial statements of the Ministry of Health (the Ministry), which comprise the Statement of Comprehensive Income for the year ended 30 June 2018, the Statement of Financial Position as at 30 June 2018, the Statement of Changes in Equity and the Statement 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:

- give a true and fair view of the financial position of the Ministry and the consolidated entity as at 30 June 2018, and of their financial performance and cash flows for the year then ended in accordance with Australian Accounting Standards
- are in accordance with section 45E of the *Public Finance and Audit Act 1983* (PF&A Act) and the Public Finance and Audit Regulation 2015.

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' (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.

Level 15, 1 Margaret Street, Sydney NSW 2000 | GPO Box 12, Sydney NSW 2001 | t 02 9275 7101 | f 02 9275 7179 | e mail@audit.nsw.gov.au | **audit.nsw.gov.au**

Other Information

Other information comprises the information included in the annual report of the Ministry and the consolidated entity for the year ended 30 June 2018, other than the financial statements and my Independent Auditor's Report thereon. The Secretary of the Ministry is responsible for the other information. At the date of this Independent Auditor's Report, the other information I have received comprise the Certification of Financial Statements by the Secretary of NSW Health.

My opinion on the financial statements does not cover the other information. Accordingly, I do not express any form of assurance conclusion on the other information.

In connection with my audit of the financial statements, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit, or otherwise appears to be materially misstated.

If, based on the work I have performed, I conclude there is a material misstatement of the other information, I must report that fact.

I have nothing to report in this regard.

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 PF&A Act, and for 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 except where operations will cease as a result of an administrative restructure.

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/ar3.pdf. The description forms part of my auditor's report.

My opinion does not 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 of NSW

21 September 2018
SYDNEY

Ministry of Health
Certification of Financial Statements
for the year ended 30 June 2018

We state, pursuant to Section 45F of the *Public Finance and Audit Act 1983:*

1) The financial statements of the Ministry of Health for the year ended 30 June 2018 have been prepared in accordance with:

   a) Australian Accounting Standards (which include Australian Accounting Interpretations);

   b) the requirements of the *Public Finance and Audit Act 1983,* the *Public Finance and Audit Regulation 2015;* and

   c) Financial Reporting Directions mandated by the Treasurer.

2) The financial statements exhibit a true and fair view of the financial position for the Ministry of Health as at 30 June 2018 and the financial performance 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.

Elizabeth Koff
Secretary, NSW Health

17 September 2018

Daniel Hunter
Deputy Secretary, Finance and Asset Management and Chief Financial Officer, NSW Health

17 September 2018

Ministry of Health
Statement of Comprehensive Income for the year ended 30 June 2018

PARENT				CONSOLIDATED		
Actual 2018 $'000	Actual 2017 $'000		Notes	Actual 2018 $'000	Budget 2018 $'000	Actual 2017 $'000
		Expenses excluding losses				
		Operating expenses				
144,409	136,195	Employee related expenses	3	13,397,173	12,983,157	12,413,098
840,422	808,146	Other expenses	4	6,355,994	6,379,090	6,211,879
4,780	4,240	Depreciation and amortisation	5	787,086	803,028	751,226
17,857,597	16,667,757	Grants and subsidies	6	1,336,392	1,380,678	1,365,791
-	-	Finance costs	7	103,667	104,904	102,189
18,847,208	**17,616,338**	**Total expenses excluding losses**		**21,980,312**	**21,650,857**	**20,844,183**
		Revenue				
12,151,989	11,705,694	Appropriations	8	12,151,989	12,179,464	11,705,694
5,080	6,365	Acceptance by the Crown Entity of employee benefits and other liabilities	12	546,253	355,613	311,956
192,020	190,153	Sale of goods and services	9	2,768,614	2,808,290	2,800,830
4,208	4,067	Investment revenue	10	34,721	39,630	36,036
6,261,745	5,840,736	Grants and other contributions	11	6,732,286	6,603,620	6,233,784
44,051	84,516	Other income	13	183,980	173,410	207,292
18,659,093	**17,831,531**	**Total revenue**		**22,417,843**	**22,160,027**	**21,295,592**
(6)	(18)	Gain / (loss) on disposal	14	(11,917)	1,800	(8,429)
-	743	Other gains / (losses)	15	(47,913)	(10,283)	(35,592)
(188,121)	**215,918**	**Net result**	36	**377,701**	**500,687**	**407,388**
		Other comprehensive income				
		Items that will not be reclassified to net result				
-	-	Changes in revaluation surplus of property, plant and equipment	22	856,040	-	309,065
-	-	Changes in revaluation surplus of other assets	24	157	-	(2,083)
-	**-**	**Total other comprehensiveincome**		**856,197**	**-**	**306,982**
(188,121)	**215,918**	**TOTAL COMPREHENSIVE INCOME**		**1,233,898**	**500,687**	**714,370**

The accompanying notes form part of these financial statements.

Ministry of Health
Statement of Financial Position as at 30 June 2018

PARENT				CONSOLIDATED		
Actual 2018 $'000	Actual 2017 $'000		Notes	Actual 2018 $'000	Budget 2018 $'000	Actual 2017 $'000
		ASSETS				
		Current assets				
368,065	603,427	Cash and cash equivalents	17	1,313,267	1,272,934	1,808,201
237,008	179,026	Receivables	18	803,005	700,568	679,913
59,868	59,261	Inventories	19	206,191	157,888	193,526
-	-	Financial assets at fair value	20	44,448	19,928	24,769
5,000	6,560	Other financial assets	21	314,786	-	-
669,941	848,274			2,681,697	2,151,318	2,706,409
-	-	Non-current assets held for sale	25	40,943	4,290	6,734
669,941	**848,274**	**Total current assets**		**2,722,640**	**2,155,608**	**2,713,143**
		Non-current assets				
-	-	Receivables	18	11,851	10,707	10,799
-	-	Financial assets at fair value	20	37,044	47,582	54,344
17,972	21,047	Other financial assets	21	-	-	-
		Property, plant and equipment				
123,731	126,442	- Land and buildings	22	14,918,855	15,102,383	13,547,046
2,744	2,734	- Plant and equipment	22	1,205,494	1,095,774	1,171,574
680	740	- Infrastructure systems	22	463,618	339,306	403,918
853	1,639	- Leasehold improvements	22	41,510	-	32,589
128,008	131,555	Total property, plant and equipment		16,629,477	16,537,463	15,155,127
825	1,062	Intangible assets	23	675,142	669,068	622,937
-	-	Other assets	24	62,203	61,937	56,055
146,805	**153,664**	**Total non-current assets**		**17,415,717**	**17,326,757**	**15,899,262**
816,746	**1,001,938**	**Total assets**		**20,138,357**	**19,482,365**	**18,612,405**
		LIABILITIES				
		Current liabilities				
287,803	284,144	Payables	28	1,688,281	1,425,226	1,531,076
-	-	Borrowings	29	18,591	24,303	21,470
16,974	14,696	Provisions	30	2,167,508	1,881,522	2,008,988
2,427	2,427	Other liabilities	31	27,432	39,429	34,546
307,204	**301,267**	**Total current liabilities**		**3,901,812**	**3,370,480**	**3,596,080**
		Non-current liabilities				
-	-	Borrowings	29	1,101,560	1,052,916	1,096,100
795	363	Provisions	30	44,064	46,157	37,941
46,121	48,548	Other liabilities	31	95,581	105,957	120,842
46,916	**48,911**	**Total non-current liabilities**		**1,241,205**	**1,205,030**	**1,254,883**
354,120	**350,178**	**Total liabilities**		**5,143,017**	**4,575,510**	**4,850,963**
462,626	**651,760**	**Net assets**		**14,995,340**	**14,906,855**	**13,761,442**
		EQUITY				
121,064	121,064	Reserves		5,137,130	4,944,620	4,277,084
341,562	530,696	Accumulated funds		9,858,210	9,962,235	9,484,358
462,626	**651,760**	**Total equity**		**14,995,340**	**14,906,855**	**13,761,442**

The accompanying notes form part of these financial statements.

Ministry of Health
Statement of Changes in Equity for the year ended 30 June 2018

PARENT	Notes	Accumulated Funds	Asset Revaluation Surplus	Total
		$'000	$'000	$'000
Balance at 1 July 2017		**530,696**	**121,064**	**651,760**
Net result for the year		(188,121)	-	(188,121)
Total comprehensive income for the year		(188,121)	-	(188,121)
Transactions with owners in their capacity as owners				
Increase/(decrease) in net assets from equity transfers	42	(1,013)	-	(1,013)
Balance at 30 June 2018		**341,562**	**121,064**	**462,626**
Balance at 1 July 2016		**160,365**	**121,064**	**281,429**
Net result for the year		215,918	-	215,918
Total comprehensive income for the year		215,918	-	215,918
Transactions with owners in their capacity as owners				
Increase/(decrease) in net assets from equity transfers	42	154,413	-	154,413
Balance at 30 June 2017		**530,696**	**121,064**	**651,760**

CONSOLIDATED	Notes	Accumulated Funds	Asset Revaluation Surplus	Total
		$'000	$'000	$'000
Balance at 1 July 2017		**9,484,358**	**4,277,084**	**13,761,442**
Net result for the year		377,701	-	377,701
Other comprehensive income:				
Net change in revaluation surplus of property, plant and equipment	22	-	856,040	856,040
Net change in revaluation surplus of other assets	24	-	157	157
Reclassification of revaluation decrements to accumulated funds on disposal of assets		(3,849)	3,849	-
Total other comprehensive income		(3,849)	860,046	856,197
Total comprehensive income for the year		373,852	860,046	1,233,898
Transactions with owners in their capacity as owners				
Increase/(decrease) in net assets from equity transfers	42	-	-	-
Balance at 30 June 2018		**9,858,210**	**5,137,130**	**14,995,340**
Balance at 1 July 2016		8,928,885	4,114,133	13,043,018
Net result for the year		407,388	-	407,388
Other comprehensive income:				
Net change in revaluation surplus of property, plant and equipment	22	-	309,065	309,065
Net change in revaluation surplus of other assets	24	-	(2,083)	(2,083)
Reclassification of revaluation increments to accumulated funds on disposal of assets		144,031	(144,031)	-
Total other comprehensive income		144,031	162,951	306,982
Total comprehensive income for the year		551,419	162,951	714,370
Transactions with owners in their capacity as owners				
Increase/(decrease) in net assets from equity transfers	42	4,054	-	4,054
Balance at 30 June 2017		**9,484,358**	**4,277,084**	**13,761,442**

The accompanying notes form part of these financial statements.

Ministry of Health
Statement of Cash Flows for the year ended 30 June 2018

PARENT				CONSOLIDATED		
Actual 2018 $'000	Actual 2017 $'000		Notes	Actual 2018 $'000	Budget 2018 $'000	Actual 2017 $'000
		CASH FLOWS FROM OPERATING ACTIVITIES				
		Payments				
(141,545)	(136,888)	Employee related		(12,894,766)	(12,747,059)	(12,135,258)
(893,361)	(867,518)	Suppliers for goods and services		(7,032,802)	-	(6,829,698)
(17,937,842)	(16,731,990)	Grants and subsidies		(1,501,995)	(1,380,678)	(1,527,380)
-	-	Finance costs		(103,667)	(104,904)	(101,854)
-	-	Other		-	(7,239,145)	-
(18,972,748)	(17,736,396)	**Total payments**		(21,533,230)	(21,471,786)	(20,594,190)
		Receipts				
12,151,989	11,705,694	Appropriations		12,151,989	12,179,464	11,705,694
4,543	6,812	Reimbursements from the Crown Entity		224,038	-	209,708
40,903	194,651	Sale of goods and services		2,556,501	2,787,590	2,821,701
4,208	4,067	Interest received		29,411	39,630	29,422
-	-	Retained taxes, fees and fines		-	(10,283)	-
6,298,860	5,844,991	Grants and other contributions		7,078,469	6,603,620	6,483,221
230,313	224,694	Other		833,947	1,273,208	894,932
18,730,816	17,980,909	**Total receipts**		22,874,355	22,873,229	22,144,678
(241,932)	**244,513**	**NET CASH FLOWS FROM OPERATING ACTIVITIES**	36	**1,341,125**	**1,401,443**	**1,550,488**
		CASH FLOWS FROM INVESTING ACTIVITIES				
3,017	155,126	Proceeds from sale of property, plant and equipment and intangibles		15,287	16,800	189,525
-	-	Proceeds from sale of financial assets		59,115	-	45,900
(1,085)	(487)	Purchases of property, plant and equipment and intangibles		(1,536,762)	(1,449,981)	(1,330,780)
-	-	Purchases of financial assets		(376,280)	-	(49,013)
4,638	4,417	Other		-	(96,218)	-
6,570	**159,056**	**NET CASH FLOWS FROM INVESTING ACTIVITIES**		**(1,838,640)**	**(1,529,399)**	**(1,144,368)**
		CASH FLOWS FROM FINANCING ACTIVITIES				
-	-	Proceeds from borrowings and advances		23,410	-	7,588
-	-	Repayment of borrowings and advances		(20,829)	(19,518)	(5,585)
-	**-**	**NET CASH FLOWS FROM FINANCING ACTIVITIES**		**2,581**	**(19,518)**	**2,003**
(235,362)	403,569	**NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS**		(494,934)	(147,474)	408,123
603,427	199,277	Opening cash and cash equivalents		1,808,201	1,420,408	1,396,326
-	581	Cash transferred in as a result of administrative restructuring	42	-	-	3,752
368,065	**603,427**	**CLOSING CASH AND CASH EQUIVALENTS**	17	**1,313,267**	**1,272,934**	**1,808,201**

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 2018

1. The reporting entity

The Ministry of Health (the Ministry or the parent entity) is a NSW government entity and is controlled by the State of NSW, which is the immediate and ultimate parent. The Ministry is a not-for-profit entity (as profit is not its principal objective) and it has no cash generating units. The reporting entity is consolidated as part of the NSW Total State Sector Accounts.

The Ministry of Health, as a reporting entity, comprises all the entities under its control, namely the Local Health Districts ("LHDs") established from 1 January 2011, as well as entities constituted under the *Health Services Act 1997* which includes the following;

- Central Coast Local Health District
- Far West Local Health District
- Hunter New England Local Health District
- Illawarra Shoalhaven Local Health District
- 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
- Agency for Clinical Innovation
- Bureau of Health Information
- Cancer Institute NSW
- Clinical Excellence Commission
- Justice Health and Forensic Mental Health Network
- Health Education and Training Institute
- Albury Wodonga Health Employment Division
- Graythwaite Trust (per Supreme Court order)
- Albury Base Hospital
- Health Administration Corporation

The Health Administration Corporation includes the operations of the;

- Ambulance Service of NSW
- HealthShare NSW
- Health Infrastructure
- NSW Health Pathology
- eHealth NSW
- Health System Support Group

The Ministry of Health and its controlled entities are collectively referred to as the consolidated entity or NSW Health.

In the process of preparing the consolidated financial statements for the economic entity, consisting of the controlling and controlled entities, all inter-entity transactions and balances have been eliminated, and like transactions and other events are accounted for using uniform accounting policies.

These financial statements for the year ended 30 June 2018 have been authorised for issue by the Secretary on 17 September 2018.

2. Statement of significant accounting policies

a) 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 (which include Australian Accounting Interpretations), the requirements of the *Public Finance and Audit Act 1983,* the *Public Finance and Audit Regulation 2015,* and Financial Reporting Directions mandated by the Treasurer.

Property, plant and equipment, assets (or disposal groups) held for sale, other assets (emerging rights to assets) and financial assets at 'fair value through profit or loss' are measured at fair value. Other financial statement items are prepared in accordance with the historical cost convention except where specified otherwise.

Judgements, key assumptions and estimations management has made are disclosed in the relevant notes to the financial statements. These financial statements are prepared on a going concern basis.

All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

b) Principles of consolidation

The consolidated financial statements include the financial statements of the parent and its controlled entities at 30 June 2018 and the net result of the parent and its controlled entities for the year ended 30 June 2018.

Controlled entities are all those entities which the parent has the power to govern the financial and operating policies. Controlled entities are fully consolidated from the date on which control is transferred.

Where necessary the accounting policies have been changed to ensure consistency with the policies adopted by the parent. Intra-entity balances and transactions and any unrealised income and expenses arising from intra-entity transactions, are eliminated in preparing the consolidated financial statements.

c) Comparative information

Except when an Australian Accounting Standard permits or requires otherwise, comparative information is presented in respect of the previous year for all amounts reported in the financial statements.

Certain comparative information has been reclassified to ensure consistency with current year presentation and classification.

2. Statement of significant accounting policies (continued)

d) Statement of compliance

The financial statements and notes comply with Australian Accounting Standards which include Australian Accounting Interpretations.

e) Employee benefits and other provisions

i) Salaries and wages, annual leave, sick leave, allocated days off (ADO) 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 ADO 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, a controlled entity of the ultimate parent, has confirmed that using the nominal annual leave balance plus the annual leave entitlements accrued while taking annual leave (calculated using 7.9% to 13.2% of the nominal value of annual leave (30 June 2017: 7.9% to 13.2%)) can be used to approximate the present value of the annual leave liability.The entity has assessed the actuarial advice based on the entity's circumstances and has determined that the effect of discounting is immaterial to annual leave. All annual leave and ADO are 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.

ii) Long service leave and superannuation

The consolidated entity's liability for long service leave and defined benefit superannuation (State Authorities Superannuation Scheme and State Superannuation Scheme) are assumed by the Crown Entity, which is an entity controlled by the ultimate parent. The consolidated entity accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as 'Acceptance by the Crown Entity of employee benefits and other liabilities'.

Specific on-costs relating to Long Service Leave assumed by the Crown Entity are bourne by the consolidated entity as shown in Note 30.

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 actuarial review, including expected future wage and salary levels, experience of employee departures, and periods of service. Expected future payments are discounted using Commonwealth government bond rate at the reporting date.

The superannuation expense for the financial year is determined by using the formulae specified in the Treasurer's Directions. The expense for certain superannuation schemes (i.e. Basic Benefit and First State Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (i.e. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

iii) 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 workers' compensation insurance premiums and fringe benefits tax.

iv) 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 entity expects some or all of a provision to be reimbursed, for example, under an insurance contract, the reimbursement is recognised as a separate asset, but only when the reimbursement is virtually certain. The expense relating to a provision is presented net of any reimbursement in the Statement of Comprehensive Income.

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.

f) 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 the fund manager based on past claim experience. The TMF is managed by Insurance and Care NSW ("iCare"), an entity controlled by the ultimate parent.

2. Statement of significant accounting policies (continued)

g) Grants and subsidies

Grants and subsidies expense generally comprise contributions of cash or in kind to various local government authorities and not-for-profit community organisations to support their health-related objectives and activities. The grant and subsidies are expensed on the transfer of the cash or assets. The transferred assets are measured at their fair value.

h) Finance costs

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.

i) Income recognition

Income is measured at the fair value of the consideration or contribution received or receivable. Additional comments regarding the accounting policies for the recognition of revenue are discussed below.

Sale of goods

Revenue from the sale of goods is recognised as revenue when the consolidated entity transfers the significant risks and rewards of ownership of the assets.

Rendering of services

Revenue is recognised when the service is provided or by reference to the stage of completion (based on labour hours incurred to date).

Grants and other contributions

Grants and contributions, comprising mainly cash and in-kind contributions, are recognised as revenues when control passes to the consolidated entity and the contractual obligations have been satisfied. In-kind contributions are measured at fair value on transfer date.

Patient Fees

Patient fees are derived from chargeable inpatients and non-inpatients on the basis of rates specified by the Ministry of Health. Revenue is recognised on an accrual basis, when the service has been provided to the patient.

Highly specialised drugs

Revenue for highly specialised drugs is paid by the Commonwealth in accordance with the terms of the Commonwealth agreement through Medicare and reflects the recoupment of costs incurred under Section 100 of the *National Health Act 1953* for highly specialised drugs. The agreement provides for the provision of medicines for the treatment of chronic conditions where specific criteria are met in respect of day admitted patients, non admitted patients or patients on discharge. Revenue is recognised when the drugs have been provided to the patient.

Motor Accident third party

A bulk billing agreement exists in which motor vehicle insurers effect payment directly to NSW Health for the hospital costs for those persons hospitalised or attending for inpatient treatment as a result of motor vehicle accidents. The consolidated entity recognises the revenue on an accruals basis from the time the patient is treated or admitted into hospital.

Department of Veterans' Affairs

An agreement between the Commonwealth Department of Veterans' Affairs and the Ministry allows for the provision of health services to entitled veterans. Revenue from admitted patients is recognised on an accruals basis by reference to patient admissions, while non-admitted revenues are recognised by way of a block grant received from the Commonwealth.

Investment revenue

Interest revenue is recognised using the effective interest rate method. The effective interest rate is the rate that exactly discounts the estimated future cash receipts over the expected life of the financial instrument or a shorter period, where appropriate, to the net carrying amount of the financial asset.

Infrastructure fees

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. Charges consist of two components:

- a monthly charge raised by the Local Health District based on a percentage of receipts generated
- the residual of the Private Practice Trust Fund at the end of each financial year, such sum being credited for consolidated entity use in the advancement of the consolidated entity or individuals within it.

2. Statement of significant accounting policies (continued)

i) Income recognition (continued)

Use of outside facilities

The consolidated entity uses a number of facilities owned and maintained by the local authorities in the area to deliver community health services for which no charges are raised by the authorities.

Where material, the cost method of accounting is used for the initial recording of all such services. Cost is determined as the fair value of the services given and is then recognised as revenue with a matching expense.

Appropriations

Appropriations are received from the Consolidated Fund (within the Crown Entity), an entity controlled by the ultimate parent. Control over appropriations and contributions is normally obtained upon the receipt of cash.

An exception to the above is when appropriations are unspent at year-end. In this case, the authority to spend the money lapses and generally the unspent amount must be repaid to the Consolidated Fund in the following financial year. As a result, unspent appropriations are accounted for as liabilities rather than revenue.

Revenues/expenses of Affiliated Health Organisations

General operating expenses/revenues of Affiliated Health Organisations have only been included in the Statement of Comprehensive Income prepared to the extent of the cash payments made to the Affiliated Health Organisations concerned. The consolidated entity is not deemed to own or control the various assets/liabilities of the Affiliated Health Organisations and such amounts have been excluded from the Statement of Financial Position. Any exceptions are specifically listed in the notes that follow.

j) Accounting for 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 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 is recoverable from, or payable to, the Australian Taxation Office are classified as operating cash flows.

k) Interstate patient flows

Interstate patient flows are funded through the NSW State Pool Account, based on activity and consistent with the price determined in the Service Level Agreement.

The cost of NSW residents treated in other States and Territories is similarly calculated and disclosed in Note 4.

l) 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.

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 Note 2 (ad)).

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.

Land and buildings which are owned by the Health Administration Corporation, which is a controlled entity, or the State and operated by the Ministry and its controlled entities are deemed to be controlled by the Ministry and its controlled entities and are recognised as such in the financial statements.

m) 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.

2. Statement of significant accounting policies (continued)

n) Depreciation of property, plant and equipment

Except for certain non depreciable assets, depreciation is provided for on a straight-line basis for all depreciable assets so as to write off the depreciable amount of each asset as it is consumed over its useful life to the Ministry and its controlled entities. Land is not a depreciable asset.

Details of depreciation rates initially applied for major asset categories are as follows:

Artwork	5.0%
Buildings	2.5%
Electro medical equipment	
- Costing less than $200,000	10.0%
- Costing more than or equal to $200,000	12.5%
Computer equipment	20.0%
Infrastructure systems (i)	2.5%
Leasehold improvements	10%, 11.1% or 33.3%
Motor vehicle sedans	12.5%
Motor vehicles, trucks and vans	20.0%
Office equipment	10.0%
Plant and machinery	10.0%
Linen	25.0%
Furniture, fittings and furnishings	5.0%
PODS (ii)	25.0%

(i) 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.

(ii) PODS are a detachable or self - contained unit on ambulances used for patient treatment.

Depreciation rates are assessed annually and adjusted if appropriate.

o) Revaluation of non-current assets

Physical non-current assets are valued in accordance with the '*Valuation of Physical Non-Current Assets at Fair Value* ' Policy and Guidelines Paper (NSW TPP 14-01). This policy adopts 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 participants' perspective, using valuation techniques (market approach, cost approach, income approach) that maximise relevant observable inputs and minimise unobservable inputs. Also refer to Note 26 for further information regarding fair value.

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. Comprehensive revaluations are conducted at least every three years on a rotational basis for its land and buildings and infrastructure.

Interim desktop revaluations are conducted between comprehensive revaluations for those assets, land and buildings and infrastructure not subject to comprehensive revaluations. The consolidated entity uses an external professionally qualified valuer to conduct the interim revaluations.

2. Statement of significant accounting policies (continued)

o) Revaluation of non-current assets (continued)

Non-specialised assets with short useful lives are measured at depreciated historical cost, which for these assets approximates fair value. The consolidated entity has assessed that any difference between fair value and depreciated historical cost is unlikely to be material.

When revaluing non-current assets using the cost approach, the gross amount and the related accumulated depreciation are separately restated.

For other assets valued using other valuation techniques, any balances of accumulated depreciation existing 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 credited directly to the revaluation surplus, except that, to the extent that an increment reverses a revaluation decrement in respect of that class of asset previously recognised as an expense 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 for the year, except that, to the extent that a credit balance exists in the revaluation surplus in respect of the same class of assets, they are 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.

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 useful lives of property, plant and equipment are reviewed at each financial year end.

p) 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.

Since property, plant and equipment is 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. 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 Fair Value Measurement* .

q) Restoration costs

The present value of the estimated cost of dismantling and removing an asset and restoring the site is included in the cost of an asset, if the recognition criteria for a provision are met.

r) Non-current assets held for sale

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, not 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.

s) Intangible assets

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. 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 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 are subsequently measured at fair value only if there is an active market. As 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.

Computer software developed or acquired by the consolidated entity are recognised as intangible assets and are amortised over four years using the straight line method.

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.

2. Statement of significant accounting policies (continued)

t) Maintenance

Day-to-day servicing costs or maintenance are charged as expenses as incurred, except where they relate to the replacement of a part or component of an asset, in which case the costs are capitalised and depreciated.

u) Leased assets

A distinction is made between finance leases which effectively transfer from the lessor to the lessee substantially all the risks and rewards incidental to ownership of the leased assets, and operating leases under which the lessor effectively retains all such risks and rewards.

Where a non-current asset is acquired by means of a finance lease, at the commencement of the lease term, the asset is recognised at its fair value or, if lower, the present value of the minimum lease payments, at the inception of the lease. The corresponding liability is established at the same amount. Lease payments are allocated between the principal component and the interest expense.

Property, plant and equipment acquired under finance leases are depreciated over the asset's useful life. However, if there is no reasonable certainty that the lessee entity will obtain ownership at the end of the lease term, the asset is depreciated over the shorter of the estimated useful life of the asset and the lease term.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term in the Statement of Comprehensive Income.

Lease incentives
Lease incentives received are recognised as an integral part of the total lease expense, over the term of the lease. Minimum lease payments made under finance leases are apportioned between the finance expense and the reduction of the outstanding liability. The finance expense is allocated to each period during the lease term so as to produce a constant periodic rate of interest on the remaining balance of the liability.

v) Inventories

Inventories held for distribution are stated at cost, adjusted when applicable, for any loss of service potential. 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.

Obsolete items are disposed of in accordance with instructions issued by the Ministry.

w) Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. These financial assets are recognised initially at fair value. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment of receivables. Any changes are recognised in the Net Result when impaired, derecognised or through the amortisation process.

Term deposits which are greater than 90 days are classified as other financial assets. These assets are measured at amortised cost using the effective interest rate method.

x) Investments

Investments are initially recognised at fair value plus, in the case of investments not at fair value through profit or loss, transaction costs. The Ministry determines the classification of its financial assets after initial recognition and, when allowed and appropriate, re-evaluates this at each financial year end.

Fair value through profit or loss
The consolidated entity subsequently measures investments classified as 'held for trading' or designated upon initial recognition at fair value through profit or loss at fair value.

Financial assets are classified as 'held for trading' if they are acquired for the purpose of selling in the near term. Derivatives are also classified as held for trading. Gains or losses on these assets are recognised in the net result for the year.

TCorpIM Funds Investment facilities are managed by New South Wales Treasury Corporation, a controlled entity of the ultimate parent. The facilities are designated at fair value through profit or loss as the management and performance of these financial assets is undertaken on a fair value basis, in accordance with a documented risk management strategy. Information about these assets is provided internally to the consolidated entity's key management personnel.

The risk management strategy of the Ministry has been developed consistent with the investment powers granted under the provision of the *Public Authorities (Financial Arrangements) Act 1987.*

TCorpIM Funds Investment facilities are used in an effort to improve interest returns on cash balances otherwise available whilst also providing secure investments.

The movement in the fair value of the TCorpIM Funds Investment facilities incorporates distributions received as well as unrealised movements in fair value and is reported in the line item 'Investment revenue'.

2. Statement of significant accounting policies (continued)

x) Investments (continued)

Held-to-maturity investments

Non-derivative financial assets with fixed or determinable payments and fixed maturity that the consolidated entity has the positive intention and ability to hold to maturity are classified as 'held-to-maturity'. These investments are measured at amortised cost using the effective interest method. Changes are recognised in the net result for the year when impaired, derecognised or through the amortisation process.

Available-for-sale investments

Any investments that do not fall into any other category are accounted for as available-for-sale investments and measured at fair value. Gains or losses on available-for-sale investments are recognised in other comprehensive income until disposed or impaired, at which time the cumulative gain or loss previously recognised in other comprehensive income is recognised in the net result for the year. However, interest calculated using the effective interest method and dividends are recognised in the net result for the year.

Purchases or sales of investments under contract that require delivery of the asset within the timeframe established by convention or regulation are recognised on the trade date; i.e. the date the consolidated entity commits to purchase or sell the asset.

The fair value of investments that are traded at fair value in an active market is determined by reference to quoted current bid prices at the close of business on the Statement of Financial Position date.

y) Impairment of financial assets

All financial assets, except those measured at fair value through profit and loss, are subject to an annual review for impairment. An allowance for impairment is established when there is objective evidence that the entity will not be able to collect all amounts due.

For certain categories of financial assets, such as trade receivables, the entity first assesses whether impairment exists individually for financial assets that are individually significant, or collectively for financial assets that are not individually significant. Assets are assessed for impairment on a collective basis if they were assessed not to be impaired individually.

For financial assets carried at amortised cost, the amount of the allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. The amount of the impairment loss is recognised in the net result for the year.

Any reversals of impairment losses are reversed through the net result for the year, where there is objective evidence. Reversals of impairment losses of financial assets carried at amortised cost cannot result in a carrying amount that exceeds what the carrying amount would have been had there not been an impairment loss.

z) De-recognition of financial assets and financial liabilities

A financial asset is derecognised when the contractual rights to the cash flows from the financial assets expire; or if the consolidated entity transfers the financial asset:

- where substantially all the risks and rewards have been transferred; or
- where the consolidated entity has not transferred substantially all the risks and rewards, if the consolidated entity has not retained control.

Where the consolidated entity has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of the consolidated entity's continuing involvement in the asset.

A financial liability is derecognised when the obligation specified in the contract is discharged or cancelled or expires.

aa) Payables

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 net result when the liabilities are derecognised as well as through the amortisation process. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

ab) Borrowings

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 net result when the liabilities are derecognised as well as through the amortisation process.

ac) Fair value 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 measurement is based on the presumption that the transaction to sell the asset or transfer the liability takes place either in the principal market for the asset or liability or in the absence of a principal market, in the most advantageous market for the asset or liability.

2. Statement of significant accounting policies (continued)

ac) Fair value hierarchy (continued)

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 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.

Refer Note 26 and Note 43 for further disclosures regarding fair value measurements of non-financial and financial assets.

ad) 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 contributions by owners and is recognised as an adjustment to accumulated funds. This treatment is consistent with AASB 1004 *Contributions* and AASB 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities.*

Transfers arising from an administrative restructure involving not-for-profit entities and for-profit government entities are recognised at the amount at which the asset was 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 agency 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.

ae) Equity and Reserves

(i) Accumulated funds

The category "accumulated funds" includes all current and prior period retained funds.

(ii) Revaluation surplus

The revaluation surplus is used to record increments and decrements on the revaluation of non-current assets. This accords with the Ministry's policy on the revaluation of property, plant and equipment as discussed in Note 2 (o).

af) Trust funds

The consolidated entity receives monies in a trustee capacity for various trusts as set out in Note 33.

As the consolidated entity performs only a custodial role in respect of these monies, and because the monies cannot be used for the achievement of the consolidated entities own objectives, these funds are not brought to account in the financial statements.

ag) Budgeted amounts

The budgeted amounts are drawn from the original budgeted financial statements presented to Parliament of NSW in respect of the reporting period. Subsequent amendments to the original budget (e.g. adjustment for transfer of functions between entities as a result of Administrative Arrangements Orders) are not reflected in the budgeted amounts. Major variances between the original budgeted amounts and the actual amounts disclosed in the financial statements are explained in Note 41.

ah) Emerging asset

The Ministry of Health and its controlled entities' emerging interest in certain assets has been valued in accordance with *'Accounting for Privately Financed Projects'* (NSW TPP06-8). This policy requires the Ministry of Health and its controlled entities to determine the estimated written down replacement cost by reference to the underlying asset's current replacement cost escalated by a construction index and the asset's estimated working life. The estimated written down replacement cost is then allocated on a systematic basis over the concession period using the annuity method and the Government Bond rate at commencement of the concession period.

ai) Program group statements allocation methodology

From 2017/18, NSW Budget papers are prepared on an outcome based program basis rather than a service group basis. Budget and performance information for some previous service groups have been amalgamated within new program areas and in the majority of cases, there is no direct correlation or mapping between previously reported service group statements and the new outcome-based program reporting.

2. Statement of significant accounting policies (continued)

ai) Program group statements allocation methodology (continued)

Income and expenses are allocated to program groups using prior year statistical data, then adjusted for any material change in program delivery or funding distribution, occurring in the 2017/18 year in determining the Statement of Comprehensive Income fractions.

In respect of assets and liabilities, the consolidated entity allocates them based on related income and expense distribution.

aj) Changes in accounting policy, including new or revised Australian Accounting Standards

(i) Effective for the first time in 2017/18

The accounting policies applied in 2017/18 are consistent with those of the previous financial year except as a result of new or revised Australian Accounting Standards that have been applied for the first time as follows:

AASB 2016-2 *Amendments to Australian Accounting Standards - Disclosure Initiative: Amendments to AASB 107* applies to annual periods beginning on or after 1 January 2017. The standard amends AASB 107 *Statement of Cash Flows* to require additional disclosures for financing activities in the Statement of Cash Flows. A reconciliation of liabilities arising from financing activities has been added to Note 38 of these financial statements.

(ii) Issued but not yet effective

NSW public sector entities are not permitted to early adopt new Australian Accounting Standards, unless NSW Treasury determines otherwise. The following new Australian Accounting Standards, excluding standards not considered applicable or material to the consolidated entity, have not been applied and are not yet effective. The possible impact of these Accounting Standards in the period of initial application includes:

AASB 9 *Financial Instruments* applies to annual periods beginning on or after 1 January 2018. AASB 9 *Financial Instruments* will replace AASB 139 *Financial Instruments: Recognition and Measurement* and establishes new principles for the financial reporting of financial assets, financial liabilities and hedge accounting. AASB 9 *Financial Instruments* also introduces a forward-looking 'expected credit losses' impairment model, which may impact the timing and amount of impairment recognition.

AASB 16 *Leases* replaces all existing leases requirements and applies to annual periods beginning on or after 1 January 2019. For lessees, the distinction between operating and finance leases will no longer exist. Instead, AASB 16 *Leases* will require lessees to account for practically all leases under a single on-balance sheet model in a similar way to finance leases under AASB 117 *Leases*. The standard includes two recognition exemptions for lessees – leases of 'low value' assets (e.g. personal computers below $10,000) and short term leases (i.e. leases with a lease term of 12 months or less). At the commencement of a lease, a lessee will recognise a liability representing its obligation to make future lease payments and an asset representing its right of use to the underlying asset for the lease term. Lessees will be required to separately recognise interest expense on the lease liability and depreciation expense on the right of use asset rather than operating lease expense.

The lease expense recognition pattern for leases will generally be accelerated as compared to today. Some key balance sheet metrics may also be impacted. Also, the statement of cash flows for lessees will be affected as payments for the principal portion of the lease liability will be presented within financing activities.

Lessor accounting is substantially unchanged from today's accounting under AASB 117 *Leases*. Lessors will continue to classify all leases using the same classification as in AASB 117 *Leases* and distinguish between two types of leases: operating and finance leases.

The standard permits two methods of adoption: full retrospective – by retrospectively adjusting each prior reporting period presented and recognising the cumulative effect of initially applying the new requirements at the start of the earliest period, which would be 1 July 2018; or modified retrospective – by recognising the cumulative effect of initially applying the new requirements at the initial application, which would be 1 July 2019. NSW Treasury has mandated modified retrospective application of this accounting standard.

AASB 15 *Revenue from Contracts with Customers* (and associated amending standards AASB 2014-5, AASB 2015-8, AASB 2016-3, AASB 2016-7 and AASB 2016-8) applies to annual periods beginning on or after 1 January 2019 for not-for-profit entities. AASB 15 *Revenue from Contracts with Customers* establishes a contract-based five-step analysis of transactions to determine the nature, amount and timing of revenue arising from contracts with customers. This new standard requires revenue to be recognised when control of the goods or services are transferred to the customer at the transaction price. This may impact the timing of recognising certain revenue currently recognised by reference to the stage of completion of the transaction.

AASB 1058 *Income of Not-for-Profit Entities* applies to not-for-profit entities and is effective for annual periods beginning on or after 1 January 2019. This standard requires entities to recognise income where the consideration to acquire an asset, including cash, is significantly less than the fair value principally to enable the entity to further its objectives. Under this standard, the timing of income recognition may be impacted depending on whether there is a liability or other performance obligation associated with the acquired asset, including cash. AASB 1058 *Income of Not-for-profit Entities* also requires government agencies to recognise income for volunteer services received if the fair value of those services can be measured reliably and the services would have been purchased if they had not been donated. This is consistent with current practice under AASB 1004 *Contributions* and is not expected to materially impact the financial statements.

2. Statement of significant accounting policies (continued)

aj) Changes in accounting policy, including new or revised Australian Accounting Standards (continued)

AASB 1059 *Service Concession Arrangements* is applicable to public sector entities only and is effective for annual periods beginning on or after 1 January 2019. It requires the grantor to recognise a service concession asset in a service concession arrangement where it controls the asset. A corresponding financial liability and/or grant of right liability is also recognised depending on the nature of the consideration exchanged. Service concession assets (including those provided by the operator, an upgrade to or a major component replacement of an existing asset of the grantor; and existing assets of the grantor – also applicable to previously unrecognised intangible assets except goodwill) are initially measured at current replacement cost based on AASB 13 *Fair Value Measurement* principles. They are subsequently accounted for under AASB 116 *Property, Plant & Equipment* or AASB 138 *Intangible Assets* . Service concession liabilities are initially measured at the same amount as the service concession asset and subsequently measured using either the "financial liability" model applying AASB 9 *Financial Instruments* , or the grant of right model under AASB 1059 *Service and Concession Arrangements* . AASB 1059 *Service and Concession Arrangements* requires retrospective application.

Overview of Assessment Activities

The consolidated entity designed a project roadmap to implement the above five new accounting standards by its application date. The project consists of 4 phases: Scoping, Data gathering, In Depth Analysis and Implementation. Scoping phase was completed and data gathering has begun. An external project consultant and project manager will be appointed, and various steering committees and project teams will be internally formed as part of the implementation project. High level estimates on the impact of the new accounting standards were also calculated and reported to NSW Treasury for budget purposes.

The consolidated entity is continuously analysing and assessing the impact of the new accounting standards. This includes changes to our accounting policies, internal and external reporting requirements, IT systems, business processes and associated internal controls with the objectives of quantifying the expected first time adoption impacts as well as supporting ongoing compliance with the new accounting requirements.

Potential Impact on the Consolidated Entity's Financial Report

While the consolidated entity is yet to undertake a detailed assessment of the classification and measurement of all of the accounting standards, the following general impacts are expected from the work conducted so far:

Leases

- The total assets and liabilities on the balance sheet will increase. Net total assets are expected to decrease due to a reduction of the capitalised asset being on a straight line basis whilst the liability reduces the principal amount of repayments. Net current assets will also show a decrease due to an element of the liability being disclosed as current liability. Based on high level estimates performed we anticipate $1.3 billion assets and liabilities to be recorded at the transition date.
- Interest expenses will increase due to the unwinding of the effective interest rate implicit in the lease. Interest expense will be greater earlier in a lease life due to the higher principal value causing profit variability over the course of the lease life. This effect may be partially mitigated due to the number of leases held in the entity at different stages of their lease terms.
- Depreciation expense will be booked on Right of Use assets, which will be on a straight-line basis.
- Operating cash flows will be higher as repayment of the principle portion of all lease liabilities will be classified as financing activities.

Revenue and Income of Not-for-Profit Entities

- The deferral of some revenues of the Ministry of Health and its controlled entities
- Impact on the estimates and judgements involved in the unbilled revenue process.
- Specific quantitative and qualitative disclosures may be required under AASB 15 *Revenue from Contracts with Customers* .

Financial Instruments

- The new impairment model requires the recognition of impairment provisions based on expected credit losses rather than only incurred impairment losses. This may result in earlier recognition of credit loss provisions.

Service Concession Arrangements

- Service Concession assets and liabilities may be brought onto the balance sheet which are currently treated as emerging assets.

Application Date

The Ministry plans to adopt the new standards on the required effective date in line with the NSW Treasury's instructions.

PARENT 2018 $'000	PARENT 2017 $'000		CONSOLIDATED 2018 $'000	CONSOLIDATED 2017 $'000
		3. Employee related expenses		
117,346	110,138	Salaries and wages (including annual leave and ADO)	11,592,170	10,963,062
1,018	1,227	Superannuation - defined benefit plan	100,453	110,561
9,431	8,662	Superannuation - defined contribution plan	998,988	939,190
4,463	4,947	Long service leave	496,581	200,801
1,387	3,563	Redundancies	33,662	22,734
532	545	Workers' compensation insurance	163,069	167,748
10,232	7,113	Payroll tax and fringe benefits tax	12,250	9,002
144,409	**136,195**		**13,397,173**	**12,413,098**

In 2017/18 and 2016/17 the majority of 'Payroll tax and fringe benefits tax' was paid to the NSW Department of Finance, Services and Innovation, an entity controlled by the ultimate parent.

The following employee related costs were capitalised, and therefore excluded from the above:

-	-	Employee related expenses capitalised - land and buildings	18,923	13,634
-	-	Employee related expenses capitalised - plant and equipment	144	44
-	-	Employee related expenses capitalised - intangibles	14,494	6,859
-	**-**		**33,561**	**20,536**

		4. Other expenses		
6,304	6,850	Advertising	26,739	26,061
393	664	Auditor's remuneration	4,158	4,559
19,429	21,577	Blood and blood products	138,187	130,579
1,184	1,770	Consultants	15,465	18,034
679	578	Domestic supplies and services	119,218	114,809
135,372	141,978	Drug supplies	872,281	983,174
1	-	Food supplies	102,507	100,956
502	586	Fuel, light and power	138,881	118,577
-	-	Patient transport costs	12,739	14,932
16,184	18,633	Information management expenses	216,870	223,475
260,558	248,732	Insurance	280,408	269,210
266,546	263,144	Interstate patient outflows	266,546	263,144
8,461	5,303	Maintenance (see Note 4 (b) below)	560,490	549,054
1,198	1,721	Medical and surgical supplies	871,408	838,991
74	137	Motor vehicle expenses	44,718	42,194
2,174	1,837	Postal and telephone costs	50,369	50,854
2,223	2,925	Printing and stationery	48,020	47,371
1,300	1,489	Rates and charges	24,656	25,168
6,921	6,460	Rental	88,074	78,749
-	5	Hosted services purchased from other Local Health Districts	-	-
56	581	Specialised services (Dental, Radiology, Pathology, Allied Health)	399,288	378,611
5,406	8,979	Staff related costs	160,573	150,583
1,672	1,848	Travel related costs	101,517	98,001
-	-	Visiting medical officers	820,651	762,871
103,785	72,349	Other expenses (see Note 4 (a) below)	992,231	921,922
840,422	**808,146**		**6,355,994**	**6,211,879**

PARENT 2018 $'000	PARENT 2017 $'000		CONSOLIDATED 2018 $'000	CONSOLIDATED 2017 $'000
		4. Other expenses (continued)		
		(a) Other expenses includes		
-	-	Ambulance fixed wing and rotor wing transport	150,347	107,797
-	-	Contract for patient services	149,733	140,889
2,730	2,805	Courier and freight	23,187	22,466
-	-	Isolated patient travel and accommodation assistance scheme	22,049	20,328
1,713	906	Legal services	12,509	7,622
163	43	Membership/professional fees	10,942	10,313
-	-	Motor vehicle operating lease expense - minimum lease payments	45,801	50,302
-	-	Public private partnership - operating facility payments	55,449	53,080
185	-	Other operating lease expense - minimum lease payments	24,791	22,735
-	-	Quality assurance/accreditation	5,358	5,284
422	353	Security services	19,618	15,718
15,207	16,287	Contract health services	165,328	113,433
51,504	32,791	Other management services	126,814	73,366
14,252	1,644	Goods and services component of capital projects	66,522	84,343
17,609	17,520	Other	113,783	194,246
103,785	**72,349**		**992,231**	**921,922**
		(b) Reconciliation of total maintenance		
2,138	1,614	Maintenance contracts	186,713	178,883
4,926	2,700	New/replacement equipment under $10,000	252,068	248,073
1,388	989	Repairs maintenance/non contract	120,331	121,558
9	-	Other	1,378	540
8,461	5,303	Maintenance expense - contracted labour and other (Non-employee related in Note 4)	560,490	549,054
-	-	Employee related expense included in Note 3	60,129	59,310
8,461	**5,303**	Total maintenance expenses	**620,619**	**608,364**

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4. Other expenses (continued)

Related Parties Disclosures:

CONSOLIDATED

'Auditor's remuneration' were paid to the Audit Office of New South Wales, an entity controlled by the ultimate parent.

Some of 'Information management expenses' were paid to New South Wales Government Telecommunications Authority, an entity controlled by the ultimate parent.

Some of 'Rates and charges' expenses were paid to Sydney Water and Essential Energy, entities controlled by the ultimate parent.

Some of 'Rental' expense were paid to Government Property NSW, an entity controlled by the ultimate parent.

Some of 'Legal services' expenses were paid to Crown Solicitors Office NSW, an entity controlled by the ultimate parent.

Related party transactions relating to 2016/17 financial year were as follows:

'Auditor's remuneration' were paid to the Audit Office of New South Wales, an entity controlled by the ultimate parent.

The majority of 'Legal services' expenses were paid to the Crown Solicitors Office NSW, an entity controlled by the ultimate parent.

Some 'Other' expenses were also paid to the Department of Education, an entity controlled by the ultimate parent.

The majority of 'Rental' expense were paid to Government Property NSW, an entity controlled by the ultimate parent.

Some 'Staff related expenses' were also paid to TAFE NSW an entity controlled by the ultimate parent.

PARENT

'Auditor's remuneration' were paid to Audit Office of New South Wales, an entity controlled by the ultimate parent.

The majority of 'Drug supplies' relating to Commonwealth vaccines were paid to the Crown Finance Entity and St Vincents Hospital Sydney, entities controlled by the ultimate parent.

Some of 'Other' expenses were paid to HealthShare NSW, a division of Health Administration Corporation, which is a controlled entity.

The majority of 'Specialised services' expenses were paid to NSW Health Pathology, a division of Health Administration Corporation, which is a controlled

Related party transactions relating to 2016/17 financial year were as follows:

'Auditor's remuneration' were paid to Audit Office of New South Wales, an entity controlled by the ultimate parent.

Some 'Drug supplies' expenses were paid to Justice Health and Forensic Mental Health Network, a controlled entity.

The majority of 'Information management expenses' were paid to the Department of Finance, Services and Innovation, an entity controlled by the ultimate parent. Some expenses were also paid to eHealth NSW, a division of Health Administration Corporation which is a controlled entity.

Some 'Specialised services' expenses were paid to NSW Health Pathology, a division of Health Administration Corporation, which is a controlled entity.

Some 'Staff related expenses' expenses were paid to Health Infrastructure, a division of Health Administration Corporation, which is a controlled entity.

PARENT 2018 $'000	PARENT 2017 $'000		CONSOLIDATED 2018 $'000	CONSOLIDATED 2017 $'000
		5. Depreciation and amortisation		
2,751	2,750	Depreciation - buildings	480,895	468,837
550	481	Depreciation - plant and equipment	213,050	201,494
60	60	Depreciation - infrastructure systems	22,626	21,050
1,182	796	Depreciation - leasehold improvements	8,681	7,140
237	153	Amortisation - intangible assets	61,834	52,705
4,780	**4,240**		**787,086**	**751,226**
		6. Grants and subsidies		
17,004,638	15,776,919	Payments to entities controlled by the Ministry of Health	-	-
431,970	413,186	Payments to other Affiliated Health Organisations	745,518	722,050
		Grants -		
-	-	Community packages	24,817	22,492
77,454	86,840	Grants to research organisations	116,752	129,201
79,136	77,575	Non-Government organisations	159,227	154,636
-	51,837	Grants paid to entities controlled by the ultimate parent	1,058	51,905
61,828	63,069	Albury Wodonga Health	61,828	63,069
84,746	75,550	Mental health housing accommodation and support initiative	84,746	75,550
117,825	122,781	Other grants	142,446	146,888
17,857,597	**16,667,757**		**1,336,392**	**1,365,791**

CONSOLIDATED

Some of 'Grants paid to entities controlled by the ultimate parent' were paid to Corrective Services NSW a division of Department of Justice, an entity controlled by the ultimate parent.

Some of 'Other grants' were paid to the Health Care Complaints Commission and Mental Health Commission of NSW, entities controlled by the ultimate parent.

Related party transactions relating to 2016/17 financial year were as follows:

The majority of 'Grants paid to entities controlled by the ultimate parent' were paid to Corrective Services NSW a division of Department of Justice, an entity controlled by the ultimate parent.

		7. Finance costs		
-	-	Finance lease interest charges	102,696	101,669
-	-	Interest on loans	898	335
-	-	Other interest charges	73	185
-	**-**		**103,667**	**102,189**

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PARENT AND CONSOLIDATED

8. Summary of compliance

	2018 $'000 Appropriations	2018 $'000 Expenditure	2017 $'000 Appropriations	2017 $'000 Expenditure
Original budget per Appropriation Act	12,179,464	12,151,989	11,794,455	11,705,694
Other appropriations / expenditure	-	-	-	-
- Section 24 PFAA – transfers of functions between entities	-	-	(19,320)	-
- Transfers to / from another entity (per Section 27 of the Appropriation Act)	-	-	-	-
Total appropriations / expenditure / net claim on consolidated fund (includes transfer payments)	12,179,464	12,151,989	11,775,135	11,705,694
Appropriation drawn down*		12,151,989		11,705,694
Liability to consolidated fund		-		-
* Comprising :				
Appropriations (per Statement of Comprehensive Income)**		12,151,989		11,705,694
		12,151,989		11,705,694
**Appropriations :				
Recurrent		10,961,359		10,753,049
Capital		1,190,630		952,645
		12,151,989		11,705,694

Notes :

1. The summary of compliance is based on the assumption that consolidated fund monies are spent first (except where otherwise identified or prescribed).

2. The "liability to consolidated fund" represents the difference between the "amount drawn down against appropriation" and the "total expenditure / net claim on consolidated fund".

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PARENT 2018 $'000	PARENT 2017 $'000		CONSOLIDATED 2018 $'000	CONSOLIDATED 2017 $'000
		9. Sale of goods and services		
		(a) Sale of goods comprise the following:-		
-	-	Sale of prosthesis	66,318	66,904
-	-	Pharmacy sales	6,880	5,763
562	540	Other	30,099	14,816
		(b) Rendering of services comprise the following:-		
		Patient fees		
-	1,600	- Inpatient fees	831,903	786,577
-	-	- Nursing home fees	18,426	19,040
-	-	- Non inpatient fees	43,342	38,074
77,406	78,211	Department of Veterans' Affairs	298,578	324,432
-	-	Staff meals and accommodation	3,055	3,066
-	-	Infrastructure fees - Monthly facility charge [see note 2(i)]	370,691	350,128
-	-	- Annual charge	89,498	93,818
-	-	Cafeteria/kiosk	7,365	6,429
-	-	Car parking	45,071	40,179
-	-	Child care fees	11,077	11,104
-	-	Clinical services (excluding clinical drug trials)	39,475	51,908
-	-	Commercial activities	25,279	25,502
-	-	Fees for medical records	2,348	2,453
-	-	Highly specialised drugs	395,559	502,906
-	-	Linen service revenue	5,516	5,767
-	-	Meals on Wheels	632	699
5,468	-	Motor Accident Third Party	160,376	151,485
-	-	Disability appliance programs - patient co-payments	666	945
85,732	91,818	Patient inflows from interstate	85,732	91,819
-	-	Patient transport fees	52,705	48,337
-	-	Private use of motor vehicles	2,089	2,331
-	-	Salary packaging fee	4,065	4,959
-	-	Services provided to non NSW Health entities	20,549	22,386
-	-	Use of ambulance facilities	7,459	6,419
22,852	17,984	Other	143,861	122,584
192,020	**190,153**		**2,768,614**	**2,800,830**

9. Sale of goods and services (continued)

Related Parties Disclosures:

CONSOLIDATED

Some of the 'Pharmacy sales' in 2017/18 and 2016/17 was earned from NSW Self Insurance Corporation, an entity controlled by the ultimate parent.

Some of the 'Clinical services' revenue in 2017/18 and 2016/17 was earned from the NSW Police Force, an entity controlled by the ultimate parent.

The majority of 'Motor Accident Third Party' revenue in 2017/18 and 2016/17 was received from State Insurance Regulatory Authority ("SIRA"), an entity controlled by the ultimate parent.

PARENT

Some of the 'Other' revenue was received from the Health Professional Councils Authority Office, an entity controlled by the ultimate parent.

The majority of 'Motor Accident Third Party' revenue was received from State Insurance Regulatory Authority ("SIRA"), an entity controlled by the ultimate parent.

Related party transactions relating to 2016/17 financial year were as follows:

Some of the 'Other' revenue from the rendering of services was received from HealthShare NSW, a division of Health Administration Corporation, which is a controlled entity.

Ministry of Health
Notes to and forming part of the Financial Statements
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PARENT 2018 $'000	PARENT 2017 $'000		CONSOLIDATED 2018 $'000	CONSOLIDATED 2017 $'000
		10. Investment revenue		
		Interest		
-	-	- TCorpIM Funds Investment facilities designated at fair value through profit or loss	2,959	3,429
4,208	4,067	- Bank	26,452	25,993
-	-	Royalties	224	239
-	-	Other	5,086	6,375
4,208	**4,067**		**34,721**	**36,036**

CONSOLIDATED

'TCorpIM Funds Investment facilities designated at fair value through profit or loss', are managed by New South Wales Treasury Corporation, a controlled entity of the ultimate parent.

		11. Grants and other contributions		
-	-	Clinical drug trials	37,494	33,587
6,068,201	5,730,140	Commonwealth National Health Reform Funding	6,068,200	5,730,140
133,739	104,331	Commonwealth Government grants	276,712	242,975
-	-	Industry contributions/donations	81,468	81,112
44,256	200	Grants from entities controlled by the ultimate parent	170,111	59,266
15,008	5,500	Grants received from entities controlled by the Ministry of Health	-	-
-	-	Research grants	20,872	22,676
541	565	Other grants	77,429	64,028
6,261,745	**5,840,736**		**6,732,286**	**6,233,784**

CONSOLIDATED

The majority of the 'grants received from entities controlled by the ultimate parent' in 2017/18 and 2016/17 were receivable from:

- The Crown Finance Entity
- Department of Family and Community Services - Ageing Disability & Home Care; and
- Department of Justice

PARENT

The majority of 'Grants received from entities controlled by the ultimate parent' were received from the Department of Family and Community Services, an entity controlled by the ultimate parent.

The majority of 'Grants received from entities controlled by the Ministry of Health' were from the Cancer Institute NSW and The Sydney Children's Hospital Network, which are controlled entities.

Related party transactions relating to 2016/17 financial year were as follows:

'Grants received from entities controlled by the Ministry of Health' were received from the Cancer Institute NSW, which is a controlled entity.

PARENT			CONSOLIDATED	
2018 $'000	2017 $'000		2018 $'000	2017 $'000

12. Acceptance by the Crown Entity of employee benefits and other liabilities

The following liabilities and expenses have been assumed by the Crown Entity:

1,018	1,227	Superannuation - defined benefit plan	100,453	110,585
4,007	5,071	Long service leave	445,745	201,304
55	67	Payroll tax	55	67
5,080	**6,365**		**546,253**	**311,956**

13. Other income

Other income comprises the following:-

-	-	Ambulance death and disability employee contributions	-	1,037
-	1	Commissions	3,839	4,014
-	-	Conference and training fees	12,596	12,423
1,842	1,843	Discounts	4,800	3,471
-	25	Insurance refunds	4,499	30,389
1,845	2,093	Lease and rental income	34,252	32,880
-	-	Property not previously recognised	-	3,867
-	-	Sale of merchandise, old wares and books	777	796
-	138	Sponsorship income	1,798	2,075
310	1,130	Treasury Managed Fund hindsight adjustment	27,034	62,014
40,054	79,286	Other	94,385	54,326
44,051	**84,516**		**183,980**	**207,292**

CONSOLIDATED

Some 'Other' income was received from Government Property NSW, an entity controlled by the ultimate parent.

The majority of 'Insurance refunds' in 2017/18 and 2016/17 were receivable from Insurance and Care NSW, an entity controlled by the ultimate parent.

Related party transactions relating to 2016/17 financial year were as follows:

Some 'Lease and rental income' was received from the Mental Health Commission of NSW, an entity controlled by the ultimate parent.

PARENT

The majority of 'Lease and rental income' in 2017/18 and 2016/2017 was received from eHealth, a division of the Health Administration Corporation, and Health Education Training Institute which are both controlled entities.

The majority of 'Other' income was received from Government Property NSW, an entity controlled by the ultimate parent.

Related party transactions relating to 2016/17 financial year were as follows:

'Other' included an amount of $60,175,000 payable to Health Infrastructure, a division of the Health Administration Corporation, that was written off during the year, as it was no longer due and payable. It represented balances unpaid relating to subsidy amounts accrued on projects undertaken in the 2011/12 financial year.

PARENT 2018 $'000	PARENT 2017 $'000		CONSOLIDATED 2018 $'000	CONSOLIDATED 2017 $'000
		14. Gain / (loss) on disposal		
3,485	155,844	Property, plant and equipment	259,932	389,870
462	525	Less: accumulated depreciation	216,235	203,455
3,023	**155,319**	**Written down value**	**43,697**	**186,415**
3,017	155,301	Less: proceeds from disposal	11,301	179,421
-	-	Less: proceeds received in advance for disposal	19,690	-
(6)	**(18)**	**Gain/(loss) on disposal of property, plant and equipment**	**(12,706)**	**(6,994)**
-	-	Intangible assets	-	7
-	-	Less: proceeds from disposal	-	-
-	**-**	**Gain/(loss) on disposal of intangible assets**	**-**	**(7)**
-	-	Assets held for sale	3,197	6,928
-	-	Less: proceeds from disposal	3,986	5,500
-	**-**	**Gain/(loss) on disposal of assets held for sale**	**789**	**(1,428)**
(6)	**(18)**	**Total gain/(loss) on disposal**	**(11,917)**	**(8,429)**
		15. Other gains / (losses)		
-	-	Impairment of receivables	(47,913)	(35,005)
-	743	Other	-	(587)
-	**743**		**(47,913)**	**(35,592)**

CONSOLIDATED

16. Program groups of the Ministry of Health

(a) Program group statements of the Ministry of Health and its controlled entities

EXPENSES AND INCOME	Program Group 1 * Acute Health Services		Program Group 2 * Sub-Acute Health Services		Program Group 3 * Mental Health Services		Program Group 4 * Small Rural Hospitals and Specialist Hospitals		Program Group 5 * Community Health Care Services		Program Group 6 * Public Health Services		Program Group 7 * Health and Medical Research		Program Group 8 * Ambulance Emergency Services		Program Group 9 * Independent Advisory Bodies		Program Group 10 * Domestic and Family Violence, Sexual Assault Services and Women's Policy**		Not Attributable ***		Total	
	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Expenses excluding losses																								
Operating expenses																								
Employee related expenses	9,300,168	8,526,253	799,999	742,805	1,354,907	1,265,824	381,371	414,937	575,539	551,835	357,239	329,126	2,446	2,373	625,504	578,399	-	-	-	1,546	-	-	13,397,173	12,413,098
Other expenses	4,736,076	4,626,449	289,690	269,682	359,745	344,842	167,692	178,496	186,567	213,213	317,470	321,860	13,429	3,473	285,325	251,732	-	-	-	2,132	-	-	6,355,994	6,211,879
Depreciation and amortisation	590,980	563,585	39,919	37,753	59,805	58,654	42,376	40,730	14,190	13,942	16,482	16,250	-	-	23,334	20,312	-	-	-	-	-	-	787,086	751,226
Grants and subsidies	922,764	896,271	85,792	80,309	167,121	153,664	2,874	2,445	11,133	13,806	51,790	53,879	66,579	77,349	2,498	1,640	25,841	24,354	-	62,074	-	-	1,336,392	1,365,791
Finance costs	91,735	90,431	3,867	3,774	5,822	5,781	14	1	429	431	1,795	1,764	-	-	5	7	-	-	-	-	-	-	103,667	102,189
Total expenses excluding losses	**15,641,723**	**14,702,989**	**1,219,267**	**1,134,323**	**1,947,400**	**1,828,765**	**594,327**	**636,609**	**787,858**	**793,227**	**744,776**	**722,879**	**82,454**	**83,195**	**936,666**	**852,090**	**25,841**	**24,354**	**-**	**65,752**	**-**	**-**	**21,980,312**	**20,844,183**
Revenue																								
Appropriations **																					12,151,989	11,705,694	12,151,989	11,705,694
Acceptance by the Crown Entity of employee benefits and other liabilities	388,076	207,381	34,614	18,928	51,130	31,895	9,971	11,325	21,862	19,074	16,329	9,830	72	65	24,199	13,444	-	-	-	14	-	-	546,253	311,956
Sale of goods and services	1,942,347	1,998,331	262,078	257,127	116,151	97,734	216,086	210,145	75,617	85,829	7,105	5,872	-	-	149,230	145,792	-	-	-	-	-	-	2,768,614	2,800,830
Investment revenue	24,875	25,310	2,377	2,415	3,138	3,289	1,434	1,480	1,272	2,053	1,127	1,182	-	-	498	307	-	-	-	-	-	-	34,721	36,036
Grants and other contributions	5,183,266	4,804,087	345,672	318,086	471,086	439,259	363,663	317,091	225,408	220,547	142,839	133,113	-	-	352	1,601	-	-	-	-	-	-	6,732,286	6,233,784
Other income	125,438	142,659	11,944	13,543	17,060	20,553	9,472	11,108	9,777	9,402	5,754	6,753	2,156	-	2,379	3,224	-	-	-	50	-	-	183,980	207,292
Total revenue	**7,664,002**	**7,177,768**	**656,685**	**610,099**	**658,565**	**592,730**	**600,626**	**551,149**	**333,936**	**336,905**	**173,154**	**156,750**	**2,228**	**65**	**176,658**	**164,368**	**-**	**-**	**-**	**64**	**12,151,989**	**11,705,694**	**22,417,843**	**21,295,592**
Gain / (loss) on disposal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(11,917)	(8,429)	(11,917)	(8,429)
Other gains / (losses)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(47,913)	(35,592)	(47,913)	(35,592)
Net result	**(7,977,721)**	**(7,525,221)**	**(562,582)**	**(524,224)**	**(1,288,835)**	**(1,236,035)**	**6,299**	**(85,460)**	**(453,922)**	**(456,322)**	**(571,622)**	**(566,129)**	**(80,226)**	**(83,130)**	**(760,008)**	**(687,722)**	**(25,841)**	**(24,354)**	**-**	**(65,688)**	**12,092,159**	**11,661,673**	**377,701**	**407,388**
Other comprehensive income																								
Changes in revaluation surplus of property, plant and equipment	642,754	231,866	43,416	15,532	65,044	24,131	46,088	16,757	15,433	5,736	17,926	6,686	-	-	25,379	8,357	-	-	-	-	-	-	856,040	309,065
Changes in revaluation surplus of other assets	111	(1,487)	15	(191)	7	(73)	12	(156)	4	(64)	-	(4)	-	-	8	(108)	-	-	-	-	-	-	157	(2,083)
Total other comprehensive income	642,865	230,379	43,431	15,341	65,051	24,058	46,100	16,601	15,437	5,672	17,926	6,682	-	-	25,387	8,249	-	-	-	-	-	-	856,197	306,982
Total comprehensive income	**(7,334,856)**	**(7,294,842)**	**(519,151)**	**(508,883)**	**(1,223,784)**	**(1,211,977)**	**52,399**	**(68,859)**	**(438,485)**	**(450,650)**	**(553,696)**	**(559,447)**	**(80,226)**	**(83,130)**	**(734,621)**	**(679,473)**	**(25,841)**	**(24,354)**	**-**	**(65,688)**	**12,092,159**	**11,661,673**	**1,233,898**	**714,370**

* The name and purpose of each program group is summarised in Note 16 (b).

** On 1 April 2017 Domestic and Family Violence and Sexual Assualt Services and Women's Policy was transferred to Family and Community Services via an administrative transfer. Refer to Note 42 (b).

*** Appropriations are made on an entity basis and not to individual program groups. Consequently, appropriations must be included in the 'Not Attributable' column.

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16. Program groups of the Ministry of Health (continued

(a) Program group statements of the Ministry of Health and its controlled entities

ASSETS AND LIABILITIES	Program Group 1 * Acute Health Services		Program Group 2 * Sub-Acute Health Services		Program Group 3 * Mental Health Services		Program Group 4 * Small Rural Hospitals and Specialist Hospitals		Program Group 5 * Community Health Care Services		Program Group 6 * Public Health Services		Program Group 7 * Health and Medical Research		Program Group 8 * Ambulance Emergency Services		Program Group 9 * Independent Advisory Bodies		Program Group 10 * Domestic and Family Violence, Sexual Assault Services and Women's Policy**		Not Attributable ***		Total	
	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
ASSETS																								
Current assets																								
Cash and cash equivalents	948,124	1,275,461	73,906	98,401	118,042	158,642	36,025	55,225	47,756	68,811	45,145	62,709	1,586	7,217	41,621	73,918	1,062	2,113	-	5,704	-	-	1,313,267	1,808,201
Receivables	563,356	485,102	76,013	62,419	33,688	23,725	62,673	51,014	21,932	20,835	2,061	1,426	-	-	43,282	35,392	-	-	-	-	-	-	803,005	679,913
Inventories	153,640	144,134	9,398	8,402	11,670	10,743	5,440	5,561	6,052	6,642	10,299	10,027	436	108	9,256	7,843	-	-	-	66	-	-	206,191	193,526
Financial assets at fair value	32,090	17,471	2,501	1,348	3,995	2,173	1,219	756	1,616	943	1,528	859	54	99	1,409	1,013	36	29	-	78	-	-	44,448	24,769
Other Financial Assets	227,263	-	17,715	-	28,294	-	8,635	-	11,447	-	10,821	-	380	-	9,976	-	255	-	-	-	-	-	314,786	-
Non-current assets held for sale	30,742	5,052	2,077	338	3,111	526	2,204	365	738	125	857	146	-	-	1,214	182	-	-	-	-	-	-	40,943	6,734
Total current assets	**1,955,215**	**1,927,220**	**181,610**	**170,908**	**198,800**	**195,809**	**116,196**	**112,921**	**89,541**	**97,356**	**70,711**	**75,167**	**2,456**	**7,424**	**106,758**	**118,348**	**1,353**	**2,142**	**-**	**5,848**	**-**	**-**	**2,722,640**	**2,713,143**
Non-current assets																								
Receivables	8,314	7,705	1,122	991	497	377	925	810	324	331	30	23	-	-	639	562	-	-	-	-	-	-	11,851	10,799
Financial assets at fair value	26,744	38,333	2,085	2,957	3,330	4,768	1,016	1,660	1,347	2,068	1,273	1,885	45	217	1,174	2,222	30	63	-	171	-	-	37,044	54,344
Property, plant and equipment																								
- Land and buildings	11,201,763	10,163,272	756,647	680,805	1,133,577	1,057,722	803,212	734,496	268,959	251,412	312,408	293,043	-	-	442,291	366,296	-	-	-	-	-	-	14,918,855	13,547,046
- Plant and equipment	905,139	878,938	61,140	58,877	91,597	91,474	64,902	63,521	21,733	21,743	25,244	25,343	-	-	35,739	31,678	-	-	-	-	-	-	1,205,494	1,171,574
- Infrastructure systems	348,106	303,029	23,514	20,299	35,227	31,537	24,961	21,900	8,358	7,496	9,708	8,737	-	-	13,745	10,921	-	-	-	(1)	-	-	463,618	403,918
- Leasehold improvements	31,168	24,449	2,105	1,638	3,154	2,544	2,235	1,767	748	605	869	705	-	-	1,231	881	-	-	-	-	-	-	41,510	32,589
Intangible assets	506,926	467,341	34,242	31,306	51,299	48,637	36,349	33,774	12,172	11,561	14,138	13,475	-	-	20,016	16,843	-	-	-	-	-	-	675,142	622,937
Other assets	44,909	39,541	3,501	3,050	5,591	4,918	1,706	1,712	2,262	2,133	2,138	1,944	75	224	1,971	2,291	50	65	-	177	-	-	62,203	56,055
Total non-current assets	**13,073,069**	**11,922,608**	**884,356**	**799,923**	**1,324,272**	**1,241,977**	**935,306**	**859,640**	**315,903**	**297,349**	**365,808**	**345,155**	**120**	**441**	**516,806**	**431,694**	**80**	**128**	**-**	**347**	**-**	**-**	**17,415,717**	**15,899,262**
TOTAL ASSETS	**15,028,284**	**13,849,828**	**1,065,966**	**970,831**	**1,523,072**	**1,437,786**	**1,051,502**	**972,561**	**405,444**	**394,705**	**436,519**	**420,322**	**2,576**	**7,865**	**623,564**	**550,042**	**1,433**	**2,270**	**-**	**6,195**	**-**	**-**	**20,138,357**	**18,612,405**
LIABILITIES																								
Current liabilities																								
Payables	1,258,000	1,140,305	76,947	66,470	95,555	84,995	44,542	43,995	49,556	52,552	84,326	79,331	3,567	856	75,788	62,046	-	-	-	525	-	-	1,688,281	1,531,076
Borrowings	13,423	15,143	1,046	1,168	1,671	1,884	510	656	676	817	639	745	22	86	589	878	15	25	-	68	-	-	18,591	21,470
Provisions	1,504,660	1,379,925	129,431	120,219	219,208	204,866	61,701	67,155	93,116	89,311	57,797	53,267	396	384	101,199	93,611	-	-	-	250	-	-	2,167,508	2,008,988
Other liabilities	19,804	24,368	1,544	1,880	2,466	3,031	753	1,055	998	1,315	943	1,198	33	138	869	1,412	22	40	-	109	-	-	27,432	34,546
Total current liabilities	**2,795,887**	**2,559,741**	**208,968**	**189,737**	**318,900**	**294,776**	**107,506**	**112,861**	**144,346**	**143,995**	**143,705**	**134,541**	**4,018**	**1,464**	**178,445**	**157,947**	**37**	**65**	**-**	**952**	**-**	**-**	**3,901,812**	**3,596,080**
Non-current liabilities																								
Borrowings	795,280	773,162	61,992	59,649	99,013	96,166	30,218	33,476	40,057	41,712	37,867	38,013	1,330	4,375	34,912	44,808	891	1,281	-	3,458	-	-	1,101,560	1,096,100
Provisions	30,590	26,061	2,631	2,270	4,456	3,869	1,254	1,268	1,893	1,687	1,175	1,006	8	7	2,057	1,768	-	-	-	5	-	-	44,064	37,941
Other liabilities	69,006	85,239	5,379	6,576	8,591	10,602	2,622	3,691	3,476	4,599	3,286	4,191	115	482	3,029	4,940	77	141	-	381	-	-	95,581	120,842
Total non-current liabilities	**894,876**	**884,462**	**70,002**	**68,495**	**112,060**	**110,637**	**34,094**	**38,435**	**45,426**	**47,998**	**42,328**	**43,210**	**1,453**	**4,864**	**39,998**	**51,516**	**968**	**1,422**	**-**	**3,844**	**-**	**-**	**1,241,205**	**1,254,883**
TOTAL LIABILITIES	**3,690,763**	**3,444,203**	**278,970**	**258,232**	**430,960**	**405,413**	**141,600**	**151,296**	**189,772**	**191,993**	**186,033**	**177,751**	**5,471**	**6,328**	**218,443**	**209,463**	**1,005**	**1,487**	**-**	**4,796**	**-**	**-**	**5,143,017**	**4,850,963**
NET ASSETS	**11,337,521**	**10,405,625**	**786,996**	**712,599**	**1,092,112**	**1,032,373**	**909,902**	**821,265**	**215,672**	**202,712**	**250,486**	**242,571**	**(2,895)**	**1,537**	**405,121**	**340,579**	**428**	**783**	**-**	**1,399**	**-**	**-**	**14,995,340**	**13,761,442**

* The name and purpose of each program group is summarised in Note 16 (b).

** On 1 April 2017 Domestic and Family Violence and Sexual Assualt Services and Women's Policy was transferred to Family and Community Services via an administrative transfer. Refer to Note 42 (b)

*** Appropriations are made on an entity basis and not to individual program groups. Consequently, appropriations must be included in the 'Not Attributable' column.

16. Program groups of the Ministry of Health (continued)

(b) Program Group Name and Purpose of the Ministry of Health and its controlled entities

Program Group 1 - Acute Health Services

Purpose: This program group include the treatment of patients admitted to a NSW public hospital, attending an emergency department or an outpatient-type clinic. The clinical services provided include medical, surgical, obstetric, diagnostic and therapeutic. The program group also covers the provision of clinical professional training and the strategic investment in medical research and development to improve the health and wellbeing of the people of New South Wales.

Program Group 2 - Sub-Acute Health Services

Purpose: This program group covers rehabilitation, palliative care, geriatric and psychogeriatric care, aimed at maintaining and/or optimising patients' functioning and quality of life, in public designated facilities and specialist clinics.

Program Group 3 - Mental Health Services

Purpose: This program group delivers an integrated and comprehensive network of services by Local Health Districts and community-based organisations for people seriously affected by mental illnesses and mental health problems. It also covers the development of preventative programs that meet the needs of specific client groups.

Program Group 4 - Small Rural Hospitals and Specialist Hospitals

Purpose: This program group covers services from 126 small rural and specialist hospitals and facilities. These hospitals typically deliver multipurpose services that may include inpatient, emergency, community health and residential aged care services for rural patients closer to home. Specialist hospitals include The Forensic Hospital at Malabar and two dental hospitals at Sydney and Westmead.

Program Group 5 - Community Health Care Services

Purpose: The community health care services program group includes health services for persons attending community health centres, services delivered in the home, oral health and targeted community drug and alcohol services.

Program Group 6 - Public Health Services

Purpose: The Public health program group includes services related to:
• protective health – services targeted at broad population groups including environmental health promotion and regulations, immunisation strategies, tobacco control, food and poisons regulation and monitoring of communicable diseases
• preventative health – services targeting prevention initiatives that reduce lifestyle-related risk factors that can result in chronic disease and unnecessary hospitalisation, including the healthy children initiative and get healthy programs.

Program Group 7 - Health and Medical Research

Purpose: This program group, delivered through the Office of Health and Medical Research, includes initiatives aimed at building health and medical research capability and capacity across the state, as well as providing support for New South Wales organisations reaching commercial market scale as New South Wales based enterprises.

16. Program groups of the Ministry of Health (continued)

(b) Program Group Name and Purpose of the Ministry of Health and its controlled entities (continued)

Program Group 8 - Ambulance Emergency Services

Purpose: The Ambulance emergency services program group includes high quality clinical care and emergency road, rotary and fixed airwing patient and transport services provided by the Ambulance Service of NSW, a division of Health Administration Corporation. Non-emergency patient transports in the metropolitan area are excluded.

Program Group 9 - Independent Advisory Bodies

Purpose: This program covers the provision of services by NSW Health entities grant funded agencies:
• Health Care Complaints Commission – responsible for processing, assessing and resolving health care complaints through assisted resolution, facilitated conciliation or referral for investigation and also investigates and prosecutes any serious cases of inappropriate health care, making recommendations to health organisations to address any systemic health care issues
• Mental Health Commission – responsible for monitoring, reviewing and improving the mental health system, working with Government and community to secure better mental health for everyone, help prevent mental illness and ensure appropriate support is available close to home.

Program Group 10 - Domestic and Family Violence, Sexual Assault Services and Women's Policy

Purpose: This service group covers the coordination of the whole of government strategy for domestic and family violence (DFV) and sexual assault, including specialist service delivery through the Justice, Family and Community Services and Health clusters. It excludes mainstream services responding to domestic violence and sexual assault. It also includes Women's Policy.

PARENT 2018 $'000	PARENT 2017 $'000		CONSOLIDATED 2018 $'000	CONSOLIDATED 2017 $'000
		17. Cash and cash equivalents		
368,065	603,427	Cash at bank and on hand	969,373	1,174,035
-	-	Short term deposits	343,894	634,166
368,065	**603,427**		**1,313,267**	**1,808,201**

For the purposes of the Statement of Cash Flows, cash and cash equivalents include 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 of 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:

368,065	603,427	Cash and cash equivalents (per Statement of Financial Position)	1,313,267	1,808,201
368,065	**603,427**	Closing cash and cash equivalents (per Statement of Cash Flows)	**1,313,267**	**1,808,201**

Refer to Note 43 for details regarding credit risk, liquidity risk and market risk arising from financial instruments.

		18. Receivables		
		Current		
54,052	4,096	Sale of goods and services	413,836	312,695
47,810	59,590	Intra health receivables	-	-
9,818	-	Goods and Services Tax	109,824	87,573
124,110	111,714	Other debtors	277,950	247,130
235,790	175,400	**Sub total**	801,610	647,398
-	-	Less: allowance for impairment	(61,653)	(40,404)
235,790	175,400	**Sub total**	739,957	606,994
1,218	3,626	Prepayments	63,048	72,919
237,008	**179,026**		**803,005**	**679,913**

PARENT

The majority of 'Intra health receivables' in 2017/18 and 2016/17 were due from South Eastern Sydney Local Health District and Sydney Local Health District, which are controlled entities.

Related party transactions relating to 2016/17 financial year were as follows:

At reporting date there was an amount of $54,000 receivable from the Crown Finance Entity, an entity controlled by the ultimate parent. The amount related to payments of private licence fee renewals exceeding amounts owed. The amount receivable at reporting date was recovered from the Crown Finance Entity in 2017/18.

PARENT 2018 $'000	PARENT 2017 $'000		CONSOLIDATED 2018 $'000	CONSOLIDATED 2017 $'000
		18. Receivables (continued)		
		(a) **Movement in the allowance for impairment**		
		Sale of goods and services		
-	-	Balance at 1 July 2017	(34,892)	(41,633)
-	-	Amounts written off during the year	24,600	38,029
-	-	(Increase)/decrease in allowance recognised in profit or loss	(45,926)	(31,288)
-	-	Balance at 30 June 2018	(56,218)	(34,892)
		(b) **Movement in the allowance for impairment**		
		Other debtors		
-	-	Balance at 1 July 2017	(5,512)	(5,624)
-	-	Amounts written off during the year	2,064	3,825
-	-	Administrative restructures - transfers (in)/out	-	4
-	-	(Increase)/decrease in allowance recognised in profit or loss	(1,987)	(3,717)
-	-	Balance at 30 June 2018	(5,435)	(5,512)
-	**-**		**(61,653)**	**(40,404)**
		Non-current		
-	-	Sale of goods and services	537	629
-	-	Other debtors	215	249
-	-	**Sub total**	752	878
-	-	Less: allowance for impairment	(594)	(634)
-	-	**Sub total**	158	244
-	-	Prepayments	11,693	10,555
-	**-**		**11,851**	**10,799**
		(a) **Movement in the allowance for impairment**		
		Sale of goods and services		
-	-	Balance at 1 July 2017	(554)	(485)
-	-	Amounts written off / (recovered) during the year	20	(69)
-	-	Balance at 30 June 2018	(534)	(554)
		(b) **Movement in the allowance for impairment**		
		Other debtors		
-	-	Balance at 1 July 2017	(80)	(160)
-	-	Amounts written off during the year	20	80
-	-	Balance at 30 June 2018	(60)	(80)
-	**-**		**(594)**	**(634)**

The current and non-current sale of goods and services balances above include the following patient fee receivables:

-	-	Patient fees - compensable	30,668	28,507
-	-	Patient fees - ineligible	53,502	48,856
-	-	Patient fees - inpatient and other	126,099	118,384
-	**-**		**210,269**	**195,747**

Details regarding credit risk, liquidity risk and market risk, including financial assets that are either past due or impaired are disclosed in Note 43.

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PARENT 2018 $'000	PARENT 2017 $'000		CONSOLIDATED 2018 $'000	CONSOLIDATED 2017 $'000
		19. Inventories		
59,489	55,325	Drug supplies	112,713	105,898
379	3,936	Medical and surgical supplies	85,613	80,943
-	-	Food and hotel supplies	3,452	1,928
-	-	Other	4,413	4,757
59,868	**59,261**		**206,191**	**193,526**
		20. Financial assets at fair value		
		Current		
-	-	TCorpIM Funds Investment facilities	44,448	18,769
-	-	Other	-	6,000
-	**-**		**44,448**	**24,769**
		Non-current		
-	-	TCorpIM Funds Investment facilities	37,044	54,344
-	**-**		**37,044**	**54,344**

Refer to note 43 for further information regarding fair value measurement, credit risk, liquidity risk and market risk arising from financial instruments.

		21. Other financial assets		
		Current		
-	-	Term deposits	314,786	-
5,000	6,560	Advances receivable - intra health	-	-
5,000	**6,560**		**314,786**	**-**
		Non-current		
17,972	21,047	Advances receivable - intra health	-	-
17,972	**21,047**		**-**	**-**

CONSOLIDATED

The majority of the 'Term deposits' are invested with TCorpIM, an entity controlled by the ultimate parent.

PARENT

The majority of the 'Advances receivable - intra health' balances in 2017/18 and 2016/17 are receivable from South Western Sydney Local Health District, a controlled entity and relates to a loan for the Liverpool car park. The loan was provided on market terms.

PARENT 2018 $'000	PARENT 2017 $'000		CONSOLIDATED 2018 $'000	CONSOLIDATED 2017 $'000
		22. Property, plant and equipment		
		Land and buildings - fair value		
238,847	237,519	Gross carrying amount	23,967,931	22,464,612
115,116	111,077	Less: accumulated depreciation and impairment	9,049,076	8,917,566
123,731	**126,442**	Net carrying amount	**14,918,855**	**13,547,046**
		Plant and equipment - fair value		
8,544	8,445	Gross carrying amount	2,612,012	2,488,973
5,800	5,711	Less: accumulated depreciation and impairment	1,406,518	1,317,399
2,744	**2,734**	Net carrying amount	**1,205,494**	**1,171,574**
		Infrastructure systems - fair value		
3,075	3,075	Gross carrying amount	949,589	860,220
2,395	2,335	Less: accumulated depreciation and impairment	485,971	456,302
680	**740**	Net carrying amount	**463,618**	**403,918**
		Leasehold improvements - fair value		
15,055	14,659	Gross carrying amount	90,660	73,361
14,202	13,020	Less: accumulated depreciation and impairment	49,150	40,772
853	**1,639**	Net carrying amount	**41,510**	**32,589**
128,008	**131,555**	**Total property, plant and equipment at net carrying amount**	**16,629,477**	**15,155,127**

For non-specialised assets with short useful lives, recognition at depreciated historical cost is regarded as an acceptable approximation of fair value, in accordance with NSW Treasury Policy Paper 14-01 *Accounting Policy: Valuation of Physical Non-Current Assets at Fair Value.*

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22. Property, plant and equipment - reconciliation

A reconciliation of the carrying amount of each class of property, plant and equipment at the beginning and end of the current reporting year is set out below:

	Land and buildings $'000	Plant and equipment $'000	Infrastructure systems $'000	Leasehold improvements $'000	Total $'000
2018					
Net carrying amount at beginning of year	126,442	2,734	740	1,639	**131,555**
Additions	40	649	-	396	**1,085**
Disposals	(2,934)	(89)	-	-	**(3,023)**
Equity transfers - transfers in/(out) (Note 42 (b))	2,934	-	-	-	**2,934**
Depreciation expense	(2,751)	(550)	(60)	(1,182)	**(4,543)**
Net carrying amount at end of year	**123,731**	**2,744**	**680**	**853**	**128,008**

	Land and buildings $'000	Plant and equipment $'000	Infrastructure systems $'000	Leasehold improvements $'000	Total $'000
2017					
Net carrying amount at beginning of year	129,271	2,633	800	2,532	135,236
Additions	519	416	-	78	1,013
Disposals	(155,000)	(144)	-	(175)	(155,319)
Transfers to controlled entities	-	(288)	-	-	(288)
Administrative restructures - transfers in/(out) (i)	155,000	-	-	-	155,000
Net revaluation increment less revaluation decrements	830	-	(830)	-	-
Depreciation expense	(2,750)	(481)	(60)	(796)	(4,087)
Reclassifications	(1,428)	598	830	-	-
Net carrying amount at end of year	**126,442**	**2,734**	**740**	**1,639**	**131,555**

(i) In 2016/17, as part of a NSW Government decision to undertake a relocation project, a parcel of land and buildings at the Royal North Shore site has been sold by the Ministry of Health for $155 million (market value) to Government Property NSW, an entity controlled by the ultimate parent.

CONSOLIDATED

22. Property, plant and equipment - reconciliation

A reconciliation of the carrying amount of each class of property, plant and equipment at the beginning and end of the current reporting year is set out below:

	Land and Buildings $'000	Plant and Equipment $'000	Infrastructure Systems $'000	Leasehold Improvements $'000	Total $'000
2018					
Net carrying amount at beginning of year	13,547,046	1,171,574	403,918	32,589	**15,155,127**
Additions	1,176,075	251,800	708	10,888	**1,439,471**
Reclassifications to intangibles	-	(14,806)	-	-	**(14,806)**
Reclassification of assets held for sale	(37,025)	(11)	(370)	-	**(37,406)**
Disposals	(28,821)	(14,768)	-	(108)	**(43,697)**
Net revaluation increment less revaluation decrements	822,177	(60)	33,923	-	**856,040**
Depreciation expense	(480,895)	(213,050)	(22,626)	(8,681)	**(725,252)**
Other reclassifications within property, plant and equipment	(79,702)	24,815	48,065	6,822	**-**
Net carrying amount at end of year	**14,918,855**	**1,205,494**	**463,618**	**41,510**	**16,629,477**

	Land and Buildings $'000	Plant and Equipment $'000	Infrastructure Systems $'000	Leasehold Improvements $'000	Total $'000
2017					
Net carrying amount at beginning of year	13,043,334	1,069,385	380,717	31,839	**14,525,275**
Additions	931,495	272,383	4,765	6,182	**1,214,825**
Reclassifications to intangibles	-	(565)	-	-	**(565)**
Reclassification of assets held for sale	(8,904)	-	(3)	-	**(8,907)**
Disposals	(173,100)	(13,103)	(27)	(211)	**(186,441)**
Administrative restructures	-	860	-	-	**860**
Net revaluation increment less revaluation decrements	302,091	-	6,974	-	**309,065**
Impairment losses (recognised in 'other gains/losses')	(464)	-	-	-	**(464)**
Depreciation expense	(468,837)	(201,494)	(21,050)	(7,140)	**(698,521)**
Other reclassifications within property, plant and equipment	(78,569)	44,108	32,542	1,919	**-**
Net carrying amount at end of year	**13,547,046**	**1,171,574**	**403,918**	**32,589**	**15,155,127**

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 26(b).

(ii) Further details regarding acquisitions made through administrative restructures are disclosed in Note 42.

(iii) In 2016/17, as part of a NSW Government decision to undertake a relocation project, a parcel of land and buildings at the Royal North Shore site has been sold by the Ministry of Health for $155 million (market value) to Government Property NSW, an entity controlled by the ultimate parent.

PARENT 2018 $'000	PARENT 2017 $'000		CONSOLIDATED 2018 $'000	CONSOLIDATED 2017 $'000
		23. Intangible assets		
		Intangibles		
1,414	1,414	Cost (gross carrying amount)	1,018,826	904,807
589	352	Less: accumulated amortisation and impairment	343,684	281,870
825	**1,062**	**Net carrying amount**	**675,142**	**622,937**

A reconciliation of the carrying amount of intangibles at the beginning and end of the current reporting year is set out below:

PARENT

	Intangibles $'000	Total $'000
2018		
Net carrying amount at beginning of year	1,062	**1,062**
Amortisation (recognised in depreciation and amortisation)	(237)	**(237)**
Net carrying amount at end of year	**825**	**825**

	Intangibles $'000	Total $'000
2017		
Net carrying amount at beginning of year	844	**844**
Additions	933	**933**
Amortisation (recognised in depreciation and amortisation)	(153)	**(153)**
Other movements	(562)	**(562)**
Net carrying amount at end of year	**1,062**	**1,062**

CONSOLIDATION

	Intangibles $'000	Total $'000
2018		
Net carrying amount at beginning of year	622,937	**622,937**
Additions	99,233	**99,233**
Reclassifications from property, plant and equipment	14,806	**14,806**
Amortisation (recognised in depreciation and amortisation)	(61,834)	**(61,834)**
Net carrying amount at end of year	**675,142**	**675,142**

	Intangibles $'000	Total $'000
2017		
Net carrying amount at beginning of year	566,075	**566,075**
Additions	108,995	**108,995**
Reclassifications from property, plant and equipment	565	**565**
Disposals	(7)	**(7)**
Amortisation (recognised in depreciation and amortisation)	(52,705)	**(52,705)**
Other movements	14	**14**
Net carrying amount at end of year	**622,937**	**622,937**

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PARENT 2018 $'000	PARENT 2017 $'000		CONSOLIDATED 2018 $'000	CONSOLIDATED 2017 $'000
		24. Other assets		
		Non-current		
-	-	Emerging rights to assets	62,203	56,055
-	**-**		**62,203**	**56,055**

A reconciliation of the carrying amount of other assets at the beginning and end of the current reporting year is set out below:

CONSOLIDATION

	Other Assets $'000	Total $'000
2018		
Net carrying amount at beginning of year	56,055	**56,055**
Additions	5,991	**5,991**
Net revaluation increment less revaluation decrements	157	**157**
Net carrying amount at end of year	**62,203**	**62,203**

	Other Assets $'000	Total $'000
2017		
Net carrying amount at beginning of year	50,495	**50,495**
Additions	5,683	**5,683**
Net revaluation increment less revaluation decrements	(2,083)	**(2,083)**
Other movements	1,960	**1,960**
Net carrying amount at end of year	**56,055**	**56,055**

		25. Non-current assets held for sale		
		Assets held for sale		
-	-	Land and buildings	40,644	6,734
-	-	Plant and equipment	11	-
-	-	Infrastructure systems	288	-
-	**-**		**40,943**	**6,734**

Further details regarding the fair value measurement are disclosed in Note 26.

26. Fair value measurement of non-financial assets

(a) Fair value hierarchy

Property, plant and equipment (Note 22)*

PARENT

2018	Level 1	Level 2	Level 3	Total
	$'000	$'000	$'000	$'000
Land and buildings	-	79,250	44,202	123,452
Infrastructure systems	-	-	680	680
	-	**79,250**	**44,882**	**124,132**

There were no transfers between level 1 and 2 during the period ended 30 June 2018.

2017	Level 1	Level 2	Level 3	Total
	$'000	$'000	$'000	$'000
Land and buildings	-	79,250	46,953	126,203
Infrastructure systems	-	-	740	740
	-	**79,250**	**47,693**	**126,943**

There were no transfers between level 1 and 2 during the year ended 30 June 2017.

CONSOLIDATED

2018	Level 1	Level 2	Level 3	Total
	$'000	$'000	$'000	$'000
Land and buildings	-	1,173,502	10,953,554	12,127,056
Infrastructure systems	-	-	437,683	437,683
Other assets (Note 24)	-	-	62,203	62,203
Non-current assets held for sale (Note 25)	-	40,943	-	40,943
	-	**1,214,445**	**11,453,440**	**12,667,885**

There were no transfers between level 1 and 2 during the period ended 30 June 2018.

2017	Level 1	Level 2	Level 3	Total
	$'000	$'000	$'000	$'000
Land and buildings	-	1,081,904	10,588,852	11,670,756
Infrastructure systems	-	-	403,921	403,921
Other assets (Note 24)	-	-	56,055	56,055
Non-current assets held for sale (Note 25)	-	6,734	-	6,734
	-	**1,088,638**	**11,048,828**	**12,137,466**

There were no transfers between level 1 and 2 during the year ended 30 June 2017.

* Work in progress and newly completed buildings are carried at cost, therefore they are excluded from the above figures and as a result will not agree to Note 22.

PARENT & CONSOLIDATED

26. Fair value measurement of non-financial assets (continued)

(b) Valuation techniques, inputs and processes

For land, buildings and infrastructure systems the Ministry of Health and its controlled entities obtain external valuations by independent valuers every three years. The valuer used by each health entity is independent of the respective entities. The last comprehensive revaluation for assets recognised by the parent entity was completed in the 30 June 2016 financial year.

At the end of each reporting period a fair value assessment is made on any movements since the last revaluation and a determination as to whether any adjustments need to be made. These adjustments are made by way of application of indices, refer Note 22 reconcilation.

In accordance with AASB 13 *Fair Value Measurement* , assets are generally not found to have a higher and better use than their current use. Highest and best use takes account of use that is physically possible, legally permissible and financially feasible.

The non-current assets categorised in a) above have been measured as either level 2 or level 3 based on the following valuation techniques and inputs:

For land, the valuation by the valuers is made on a market approach, comparing similar assets (not identical) and observable inputs. The most significant input is price per square metre. All commercial and non-restricted land is included in level 2 as these land valuations have a high level of observable inputs, although these lands are not identical. The majority of the restricted land has been classified as level 3 as, although observable inputs have been used, a significant level of professional judgement is required to adjust inputs in determining the land valuations. Certain parcels of land have zoning restrictions, for example hospital grounds, and values are adjusted accordingly.

For buildings and infrastructure systems, many assets are of a specialised nature or use, and thus the most appropriate valuation method is depreciated replacement cost. These assets are included as level 3 as these assets have a high level of unobservable inputs. However, residential and commercial properties are valued on a market approach and included in level 2.

Non-Current Assets Held for Sale is a non-recurring item that is measured at fair value less cost to sell, which is less than its carrying amount. These assets are categorised as level 2.

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.
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.
Other assets - Emerging rights to assets	Depreciated replacement cost approach	This valuation method involves determining the depreciated replacement cost of the underlying physical assets at the end of the public private partnership contract, allocating the value over the contract period as the compounding value of an annuity discounted using the NSW Government bond rate applicable at the commencement of the contract.

26. Fair value measurement of non-financial assets (continued)

(c) Reconciliation of recurring Level 3 fair value measurements

PARENT

2018	Land and buildings $'000	Infrastructure systems $'000	Level 3 Recurring total $'000
Fair value as at 1 July 2017	46,953	740	47,693
Disposals	(2,934)	-	(2,934)
Depreciation	(2,751)	(60)	(2,811)
Equity transfers	2,934	-	2,934
Fair value as at 30 June 2018	**44,202**	**680**	**44,882**

2017	Land and buildings $'000	Infrastructure systems $'000	Level 3 Recurring total $'000
Fair value as at 1 July 2016	44,957	800	45,757
Additions	339	-	339
Revaluation increments/(decrements) recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment'	4,407	-	4,407
Depreciation	(2,750)	(60)	(2,810)
Fair value as at 30 June 2017	**46,953**	**740**	**47,693**

26. Fair value measurement of non-financial assets (continued)

(c) Reconciliation of recurring Level 3 fair value measurements (continued)

CONSOLIDATED

2018	Land and buildings $'000	Infrastructure systems $'000	Other assets $'000	Level 3 Recurring total $'000
Fair value as at 1 July 2017	10,588,852	403,921	56,055	11,048,828
Additions	276,665	22,700	5,991	305,356
Revaluation increments/(decrements) recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment'	785,541	33,923	-	819,464
Revaluation increments/(decrements) recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of other assets'	-	-	157	157
Transfers from Level 2	29,590	-	-	29,590
Transfers to Level 2	(48,341)	-	-	(48,341)
Disposals	(28,528)	-	-	(28,528)
Depreciation	(453,046)	(22,121)	-	(475,167)
Prior year carry over adjustments	(134,659)	(24,298)	-	(158,957)
Reclassification	(62,520)	23,558	-	(38,962)
Fair value as at 30 June 2018	**10,953,554**	**437,683**	**62,203**	**11,453,440**

2017	Land and buildings $'000	Infrastructure systems $'000	Other assets $'000	Level 3 Recurring total $'000
Fair value as at 1 July 2016	10,062,551	380,763	50,495	10,493,809
Additions	320,380	4,765	5,683	330,828
Revaluation increments/(decrements) recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment'	52,506	6,974	-	59,480
Revaluation increments/(decrements) recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of other assets'	-	-	(2,083)	(2,083)
Transfers from Level 2	632,946	-	-	632,946
Transfers to Level 2	(6,110)	-	-	(6,110)
Disposals	(23,524)	(27)	-	(23,551)
Depreciation	(438,850)	(21,050)	-	(459,900)
Reclassification	(11,047)	32,496	-	21,449
Other movements	-	-	1,960	1,960
Fair value as at 30 June 2017	**10,588,852**	**403,921**	**56,055**	**11,048,828**

PARENT & CONSOLIDATED

27. Restricted assets

The consolidated entity financial statements include the following assets which are restricted by externally imposed conditions, e.g. donor requirements. The assets are only available for application in accordance with the terms of the donor restrictions.

	Opening Balance 1 July 2017 $'000	Expense 2018 $'000	Revenue 2018 $'000	Closing Balance 30 June 2018 $'000
Category				
Community welfare	10,398	7,357	8,629	11,670
Facility improvements	207,280	35,182	117,884	289,982
Hold funds in perpetuity	12,061	52	640	12,649
Patient welfare	89,803	37,360	43,464	95,907
Private practice disbursements (No.2 Accounts)	429,352	77,164	101,339	453,527
Public contributions	39,843	24,237	25,285	40,891
Research	184,601	65,371	78,528	197,758
Staff welfare	8,198	2,249	1,713	7,662
Training and education including conferences	92,476	15,972	14,754	91,258
Other	1,801	1,801	-	-
Grant Total	**1,075,813**	**266,745**	**392,236**	**1,201,304**

Restricted Financial Asset categories have been expanded in the 2017/18 financial year to provide more clarity to the users of the financial statements. As a result, comparative figures have been adjusted to conform to the current year's presentation.

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 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 (No.2 Accounts)	Staff specialists' private practice arrangements to improve the level of clinical services provided.
Public contributions	Donations or legacies received without any donor-specified conditions as to its use.
Research	Research to gain knowledge, understanding and insight.
Staff welfare	Staff benefits such as staff recognition awards, functions and staff amenities improvements.
Training and education including conferences	Professional training, education and conferences.
Other	This does not meet the definition of any of the above categories.

PARENT 2018 $'000	PARENT 2017 $'000		CONSOLIDATED 2018 $'000	CONSOLIDATED 2017 $'000
		28. Payables		
		Current		
493	220	Accrued salaries, wages and on-costs	304,988	266,920
1,774	1,000	Taxation and payroll deductions	76,575	68,206
214,666	175,237	Trade operating creditors	800,834	783,566
-	-	Interest	14	71
		Other creditors		
-	-	- Capital works	168,892	109,607
46,360	78,545	- Payables to the Ministry of Health controlled entities	-	-
24,510	17,229	- Other	336,978	302,706
-	11,913	- Goods and Services Tax	-	-
287,803	**284,144**		**1,688,281**	**1,531,076**

PARENT

Some 'Payables to the Ministry of Health controlled entities' are amounts owing to Health Infrastructure, a division of Health Administration Corporation and South Western Sydney Local Health District, which are both controlled entities.

Related party transactions relating to 2016/17 financial year were as follows:

'Trade operating creditors' include some amounts owing to Department of Finance, Services and Innovation an entity controlled by the ultimate parent.

The majority of 'Payables to the Ministry of Health controlled entities' are amounts owing to HealthShare NSW, a division of Health Administration Corporation, which is a controlled entity.

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are disclosed in Note 43.

Ministry of Health
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PARENT 2018 $'000	PARENT 2017 $'000		CONSOLIDATED 2018 $'000	CONSOLIDATED 2017 $'000
		29. Borrowings		
		Current		
-	-	Other loans and deposits	6,112	4,165
-	-	Finance leases	951	932
		Public, Private Partnerships		
-	-	- Long Bay Forensic Hospital	1,982	1,792
-	-	- Calvary Mater Newcastle Hospital	8,214	13,843
-	-	- Orange Hospital and Associated Health Services	1,004	576
-	-	- Royal North Shore Hospital Redevelopment	328	162
-	-		**18,591**	**21,470**
		Non-Current		
-	-	Other loans and deposits	44,548	27,309
-	-	Finance leases	33,332	33,745
		Public, Private Partnerships		
-	-	- Long Bay Forensic Hospital	71,592	73,574
-	-	- Calvary Mater Newcastle Hospital	70,407	78,621
-	-	- Orange Hospital and Associated Health Services	160,346	161,351
-	-	- Royal North Shore Hospital Redevelopment	721,335	721,500
-	-		**1,101,560**	**1,096,100**

CONSOLIDATED

Finance leases

On 01 July 2012, South West Sydney Local Health District entered into a collaborative relationship with the Ingham Institute (an associate entity of NSW Health) for Applied Medical Research to create a research precinct on the grounds of Liverpool Hospital. The goal is to undertake medical research that can be translated & applied to the needs of the local population and wider Australia. As part of the arrangement the Ingham Institute Building has been sub-leased to South West Sydney Local Health District to allow its employees to conduct research across a number of streams. This arrangement has been classified as a finance lease. The final repayments for the Ingham Finance Lease are to be made during the year ending 30 June 2052.

Other loans and deposits

In 2017/18 and 2016/17 'Other loans and deposits' represents amounts owing to the Crown Finance Entity, an entity controlled by the ultimate parent.

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are disclosed in Note 43.

PARENT 2018 $'000	PARENT 2017 $'000		CONSOLIDATED 2018 $'000	CONSOLIDATED 2017 $'000
		29. Borrowings (continued)		
		(a) Finance lease commitments		
		Minimum lease payment commitments in relation to finance leases are payable as follows:		
-	-	Within one year	120,333	124,890
-	-	Later than one year and not later than five years	488,155	481,887
-	-	Later than five years	1,944,732	2,073,625
-	-	**Minimum lease payments**	2,553,220	2,680,402
-	-	Less: Future Finance Charges	1,483,729	1,594,306
-	-	**Present value of minimum lease payments**	1,069,491	1,086,096
		The present value of finance lease commitments is as follows:		
-	-	Within one year	12,479	17,305
-	-	Later than one year and not later than five years	53,061	45,387
-	-	Later than five years	1,003,951	1,023,404
-	-	**Present value of minimum lease payments**	1,069,491	1,086,096
		Classified as:		
-	-	Current	12,479	17,305
-	-	Non-current	1,057,012	1,068,791
-	-		1,069,491	1,086,096

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PARENT 2018 $'000	PARENT 2017 $000		CONSOLIDATED 2018 $000	CONSOLIDATED 2017 $000
		30. Provisions		
		Current		
10,547	9,969	Annual leave - short term	1,261,859	1,185,060
1,833	552	Annual leave - long term	448,131	423,372
-	-	Death and disability (ambulance officers)	3,155	7,148
-	-	Sick leave	275	270
4,594	4,175	Long service leave consequential on-costs	301,665	254,895
-	-	Allocated days off	38,202	22,637
-	-	Other	114,221	115,606
16,974	**14,696**	**Total current provisions**	**2,167,508**	**2,008,988**

In November 2016 and September 2017 judgements were handed down by the NSW Supreme Court in regards to a legal matter. Final damages to be awarded to the claimant are yet to the determined by the Court. As per paragraph 92 of *AASB 137 Provisions, Contingent Liabilities and Contingent Assets* , further information about this matter has not been reported as it may prejudice the position of the entity in relation to the dispute.

		Non-current		
-	-	Death and disability (ambulance officers)	8,654	8,654
399	363	Long service leave consequential on-costs	26,232	22,166
396	-	Other	9,178	7,121
795	**363**	**Total non-current provisions**	**44,064**	**37,941**
		Aggregate employee benefits and related on-costs		
16,974	14,696	Provisions - current	2,066,941	1,893,382
399	363	Provisions - non-current	34,886	30,820
2,267	1,220	Accrued salaries, wages and on-costs (Note 28)	381,563	335,126
19,640	**16,279**		**2,483,390**	**2,259,328**
		31. Other liabilities		
		Current		
2,427	2,427	Income in advance	27,294	34,133
-	-	Other	138	413
2,427	**2,427**		**27,432**	**34,546**
		Non-current		
46,121	48,548	Income in advance	95,490	120,610
-	-	Other	91	232
46,121	**48,548**		**95,581**	**120,842**

PARENT 2018 $'000	PARENT 2017 $'000		CONSOLIDATED 2018 $'000	CONSOLIDATED 2017 $'000
		32. Commitments for expenditure		
		(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:		
105	-	Within one year	1,066,486	762,288
-	-	Later than one year and not later than five years	996,149	242,934
-	-	Later than five years	74,602	4,012
105	**-**	**Total capital expenditure commitments (including GST)**	**2,137,237**	**1,009,234**
		(b) Operating lease commitments		
		Future minimum rentals payable under non-cancellable operating lease as at 30 June are, as follows:		
9,123	8,646	Within one year	232,704	224,268
-	9,009	Later than one year and not later than five years	681,924	732,194
-	-	Later than five years	747,653	845,076
9,123	**17,655**	**Total operating lease commitments (including GST)**	**1,662,281**	**1,801,538**

(c) Input tax recoverable related to commitments for expenditure

The total of 'commitments for expenditure' above, i.e. $3,800 million as at 30 June 2018 includes input tax credits of $345.4 million that are expected to be recoverable from the Australian Taxation Office (2017: $255.5 million)

Some of the above commitments include non-cancellable lease commitments relating to Government Property NSW, an entity controlled by the ultimate parent.

CONSOLIDATION

33. Trust funds

The consolidated entity holds money in trust in relation to patients, refundable deposits and Private Practice Trust Funds. As the consolidated entity performs only 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.

	Patient Trust		Refundable Deposits		Private Patient Trust Funds		Third Party Funds		Total	
	2018 $'000	2017 $'000	2018 $'000	2017 $'000	2018 $'000	2017 $'000	2018 $'000	2017 $'000	2018 $'000	2017 $'000
Cash balance at the beginning of the financial year	15,118	8,861	6,338	8,779	54,441	55,922	-	-	**75,897**	**73,562**
Administrative transfer	-	9	-	-	-	-	-	-	**-**	**9**
Add : Revenue	4,816	11,270	4,652	14,965	537,384	759,834	45,441	-	**592,293**	**786,069**
Less : Expenditure	(14,070)	(5,022)	(2,291)	(17,406)	(577,996)	(761,315)	(32,642)	-	**(626,999)**	**(783,743)**
Cash balance at the end of the financial year	**5,864**	**15,118**	**8,699**	**6,338**	**13,829**	**54,441**	**12,799**	**-**	**41,191**	**75,897**

The parent entity does not administer any trust funds on behalf of others.

Trust Fund categories have been expanded in the 2017/18 financial year to provide more clarity to the users of the financial statements. As a result, comparative figures have been adjusted to conform to the current year's presentation.

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 Deposit	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.
Unclassified	Further information required before the funds can be categorised into an appropriate trust.

34. Contingent liabilities and assets

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.

CONSOLIDATION

a) The Sydney Children's Hospital Network sometimes receive bequests. As at 30 June 2018 the estimated value of contingent assets arising from potential bequests approximates $6.6 million (2017: $9 million). This relates to notified bequests awaiting granting of probate and bequests being contested.

b) Public, Private Partnerships

i) Calvary Mater Newcastle Hospital Public, Private Partnership
The liability to pay Novacare for the redevelopment of the Mater Hospital is based on a financing arrangement involving Consumer Price Index ("CPI")-linked finance and fixed finance. An interest rate adjustment will be made as appropriate for the CPI-linked interest component over the project term. The estimated value of the contingent liability is unable to be fully determined because of uncertain future events.

ii) Long Bay Forensic Hospital Public, Private Partnership
The liability to pay PPP Solutions Limited for the development of the Long Bay Forensic Hospital is based on a financing arrangement involving non-indexable availability charges and interest rate adjustments. Other service fees are to be indexed in accordance with inflation and wages escalation. The estimated value of the contingent liability associated with indexation and interest rate adjustment is unable to be fully determined because of uncertain future events.

35. Interests in associates

Set out below are the associates of the consolidated entity. The proportion of ownership interest held by the group equals the voting rights held by the group.

Name of entity	Place of business and country of incorporation	Class of shares	Ownership interest		Reporting Period	Measurement method	Carrying amount	
			2018 %	2017 %			2018 $'000	2017 $'000
Hunter Medical Research Institute	Australia	Not applicable	25	25	31 December	Equity method	-	-
The Illawarra Health & Medical Research Institute Limited	Australia	Not applicable	50	50	30 June	Equity method	-	-

Both associates are companies 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
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PARENT 2018 $'000	PARENT 2017 $'000		CONSOLIDATED 2018 $'000	CONSOLIDATED 2017 $'000
		36. 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:		
(241,932)	244,513	Net cash flows from operating activities	1,341,125	1,550,488
(4,780)	(4,240)	Depreciation and amortisation	(787,086)	(751,227)
-	-	Allowance for impairment	(47,913)	(35,001)
2,427	2,427	(Increase) / decrease in income in advance	31,958	(30,192)
(2,712)	(160)	(Increase) / decrease in provisions	(164,644)	(148,134)
59,264	(20,480)	Increase / (decrease) in prepayments and other assets	125,585	13,531
(382)	(6,868)	(Increase) / decrease in payables from operating activities	(117,340)	(183,998)
-	-	Other	-	(582)
(6)	726	Gain / (loss) on sale of property, plant and equipment	(11,917)	(8,429)
-	-	Assets donated / emerging assets recognised	7,933	932
(188,121)	**215,918**	**Net result**	**377,701**	**407,388**
		37. Non-cash financing and investing activities		
-	-	Assets donated or brought to account	1,942	932
-	-	Property, plant and equipment acquired by finance lease	-	33,745
-	-	Emerging rights to assets recognised	5,991	5,683
-	**-**		**7,933**	**40,360**

38. Changes in liabilities arising from financing activities

CONSOLIDATED

	2017	Cash Flow	Non-cash Changes Other	2018
	$'000	$'000	$'000	$'000
Borrowings and Advances	1,117,570	2,581	-	1,120,151

39. 2017/18 Voluntary services

It is considered impracticable to quantify the monetary value of voluntary services provided to the Ministry of Health and its controlled entities. Services received free of charge, or for nominal consideration, include:

- Chaplaincies and Pastoral Care
- Hospital Auxiliaries
- Patient Support Groups
- Community Organisations
- Patient & Family Support
- Patient Services, Fund Raising
- Practical Support to Patients and Relatives
- Counselling, Health Education, Transport, Home Help & Patient Activities

40. 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 controlled 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.

41. Budget Review - Consolidated

The 2017/18 budget represents the initial budget as allocated by the NSW Government at the time of the 2017/18 State Budget, which was presented to Parliament of NSW on 20 June 2017.

NET RESULT	**$'000**
The actual net result ($378 million) is lower than the budgeted net result ($501 million) by $123 million for the year ended 30 June 2018.	
A reconciliation of the movements between actual and budgeted net result is presented below:	
Net result - actual	**377,701**
NSW Treasury's Triennial actuarial review resulted in changes to the calculation of consequential factors associated with employee entitlements. The impact of this was an additional $51 million of expenses, not assumed by the Crown, recognised in employee related expenses	50,836
Commonwealth budget announcements included an additional $22 million of National Health Reform Agreement funding	(21,766)
NSW Treasury approved a reduction to NSW Health's own sourced revenue of $50 million, in particular a decrease in private patient revenue.	50,000
Greater than expected net losses were recognised as a result of disposal of assets and impairment of receivables	47,832
Other minor variations	(3,916)
Net result - budget	**500,687**

ASSETS AND LIABILITIES	
The actual net assets ($14,995 million) is greater than the budgeted net assets ($14,907 million) by $88 million as at 30 June 2018.	
A reconciliation of the movements between significant assets and liabilities is presented below:	
Net assets - actual	**14,995,340**
Increase in cash and investments as a result of an increase in restricted funds	(355,119)
NSW Treasury's Triennial actuarial review resulted in a significant increase to provisions and related oncosts. Actuarial assessment resulted in a $51 million increase of the LSL entitlement, changes resulting from the change in on-cost factors and the first time recognition of workers compensation on AL oncost resulted in an additional $19 million added to the provision.	70,000
Timing of capital creditor payments resulted in an increase of $59 million due to delay in receiving invoices for current capital works	59,285
Net movement across several asset and liability classes, including cash, property plant and equipment and provisions	137,349
Net assets - budget	**14,906,855**

STATEMENT OF CASH FLOWS

The actual net cash flows from operating activities varied lower from the budget by $60 million. This is primarily due to in-year payments being higher than anticipated with a higher than budgeted year end position for employee related expenses and payment for goods and services.

The net cash flows from investing activities were higher than expected by $309 million. This mostly attributable to the establishment of term deposits greater than 90 days.

42. Increase/(decrease) in net assets from equity transfers

CONSOLIDATED

During 2017/18 there have been no equity transfers which result in an increase/(decrease) in net assets.

Equity transfers relating to 2016/17 financial year were as follows:

(a) The *Health Legislation Amendment Act 2016* (the Act) was assented on 28 September 2016 and included provisions to repeal the *New South Wales Institute of Psychiatry Act 1996*. On proclamation date, 1 January 2017, the New South Wales Institute of Psychiatry ("NSWIOP"), an entity controlled by the ultimate parent, was dissolved with all assets, rights and liabilities transferred to Health Education and Training Institute ("HETI"), which is a controlled entity.

This was an administrative restructure, which is treated as a contribution by owners and recognised at the amount at which the assets and liabilities were recognised by the transferor immediately prior to the restructure. The carrying value of assets and liabilities held by the NSWIOP as at 1 January 2017 approximated the fair value transferred to HETI.

Assets and liabilities transferred were as follows:

Assets	**1 January 2017**
	$'000
Cash and cash equivalents	3,752
Receivables	33
Property, plant and equipment	860
Intangibles	14
	4,659
Liabilities	
Payables	(412)
Provisions	(193)
	(605)
Net assets	**4,054**

Net assets transferred from NSWIOP to HETI on 1 January 2017 as a result of this restructure total $4.054 million.

(b) The NSW Government approved the transfer of the East Cumberland Hospital site to UrbanGrowth NSW ("UGNSW"), an entity controlled by the ultimate parent, via an equity transfer at $1 for the Parramatta North Urban Transformation. The transfer was completed on 13 January 2017.

The East Cumberland Hospital site consisted of the following assets:	**13 January 2017**
	$'000
Land & buildings	78,844
Carrying amount as at 13 January 2017	**78,844**

The value of the East Cumberland Hospital site was adjusted to $1, which was the fair value of UGNSW, prior to the transfer (i.e. net asset of $1 was transferred to UGNSW). The revaluation decrement was adjusted to the asset revaluation surplus.

42. Increase/(decrease) in net assets from equity transfers (continued)

PARENT

(a) On 15 March 2018 a memorandum of understanding was signed between the Ministry and HealthShare NSW ("HSNSW"), which is a controlled entity, to transfer the State Medical Stockpile ("SMS") from the Ministry to HSNSW.

	15 March 2018
Inventories	**$'000**
Medical and surgical supplies	(3,947)
	(3,947)

(b) In accordance with the Real Property Disposal Framework, a decision was made to transfer the Rockdale ambulance station from Ambulance Service of NSW, which is a controlled entity, to the Ministry, prior to its disposal.

	14 November 2017
	$'000
Land & buildings	2,934
Carrying amount as at 14 November 2017	**2,934**

The value of the sites was adjusted to $3 million which was the fair value of the asset (excluding selling costs) prior to Ministry transfer. The revaluation increment was adjusted to the asset revaluation surplus.

Increase/(decrease) in net assets from equity transfers as at 30 June 2018	**(1,013)**

Equity transfers relating to 2016/17 financial year were as follows:

(a) On 1 October 2015, NSW Kids and Families was abolished and transferred to Health Administration Corporation ("the Corporation"), which is a controlled entity. On 1 July 2016, balances were subsequently transferred from the Corporation to the Ministry.

Assets and liabilities that were transferred from the Corporation to the Ministry as a result of the restructure are set out below.

	1 July 2016
	$'000
Assets	
Cash and cash equivalents	580
Receivables	564
Prepayments	1
Intangibles	429
	1,574
Liabilities	
Creditors	(1,868)
Accruals	(293)
	(2,161)
Net liability	**(587)**

Net liabilities transferred from the Corporation to the Ministry on 1 July 2016 as a result of this restructure was $587,000.

42. Increase/(decrease) in net assets from equity transfers (continued)

(b) The NSW Government approved the transfer of the Prevention of Domestic Violence and Sexual Assault and the Minister of Women (Women NSW), a service group within NSW Health, to the Department of Family and Community Services ("FACS"), an entity controlled by the ultimate parent, via an administrative transfer. The transfer was completed on 1 April 2017.

Liabilities transferred from the Ministry to FACS as a result of the restructure are set out below.

	1 April 2017
	$'000
Annual leave provision	109
Net liability	**109**

Net liabilities transferred from the Ministry to FACS as a result of this restructure was $0.109 million.

(c) As part of a NSW Government decision to undertake a relocation project, a decision was made to transfer two sites from Northern Sydney Local Health District to the Ministry, the immediate parent.

The sites consisted of the following assets:	30 June 2017
	$'000
Land & buildings	155,000
Carrying amount as at 30 June 2017	**155,000**

The value of the sites was adjusted to $155 million which was the fair value of the assets immediately prior to the transfer to the Ministry. The revaluation increment was adjusted to the asset revaluation surplus.

43. Financial instruments

The Ministry of Health and its controlled entities principal financial instruments are outlined below. These financial instruments arise directly from the consolidated entities' operations or are required to finance its operations. The Ministry of Health and its controlled entities do not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The Ministry of Health and its controlled entities main risks arising from financial instruments are outlined below, together with the Ministry of Health and its controlled entities' 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 entity, to set risk limits and controls and to monitor risks. Compliance with policies is reviewed on a continuous basis.

(a) Financial instrument categories

PARENT	Category	Carrying Amount 2018 $'000	Carrying Amount 2017 $'000
Financial assets			
Cash and cash equivalents (Note 17)	N/A	368,065	603,427
Receivables (Note 18)*	Loans and receivables (at amortised cost)	225,972	175,400
Other financial assets (Note 21)	Loans and receivables (at amortised cost)	22,972	27,607
Total financial assets		**617,009**	**806,434**
Financial liabilities			
Payables (Note 28)**	Financial liabilities (at amortised cost)	286,029	271,231
Total financial liabilities		**286,029**	**271,231**

Notes

* Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7 *Financial Instruments: Disclosures*)

** Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 *Financial Instruments: Disclosures*). Prior year comparatives have been restated to include accrued salaries, wages.

CONSOLIDATED	Category	Carrying Amount 2018 $'000	Carrying Amount 2017 $'000
Financial Assets			
Cash and cash equivalents (Note 17)	N/A	1,313,267	1,808,201
Receivables (Note 18)*	Loans and receivables (at amortised cost)	630,291	519,665
Financial assets at fair value (Note 20)	At fair value through profit or loss (designated as such upon initial recognition)	81,492	79,113
Other Financial Assets (Note 21)	Loans and receivables (at amortised cost)	314,786	-
Total financial assets		**2,339,836**	**2,406,979**
Financial Liabilities			
Borrowings (Note 29)	Financial liabilities (at amortised cost)	1,120,151	1,117,570
Payables (Note 28)**	Financial liabilities (at amortised cost)	1,611,706	1,462,870
Other (Note 31)**	Financial liabilities (at amortised cost)	229	645
Total financial liabilities		**2,732,086**	**2,581,085**

Notes

* Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7 *Financial Instruments: Disclosures*)

** Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 *Financial Instruments: Disclosures*). Prior year comparatives have been restated to include accrued salaries, wages.

43. Financial instruments (continued)

(b) 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 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 TCorpIM Fund Investment facilities are guaranteed by the State.

Cash

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 TCorpIM Funds Investment cash facility is discussed in paragraph (d) below.

Receivables - trade debtors

All trade debtors are recognised as amounts receivable at reporting date. Collectability of trade debtors is reviewed on an ongoing basis. Procedures as established in the *NSW Ministry of Health Accounting Manual for Public Health Organisations* and *Fee Procedures Manual* are followed to recover outstanding amounts, including letters of demand. Debts which are known to be uncollectable are written off. An allowance for impairment is raised when there is objective evidence that the Ministry and its controlled entities will not be able to collect all amounts due. This evidence includes past experience and current and expected changes in economic conditions and debtor credit ratings. No interest is earned on trade debtors.

The Ministry and its controlled entities are not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors. Based on past experience, debtors that are not past due are not considered impaired. In addition Patient Fees Compensables are frequently not settled within 6 months of the date of the service provision due to the length of time it takes to settle legal claims. Most of the consolidated entity's debtors are health insurance companies or compensation insurers settling claims in respect of inpatient treatments.

Financial assets that are past due or impaired could be either 'sales of goods and services', 'intra health' and 'other debtors' in the 'receivables' category of the Statement of Financial Position. Patient fees - ineligibles represent the majority of financial assets that are past due or impaired.

	Parent 2018 $'000	Parent 2017 $'000	Consolidated 2018 $'000	Consolidated 2017 $'000
Neither past due nor impaired	176,058	114,962	561,536	446,448
Past due but not impaired [1,2]				
< 3 months overdue	2,104	829	41,588	46,510
3 - 6 months overdue	-	-	19,787	15,634
> 6 months overdue	-	19	7,380	11,067
Impaired [1,2]				
< 3 months overdue	-	-	8,498	5,147
3 - 6 months overdue	-	-	10,708	11,710
> 6 months overdue	-	-	43,041	24,181
Total [1,2]	178,162	115,810	692,538	560,698

Notes

[1] Each column in the table reports "gross receivables".

[2] The ageing analysis excludes statutory receivables, as these are not within the scope of AASB 7 *Financial Instruments: Disclosures* . Therefore, the total will not agree to the receivables total recognised in the Statement of Financial Position.

43. Financial instruments (continued)

(b) Credit risk (continued)

Authority deposits

The Ministry has placed funds on deposit with TCorpIM Fund Investment facilities, which has been rated 'AAA' 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. For fixed term deposits, the interest rate payable by TCorpIM Fund Investment facilities is negotiated initially and is fixed for the term of the deposit, while the interest rate payable on at call deposits can vary. None of these assets are past due or impaired.

(c) 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 NSW Treasury. During the current and prior years, there were no defaults of loans payable. No assets have been pledged as collateral.

However, the risk is minimised by the service agreement, as the annual service agreement requires local management to control its financial liquidity and in particular, meet benchmarks for the payment of creditors. Where the consolidated entity fails to meet service agreement performance standards, the Ministry as the state manager can take action in accordance with annual performance framework requirements, including providing financial support and increased management interaction.

The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set by the Ministry of Health in accordance with *NSW Treasury Circular 11/12 Payment of Accounts* . For small business suppliers, where terms are not specified, payment is made not later than 30 days from date of receipt of a correctly rendered invoice. For other suppliers, if trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received.

For small business suppliers, where payment is not made within the specified time period, simple interest must be paid automatically unless an existing contract specifies otherwise.

For other suppliers, where settlement cannot be effected in accordance with the above, e.g. due to short term liquidity constraints, contact is made with creditors and terms of payment are negotiated to the satisfaction of both parties.

The table following summarises the maturity profile of the consolidated entity's financial liabilities together with the interest rate exposure.

43. Financial instruments (continued)

(c) Liquidity risk (continued)

Maturity analysis and interest rate exposure of financial liabilities

PARENT		Interest Rate Exposure				Maturity Dates		
	Weighted Average Effective Int. Rate	Nominal Amount [1]	Fixed Interest Rate	Variable Interest Rate	Non - Interest Bearing	< 1 Year	1-5 Years	> 5 Years
2018		**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**
Payables:								
- Creditors [2]		286,029	-	-	286,029	286,029	-	-
		286,029	**-**	**-**	**286,029**	**286,029**	**-**	**-**
2017								
Payables:								
- Creditors [2]		271,231	-	-	271,231	271,231	-	-
		271,231	**-**	**-**	**271,231**	**271,231**	**-**	**-**

CONSOLIDATED		Interest Rate Exposure				Maturity Dates		
	Weighted Average Effective Int. Rate	Nominal Amount [1]	Fixed Interest Rate	Variable Interest Rate	Non - Interest Bearing	< 1 Year	1-5 Years	> 5 Years
2018		**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**	**$'000**
Payables:								
- Creditors [2]		1,611,706	-	-	1,611,706	1,611,706	-	-
Borrowings:								
- Loans and deposits	3.68%	83,111	83,111	-	-	11,304	44,550	27,257
- Finance leases	1.55%	45,670	-	45,670	-	951	3,997	40,722
- Public Private Partnership	9.30%	2,507,551	148,069	2,359,482	-	119,383	484,158	1,904,010
- Other	2.51%	148	57	-	91	148	-	-
		4,248,186	**231,237**	**2,405,152**	**1,611,797**	**1,743,492**	**532,705**	**1,971,989**
2017								
Payables:								
- Creditors [2]		1,462,870	-	-	1,462,870	1,462,870	-	-
Borrowings:								
- Loans and deposits	4.91%	68,745	62,292	6,453	-	11,115	35,564	22,066
- Finance leases	1.55%	46,603	-	46,603	-	932	3,919	41,752
- Public Private Partnership	10.26%	2,633,799	170,087	2,463,712	-	123,958	477,968	2,031,872
- Other	2.51%	208	114	-	94	151	57	-
		4,212,225	**232,493**	**2,516,768**	**1,462,964**	**1,599,026**	**517,508**	**2,095,690**

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*). Prior year comparatives have been restated to include accrued salaries, wages.

Ministry of Health
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43. Financial instruments (continued)

d) 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 Ministry and its controlled entities exposures to market risk are primarily through interest rate risk on the Ministry's borrowings and other price risks associated with the movement in the unit price of the TCorpIM Funds Investment facilities. The Ministry and its controlled entities have no exposure to foreign currency risk and do 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 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 date. The analysis was performed on the same basis for 2017. The analysis assumes that all other variables remain constant.

Interest rate risk

Exposure to interest rate risk arises primarily through the consolidated entity's interest bearing liabilities.

However, NSW Health entities are not permitted to borrow external to the consolidated entity (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 Ministry of Health and its controlled entities do not account for any fixed rate financial instruments at fair value through profit or loss or as available-for-sale. Therefore, for these financial instruments, a change of interest rates would not affect profit or loss or equity.

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.

Exposure to interest rate risk is set out below.

PARENT	Carrying Amount	-1%		+1%	
		Net Result	Equity	Net Result	Equity
	$'000	$'000	$'000	$'000	$'000
2018					
Financial assets					
Cash and cash equivalents	368,065	(3,681)	(3,681)	3,681	3,681
Receivables	225,972	-	-	-	-
Other financial assets	22,972	(230)	(230)	230	230
Financial liabilities					
Payables	286,029	-	-	-	-
2017					
Financial assets					
Cash and cash equivalents	603,427	(6,034)	(6,034)	6,034	6,034
Receivables	175,400	-	-	-	-
Other financial assets	27,607	(276)	(276)	276	276
Financial liabilities					
Payables*	271,231	-	-	-	-

Notes:
* Prior year comparatives have been restated to include accrued salaries, wages.

Ministry of Health
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43. Financial instruments (continued)

d) Market risk (continued)

CONSOLIDATED	Carrying Amount	-1%		+1%	
		Net Result	Equity	Net Result	Equity
	$'000	$'000	$'000	$'000	$'000
2018					
Financial assets					
Cash and cash equivalents	1,313,267	(13,133)	(13,133)	13,133	13,133
Receivables	630,291	-	-	-	-
Financial assets at fair value	81,492	(815)	(815)	815	815
Other Financial Assets	314,786	(3,148)	(3,148)	3,148	3,148
Financial liabilities					
Payables	1,611,706	-	-	-	-
Borrowings	1,120,151	11,202	11,202	(11,202)	(11,202)
Other	229	2	2	(2)	(2)
2017					
Financial assets					
Cash and cash equivalents	1,808,201	(18,082)	(18,082)	18,082	18,082
Receivables	519,665	-	-	-	-
Financial assets at fair value	79,113	(791)	(791)	791	791
Financial liabilities					
Payables*	1,462,870	-	-	-	-
Borrowings	1,117,570	11,176	11,176	(11,176)	(11,176)
Other	645	6	6	(6)	(6)

Notes:

* Prior year comparatives have been restated to include accrued salaries, wages.

Other price risk - TCorpIM Funds Investment facilities

Exposure to 'other price risk' primarily arises through the investment in the TCorpIM Funds Investment facilities, 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 Investment facilities:

Facility	Investment Sectors	Investment Horizon	2018	2017
			$'000	$'000
Cash fund	Cash and money market instruments	Up to 1.5 years	1,015	310
Strategic cash fund	Cash and money market instruments	1.5 years to 3 years	21,560	-
Medium term growth fund	Cash, money market instruments, Australian and International bonds, listed property and Australian shares	3 years to 7 years	10,478	10,013
Long-term growth fund	Cash, money market instruments, Australian and International bonds, listed property and Australian shares	7 years and over	48,439	62,790

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. TCorpIM Funds Investment facilities is trustee for each of the above facilities and 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, TCorpIM Funds Investment facilities 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.

Ministry of Health
Notes to and forming part of the Financial Statements
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43. Financial instruments (continued)

d) Market risk (continued)

Investment in the TCorpIM Funds Investment 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.

TCorpIM Funds Investment facilities provides sensitivity analysis information for each of the Investment facilities, using historically based volatility information collected over a ten year period, quoted at two standard deviations (i.e. 95% probability). The TCorpIM Funds Investment facilities are designated at fair value through profit or loss and therefore any change in unit price impacts directly on profit (rather than equity).

A reasonably possible change is based on the percentage change in unit price (as advised by TCorpIM Funds Investment facilities) multiplied by the redemption value as at 30 June each year for each facility (balance from TCorpIM Funds Investment statement).

	Change in unit price	Impact on net result	
		2018	2017
		$'000	$'000
TCorpIM Funds Investment - cash fund	+/- 1%	10	3
TCorpIM Funds Investment - strategic cash fund	+/- 1 to 5%	216	-
TCorpIM Funds Investment - medium-term growth fund	+/- 6 to 24%	629	563
TCorpIM Funds Investment - long-term growth fund	+/- 15 to 22%	7,267	9,501

(e) Fair value measurement

TCorpIM Funds Investment facilities are measured at fair value. Management assessed that the carrying amount of all other financial instruments, except as specified below, approximate their fair values, largely due to short-term maturities of these instruments.

Fair value recognised in the Statement of Financial Position

The fair value hierarchy of financial instruments are set out below:

2018	Level 1	Level 2	Level 3	Total
	$'000	$'000	$'000	$'000
TCorpIM Funds Investment Facility	-	81,492	-	**81,492**

2017	Level 1	Level 2	Level 3	Total
	$'000	$'000	$'000	$'000
TCorpIM Funds Investment Facility	-	73,113	-	**73,113**

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 and 2 during the year ended 30 June 2018 (2017: Nil).

As discussed, the value of the TCorpIM Funds Investment is based on the Ministry and its controlled entities 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.

44. Related party transactions

PARENT AND CONSOLIDATED

Key management personnel compensation is as follows:

	2018	2017
	$'000	$'000
Short-term employee benefits	2,895	2,908
Post-employment benefits	45	39
Termination benefits	-	361
	2,940	**3,308**

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.

Transactions with key management personnel and their close family members

There were no material transactions with key management personnel and their close family members.

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 and Environment ("DPE"), 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 DPE.

45. Events after the reporting period

No matters have arisen subsequent to balance date that would require these financial statements to be amended.

END OF AUDITED FINANCIAL STATEMENTS

SECTION 6

NSW HEALTH ORGANISATIONS

NSW MINISTRY OF HEALTH

73 Miller Street
Locked Mail Bag 961
North Sydney NSW 2059

Telephone: 9391 9000
Facsimile: 9391 9101
Email: info@health.nsw.gov.au
Website: www.health.nsw.gov.au
Business hours: 9am-5pm, Monday to Friday

Secretary Elizabeth Koff

Key achievements 2017-18

- The Rural Ambulance Infrastructure Reconfiguration continued, delivering new and upgraded regional and rural infrastructure. Complementing this, a record workforce boost will see 750 extra paramedics and call centre staff employed over the next four years.
- Eight health infrastructure mega-projects, each valued at more than $500 million, are currently at various stages of development, from planning to construction. They include the $932 million Westmead Redevelopment, the $550 million Nepean Redevelopment, the $720 million Randwick Campus Redevelopment, the $700 million-plus Blacktown and Mount Druitt Hospitals Expansion, the $632 million Campbelltown Hospital Redevelopment, and the $582 million Tweed Valley Hospital.
- In 2017-18 the Asset Refurbishment and Replacement Program funded 115 projects, worth $50.3 million, across 18 local health districts and speciality networks, delivering critical repairs and maintenance.
- A record 48,286 full time equivalent nurses and midwives working in NSW Health hospitals and health services. In June 2018, there were 12,137 full time doctors employed within the NSW health system, representing approximately 10 per cent of the total health workforce, and 10,445 allied health professionals.
- There were a record 999 medical intern training positions in NSW in 2018, an increase of 149 positions since 2012. A further six NSW intern positions in southern NSW were recruited as part of the Australian Capital Territory intern training network. This represents an annual investment in the order of $107 million to train interns.
- In 2018, 20 Aboriginal medical graduates started as interns in NSW. This is the highest since the Aboriginal Medical Workforce recruitment pathway started.
- The rate of Aboriginal employment in NSW Health has risen to 2.5 per cent from 1.8 per cent in 2011 and includes doctors and nurses. Local health districts and other public health organisations responded with Aboriginal workforce plans and initiatives and have halved the gap in employment outcomes between Aboriginal and non-Aboriginal peoples.
- The annual NSW Health Junior Medical Officer Recruitment campaign successfully recruited 3146 junior medical officers for the 2018 clinical year across specialty training positions including endocrinology, haematology, medical oncology, general medicine and paediatrics.
- Overall public dental activity is steadily increasing. In 2017-18, NSW public dental services provided over 817,000 episodes of care to over 385,000 people, up some 25,000 since 2016-17. Of the people treated, 7.1 per cent were Aboriginal or Torres Strait Islander people.
- The NSW Government invested $24.8 million in 2017-18 for 41 Aboriginal Community Controlled Health and related organisations to deliver culturally safe and tailored health services across 44 sites.
- In 2017-18 the NSW Government committed an extra $20 million for mental health reform, bringing recurrent investment in reform to $95 million a year. The fifth National Mental Health and Suicide Prevention Plan 2017-2022 was released in October 2017. It has a focus on integrated regional planning and service delivery between primary health networks (PHNs) and local health districts (LHDs) as a priority area.
- In 2017 more than 630,000 people visited the iCanQuit website, and there were 10,248 incoming calls to the NSW Quitline.
- The supplementary meningococcal school-based vaccination program for students in Years 11 and 12 in 2017 reached 72 per cent and 76 per cent coverage respectively. In 2018 the vaccine is being offered to students in Years 10 and 11.
- NSW Health continued to make progress towards the virtual elimination of HIV. In 2017, HIV testing, increased by six per cent compared with 2016, and 95 per cent of people diagnosed with HIV were on treatment. By 30 April 2018, nearly 9500 people at high risk of HIV infection had access to HIV pre-exposure prophylaxis (PrEP) through the EPIC-NSW trial.
- NSW Health continued to increase access to hepatitis C treatment, including for people in primary care settings such as Aboriginal Community Controlled Health Services, and for vulnerable populations in prisons and drug and alcohol services. Between March 2016 and March 2018, 25 per cent (19,819) of the people estimated to be living with hepatitis C in NSW had been treated.
- The Housing for Health Program, delivered to Aboriginal communities, made houses safe and suitable for healthy living, by fixing leaky toilets, electrical repairs, and ensuring there is sufficient hot water and somewhere to wash people and clothing. In 2017-18, 701 houses in 21 communities were made safe and healthy, with 4921 items repaired or replaced and helping 2721 people.

STATUTORY HEALTH CORPORATIONS

AGENCY FOR CLINICAL INNOVATION

Level 4, 67 Albert Avenue
Chatswood NSW 2067
PO Box 699
Chatswood NSW 2057

Telephone: 9464 4666
Facsimile: 9464 4728
Email: aci-info@health.nsw.gov.au
Website: www.aci.health.nsw.gov.au
Business hours: 8am-5pm, Monday to Friday

Chief Executive: Dr Jean-Frédéric Levesque

Dr Jean-Frédéric Levesque joined the Agency for Clinical Innovation (ACI) as Chief Executive in June 2017. He brings experience in clinical practice in refugee health and tropical medicine, in clinical governance and in academic research to the ACI.

Dr Levesque 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 Masters in Community Health and a medical degree from the Université de Montréal, Canada. He is a Conjoint Professor at the Centre for Primary Health Care and Equity of the University of New South Wales.

Year in review

In 2017-18, the Agency for Clinical Innovation (ACI) embarked on a period of growth and change, which saw the establishment of a new Paediatric Network, Aboriginal Chronic Conditions Network, General Practitioner Advisory Group and Intensive Care NSW.

A new organisational structure realigned how ACI's clinical networks, taskforces and institutes work together, and provided strong clinical leadership into our work. The new structure integrated these groups into streams in a way that will allow ACI to tackle bigger problems that span across networks.

Leading Better Value Care continued to be a key priority for the ACI. This year 13 local health districts implemented the Osteoarthritis Chronic Care program and 12 implemented the Osteoporotic Refracture Prevention program. These new services gave patients with osteoarthritis or osteoporosis access to evidence-based, coordinated chronic care programs to manage their elevated risk of refracture.

ACI's audit and improvement team conducted 96 audits across 13 local health districts and specialty health networks, to investigate clinical variation in target areas such as chronic obstructive pulmonary disease, diabetes and congestive heart failure.

Building integrated care was at the forefront of ACI's mandate to improve healthcare for NSW. Working in collaboration with the NSW Ministry of Health and eHealth, ACI focused on planning the implementation of a statewide IT program that captures patient-reported measures. This program enabled patients to provide direct, timely feedback about their health outcomes and experiences, to drive improvements across NSW.

The Patient Reported Measures Program continued to build capacity and infrastructure to capture and use patient feedback routinely in a clinical setting. An additional 54 sites across 11 local health districts and specialty health networks participated this year, driving patient-centred care and local improvement opportunities.

Four new hospitals were enrolled in the NSW Collaborative of the National Surgical Quality Improvement Program – a program designed to embed targeted change initiatives to improve patient outcomes and the care quality of their surgical services. This year the program focused on reducing urinary tract and surgical site infection rates.

The ACI began a partnership with Central Coast Local Health District, supporting a pilot to reduce exit block from intensive care units. Four sites across three local health districts were enrolled as part of the pilot phase. Staff from the sites attended capability training workshops to equip teams with the skills and knowledge needed to set up and lead the project locally.

The ACI also developed a capability building program for junior medical officers and nursing staff to support their treatment of people with diabetes in hospital. This included a new 'Thinksulin' clinical decision support app and an accompanying eLearning program.

The NSW Trauma app, which provides clinicians with easy access to evidence-based, up-to-date information to deliver optimal care, won a Merit Award at the Australian Information Industry Association iAwards in September 2017

Key achievements 2017-18

- Enrolled four new hospitals in the NSW Collaborative of the National Surgical Quality Improvement Program, designed to improve patient outcomes and care quality of their surgical services through targeted change initiatives.
- Completed 96 clinical audits across 13 local health districts and specialty health networks, investigating clinical variation in chronic heart failure, chronic obstructive pulmonary disease and diabetes.
- Finalised procurement and the business case for a new system that will record real-time patient reported outcomes and experience measures. Once complete, the system will be able to integrate with the different clinical information systems used in the hospital, community and primary care settings.

- Implemented the Osteoarthritis Chronic Care and Osteoporotic Refracture Prevention programs across 13 and 12 local health districts respectively. Musculoskeletal Network clinicians are working with eHealth to design an eMR system that can refine clinical processes and outcomes for people receiving services under these two programs.
- Rolled out the Patient Reported Measures Program to a further 54 individual sites across 11 local health districts and specialty health networks, to build capacity and infrastructure to capture and use patient feedback.
- The ACI's Intensive Care NSW team partnered with 14 sites to implement a service model for Level 4 intensive care units, aimed at providing high-quality care as close to home as possible.
- Established the Aboriginal Chronic Conditions Network throughout NSW to improve the experience and healthcare of Aboriginal people with a chronic condition. The Network is led by a predominantly Aboriginal executive inclusive of the diverse Aboriginal health sectors.
- Received a Merit Award at the Australian Information Industry Association iAwards for the NSW Trauma app, which provides clinicians with easy access to evidence-based, up-to-date information to deliver optimal care.
- The NSW Diabetes Taskforce developed a capability building program that supports junior medical officers and nursing staff in caring for people with diabetes who need hospitalisation and insulin management. The program included a decision support app, 'Thinksulin', and eLearning support.
- Developed an Operating Theatre Productivity Index as a new measure for productivity of elective operating theatres using routinely captured administrative data. The measure can be used to create a better understanding of how an operating theatre works.

BUREAU OF HEALTH INFORMATION

67 Albert Avenue
Chatswood 2057

Telephone: 9464 4444
Facsimile: 9464 4445
Email: BHI-enq@health.nsw.gov.au
Website: www.bhi.nsw.gov.au
Business hours: 9am-5pm, Monday to Friday

Chief Executive: Dr Diane Watson

Dr Diane Watson was the inaugural Chief Executive of the Bureau of Health Information (BHI) from 2009 to 2012, and returned to the position in February 2018.

Dr Watson has led the establishment of three reporting agencies in Australia that use big data to drive decisions on healthcare provision, both nationally and locally. Prior to re-joining BHI, she was the inaugural Chief Executive Officer of the Victorian Agency for Health Information and the inaugural Chief Executive of the National Health Performance Authority.

Dr Watson has held senior management positions for almost 20 years, measuring, monitoring and reporting on the performance of healthcare systems to drive improvements in health, care and productivity. During this time, she has set the future direction of high profile, board-governed agencies and inspired a strong sense of purpose among a highly talented and specialised workforce.

Yearin review

Using advanced data analytics, data visualisation, and communications, the Bureau of Health Information (BHI) continued to deliver a suite of reports and information products on the performance of the NSW public health system.

We do this to provide the community, health professionals and policy makers with information that increases the visibility of the healthcare system's performance, informing actions to improve healthcare and strengthen accountability.

BHI's reports cover a wide range of topics including emergency department and surgical procedure waiting times, ambulance response times, patients' experiences in a variety of healthcare settings, and clinical variation between hospitals in mortality and readmissions.

In 2017-18, BHI published 19 reports, chartpacks and data releases on healthcare performance. We reported, for the first time, on the experiences of patients with disability in NSW public hospitals. The report compared the experiences of patients who said they have disability with those who said they do not; as well as local health district and hospital variation drawn from responses from the disability group.

BHI published its first online chartpacks, which summarised healthcare performance information through key graphs that can be downloaded in different formats, making complex healthcare information more accessible and engaging. Data visualisation can be a simple yet powerful way to present data, as it enables large amounts of data to be quickly and easily digested, while also helping the viewer to make fair comparisons and identify patterns and trends. Our team continued to introduce innovations to the BHI website to increase transparency and add to the information available for a wide range of audiences.

BHI's chartpacks highlighted patient-reported experiences at outpatient cancer clinics throughout NSW, and compared the NSW healthcare system with 11 countries who took part in the 2016 Commonwealth Fund International Health Policy survey. BHI also worked with the Clinical Excellence Commission to produce a chartpack on reporting of hand hygiene compliance, bringing together data from different sources, including patients' observations of hand washing.

The July to September issue of Healthcare Quarterly reflected the resilience of the NSW public health system at a time of an extraordinarily high number of influenza cases. The January to March issue reported, for the first time, on the number of inpatient episodes at NSW public hospitals that involve mental health treatment. This was an important step toward performance reporting in this area and supports a growing public interest in mental health services.

Our picture of activity and performance throughout the state became more complete, with 44 emergency departments from regional NSW switching to electronic record systems, and being introduced to Healthcare Quarterly. This brought the number of emergency departments included to 175 facilities.

BHI's Healthcare in Focus report took a comprehensive look at healthcare performance in NSW. It drew on different data sources and featured some 140 indicators – placing NSW results, where possible, in an international or national context. This report was structured around a conceptual framework that considered performance in terms of six key dimensions: accessibility; appropriateness; effectiveness; efficiency; equity; and sustainability.

We continued to manage and expand the NSW Patient Survey Program to support integrating patient feedback into health system improvements. BHI asked 270,000 patients about their time in the NSW health system during 2017-18. We sent surveys to adult patients admitted to NSW public hospitals (including small and rural hospitals), admitted children and young patients, emergency department patients of rural, regional and metropolitan hospitals, maternity patients, patients attending outpatient clinics, including cancer clinics, and for the first time, to women visiting a BreastScreen NSW centre for a routine screening mammogram.

The survey program is a rich source of data, which BHI makes publicly available on our website, through our interactive data portal Healthcare Observer, and in many of the reports and other information products we publish.

We continued to participate in international and national meetings and published work in peer reviewed literature, to ensure our reporting aligns with best practice in measurement and reporting in Australia and around the world. BHI held its Challenging Ideas seminar, which examined why public reporting is a critical component of safety improvement.

In early 2018 we began a series of face-to-face meetings with our stakeholders, seeking their views on BHI's strengths, and the BHI output they hoped for over the next three years. What they told us went a long way to informing our decision-making on our new strategic plan, which will be finalised in 2018-19.

I would like to acknowledge the leadership of Acting Chief Executive Dr Kim Sutherland while former Chief Executive Jean-Frédéric Levesque was on secondment to the Agency for Clinical Innovation.

BHI surveyed more than 270,000 patients about their experiences and outcomes of care

Key achievements 2017-18

- Released Patient Perspectives: Exploring experiences of hospital care for people with disability, our first report on how the experiences and outcomes of care for patients with disability in NSW compare with those without disability.
- Published four Healthcare Quarterly reports featuring information about activity and performance for NSW public hospitals and ambulance services, adding 44 emergency departments to the analysis and introducing quarterly reporting on mental health patient stays.
- Surveyed more than 270,000 recent patients for the NSW Patient Survey Program and achieved response rates across surveys as high as 61 per cent. Tens of thousands of people responded by post and online to provide information about their experiences at a variety of settings in the NSW public health system.
- Partnered with the Commonwealth Fund to collect and report on the healthcare experiences of older adults (65+) in NSW. A chartpack presented data comparing the NSW population with 10 comparator countries and their respective health systems, including measures such as access to care, patient experiences with GPs and hospital care, care for chronic conditions, and end of life care.
- Collaborated with Cancer Institute NSW to produce a chartpack that reflects the experiences of care and self-reported outcomes of more than 12,000 patients who visited an outpatient cancer clinic in NSW hospitals during November 2016.
- BHI's Healthcare in Focus report took a comprehensive look at healthcare performance in NSW. It drew on different data sources and featured some 140 indicators – placing NSW results, where possible, in an international or national context.
- Developed new key performance measures for patient experience, to be used in the service agreements between the Ministry of Health and local health districts. This resulted in the replacement of historic measures with two new indices comprising four and six scored questions, as well as a new improvement measure on treating patients with respect and dignity.
- BHI's incoming Chief Executive led an extensive round of stakeholder consultation, ranging from the Ministry to pillars and local health districts, seeking their views on BHI's strengths and what they hoped for in terms of BHI output over the next three years. This information is forming the basis for a new strategic plan which is being developed to better align products with health priorities and improve responsiveness.
- Commissioned a survey of BHI's external stakeholders which showed that 85 per cent agreed that BHI reports objectively and fairly on healthcare performance of the NSW public health system – well above the target of 70 per cent in our performance agreement with the Ministry. A substantial majority (77 per cent) were satisfied with the way in which BHI engaged with them – exceeding our performance agreement target of 70 per cent.
- Conducted targeted oversampling of 30,000 patients across nine disease groups to provide patient experience and outcome data to the Leading Better Value Care program. This data will become part of the Register of Outcomes, Value and Experience (ROVE) that represents one of the most detailed linked datasets in Australia.

CANCER INSTITUTE NSW

Level 9
8 Central Avenue
Australian Technology Park
Eveleigh NSW 2015
PO Box 41
Alexandria NSW 1435

Telephone: 8374 5600
Facsimile: 8374 3600
Email: information@cancerinstitute.org.au
Website: cancerinstitute.org.au
Business hours: 9am-5pm, Monday to Friday

Chief Executive Officer: Professor David Currow FAHMS

Professor David Currow FAHMS is the Chief Cancer Officer of NSW and Chief Executive Officer of the Cancer Institute NSW.

Prior to his appointment in March 2010, he was the foundation Chief Executive Officer of Cancer Australia.

Professor Currow 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. He has also:

- served on the American Society of Clinical Oncology working party on palliative care education
- chaired the working party for the Union of International Cancer Control on Palliative Care for the United Nations summit on non-communicable diseases
- been a faculty member of the Australia and Asia Pacific Clinical Oncology Research Development workshops.

Year in review

Cancer remains one of the biggest causes of premature death in our community. While the number of people in NSW diagnosed with cancer is steadily rising, advances in prevention, early detection, diagnosis and treatment are allowing many more people to survive and live longer with the disease.

The Cancer Institute NSW provides the strategic direction for cancer control across the state, which is driven by the goals and objectives of the NSW Cancer Plan:

- Goal 1: Reduce the incidence of cancer
- Goal 2: Increase the survival rate of people with cancer
- Goal 3: Improve the quality of life of people with cancer

The Institute continues to collaborate with local health districts, specialty health networks, primary health networks, the NSW Ministry of Health, NSW Health pillars, government and non-government organisations, researchers, health professionals and the community to develop and implement initiatives across the full spectrum of cancer control.

Some groups are more affected by cancer than others, including Aboriginal people, people from culturally and linguistically diverse (CALD) backgrounds, and people from rural and remote and lower socioeconomic backgrounds.

We continue to focus on improving outcomes for these communities and ensuring that people diagnosed with cancer across NSW receive the right treatment, in the right place, at the right time.

The Institute held a number of inaugural events this year to foster collaboration and engagement among key stakeholder groups with a focus on improving cancer outcomes. These included the Aboriginal Cancer Network Forum, the Multicultural Cancer Forum and a Fellows' Forum series, which brings together early-career cancer researchers to network and share what they have learned.

As outlined in the NSW Cancer Plan, we continue to focus on some cancers that have high incidence rates and poorer outcomes (e.g. lung and bowel); as well as enhancing primary care involvement in cancer control; and ensuring patient-centred quality cancer care is upheld across the state.

The Institute has led the strategic development and implementation of key programs, including the Smoking Cessation Framework for NSW Health Services and the second NSW Skin Cancer Prevention Strategy to enhance cancer prevention initiatives at a state and local level.

The Institute is now in its eighth year of Reporting for Better Cancer Outcomes (RBCO), providing local and statewide cancer data and information to all local health districts, primary health networks and participating private hospitals to inform health system performance and areas for improvement. In 2017, the RBCO program reported on 53 key performance indicators across cancer control, including eight which are focused on patient-reported measures. This is almost double the number of indicators reported in 2015. Each year, we are providing a more comprehensive view of cancer control across the state, which is making a real difference to the NSW community.

We continued to support and promote multidisciplinary cancer care teams as best practice cancer care that enhances communication between specialists, patients and their GPs.

Patient experience moved to being reported as part of the Reporting for Better Cancer Outcomes program (in collaboration with the Bureau of Health Information).

As the largest funder of cancer research in NSW, the Institute managed its strategic investment on behalf of the NSW Government to build research capacity, attract and keep world-class researchers, foster innovation and support the translation of discoveries into clinical practice.

While there is still much to do, for people living in NSW their chances of surviving cancer are among the highest in the world as we continue to lessen the impact of cancer across the state.

10% increase in the number of Cancer Institute NSW funded cancer clinical trials, and a 25% increase in the number of people enrolled on these trials, compared with 2016-17

Key achievements 2017-18

- The Cancer Institute NSW released the Smoking Cessation Framework for NSW Health Services on behalf of the NSW Smoking Cessation Collaboration. The Cancer Institue NSW has worked with local health districts to support local implementation. The Institute's Innovations in Cancer Treatment and Care Conference, held on 14 September 2017, focused on smoking cessation in cancer patients. More than 440 health professionals and researchers attended; 60 of whom shared their work.
- Developed and released the second NSW Skin Cancer Prevention Strategy on behalf of the NSW Skin Cancer Advisory Committee. This reflects our commitment to improving skin cancer prevention by focusing strategies and actions around increasing implementation of comprehensive effective sun protection policies and guidelines; improving access to adequate shade; and increasing the adoption of sun protection behaviours across the state.
- Developed and implemented a statewide Client Experience Survey for BreastScreen NSW, in partnership with the Bureau of Health Information. Approximately 17,000 women were surveyed, with a response rate of 61 per cent. Overall, 97 per cent of women rated their experience as 'very good' or 'good', and 93 per cent said they would 'definitely' continue with routine mammograms.
- Broadcast the bowel cancer screening campaign, Do the Test, and the new BreastScreen NSW campaign, Not in My Family. Preliminary results for both campaigns are very positive.
- Convened an online community of practice of all NSW primary health networks to share information and resources regarding the three national screening programs for breast, bowel and cervical cancers. This will improve consistency, and promote the programs with general practice.
- Established an Aboriginal Program Development Committee with members of the Aboriginal community. The committee consulted on 12 programs of work, including a Lung Cancer Optimal Care Pathway for Aboriginal People, implementation of the Institute's Innovate Reconciliation Action Plan and design of the inaugural Aboriginal Cancer Forum.
- Launched NSW Prostate Clinical Cancer Registry, with 4745 men currently participating. Thirty hospitals (including two private hospitals) and 76 private practice clinicians are participating in the collection of data, which will help inform improved prostate cancer outcomes.
- Developed resources to inform people with cancer about the importance of having their care overseen by a multidisciplinary cancer care team (MDT). Cancer services, MDTs and specialists for selected high-volume specialist centres are listed on the Canrefer website. The website saw an increase in users of 11.6 per cent (11,054 additional sessions) in 2017-18.
- Opened 482 cancer clinical trials for recruitment in NSW. Of these, 276 were Cancer Institute NSW portfolio trials (i.e. investigator-initiated, non-commercial). There were 2238 participants enrolled in these portfolio trials. This represents a 10 per cent increase in the number of portfolio trials and a 25 per cent increase in the number of people enrolled on these trials compared with 2016-17.
- Continued funding seven translational cancer research centres, bringing together 983 members (clinicians and researchers) across 73 instituti3ons.

CLINICAL EXCELLENCE COMMISS

Level 17, 2-24 Rawson Place
Haymarket NSW 2000
Locked Bag 8
Haymarket 1240

Telephone: 9269 5500
Facsimile: 9269 5599
Email: CEC-SPC@health.nsw.gov.au
Website: www.cec.health.nsw.gov.au
Business hours: 8:30am-5pm, Monday to Friday

Chief Executive: Carrie Marr

Prior to her October 2015 appointment as Chief Executive, Carrie Marr was the Executive Director, Organisation Effectiveness, at Western Sydney Local Health District. She earlier held a number of leading executive and consultant positions in the United Kingdom for a variety of organisations, including the National Health Service, Scotland.

Ms Marr is a graduate of the advanced training program in Quality Improvement at Intermountain Health Care, Utah, USA, and also holds a Bachelor of Science (Nursing); a Diploma in Education (Nurse Teaching); and a Master of Science (Organisation Consulting).

Yearin review

Over 2017-2018 the Clinical Excellence Commission (CEC) continued to act as NSW Health's lead agency on clinical governance, National Health Service standards and improving safety and quality.

In response to local health districts and specialist health networks' requests for support in safety and quality standards, the CEC provided a responsive, agile service, offering regular specialist information, advice and good practice to health services on a wide range of safety and quality issues including critical incidents, along with opportunities to partner with patients, families and carers in patient safety work.

The CEC continued to improve the quality and impact of its partnerships, including with local health districts/ specialty health networks, to reinforce the importance of effective, modern governance arrangements for safety planning, culture and implementation.

This saw the continued refinement of the tools and methods of consistent and effective collaboration between CEC staff and the clinicians, frontline staff, and patients and families across all aspects of program support and implementation.

The CEC also provided advice, expertise and support to the Ministry of Health and health services on the development and assessment of newly established safety and quality accounts.

The CEC continued to build a critical mass of improvement leaders across NSW Health, focusing on building capacity and capability in Quality Improvement with a growing alumni of improvement leaders now skilled across the system.

The CEC continued its commitment to finding new and better ways to work with its partners in safety and quality, to embed a safety culture across the NSW health system. This included drawing on existing and emerging research about the most effective way to better understand and communicate the impact of the CEC's work and the way in which the programs, services and support it provides translate into better patient safety and quality. To do this, we further developed our partnerships with universities and other scientific research institutions, to identify the most effective way to improve the relationship between research and practice in Quality Assurance and Quality Improvement.

This work over the past year has helped to ensure the CEC is responsive to the big shifts in culture, policy and technology that are reshaping health care design and delivery in a rapidly changing health care environment.

CEC tools supported over 389,000 patient safety improvement audits

Key achievements 2017-18

- Minimised potential harm by producing 13 Safety Alerts/Notices and five medication shortage communications in response to a range of patient safety issues. Of 376 product recalls risk assessed, 15 were identified as high risk, requiring a system level response led by CEC.
- Quality Audit Reporting System (QARS) implemented by all local health districts (LHDs) and specialty networks (SNs) for clinical audits and surveys. The CEC supported all LHDs/SNs in the business process. In the past financial year 389,431 audits were conducted in QARS.
- Provided a unified platform, Quality Improvement Data System (QIDS), for sharing information. It is now accessed by 4500 clinicians and managers, who can now use real-time data to improve patient safety and healthcare quality. The number of users increases every day.
- Launched the Master Clinician's Guide to Quality and Safety in May 2018, providing expert tools and resources to help health care staff foster a culture of safe, high-quality care at the hospital where they work.
- TThe Collaborating Hospitals' Audit of Surgical Mortality finalised the Bi-National Audit System (BAS) for online submission of forms, ready for implementation in July 2018. The System enables surgeons to digitally report surgical deaths, peer-review cases and obtain continuing professional development points, while providing increased data accuracy, accessibility and security.
- Launched a statewide electronic risk assessment tool for venous thromboembolism (VTE), developed by the CEC and eHealth NSW. The tool provides guidance to medical officers on the assessment and management of VTE risk in adult inpatients.
- Revised Between the Flags (BTF) Education (released in June 2018) which provides innovative and flexible resources, including a new one-hour workshop for Senior Medical Officers.
- Co-hosted the NSW Patient Experience Symposium, in conjunction with the Ministry of Health and pillars, which was attended by 570 delegates, nearly a third of them consumers involved in program design and implementation. Free consumer registration highlighted the importance of patient, family and carer voices to developing patient safety models.
- Developed an extensive range of audit tools and resources to enhance existing quality systems and help local health districts meet the requirements for compliance with an Australian Standard (AS/NZS4187:2014 Reprocessing reusable medical devices in health organisations).
- The Quality Improvement Academy (QIA) introduced QI tools online to assist NSW Health employees to build leadership in quality improvement. The QIA trained 496 improvement coaches and 34 improvement experts. We delivered eLearning training to 487 staff; 280 participants completed Patient Safety training.

HEALTH EDUCATION AND TRAINI INSTITUTE

Building 12,Gladesville Hospital
Shea Close
Gladesville NSW 2111
Locked Bag 5022
Gladesville NSW 1675

Telephone: 9844 6551
Facsimile: 9844 6544
Email: heti-info@health.nsw.gov.au
Website: www.heti.nsw.gov.au
Business hours: 8:30am-5pm, Monday to Friday

Chief Executive: Adjunct Professor Annette Solman

Annette Solman is the Chief Executive of the Health Education and Training Institute (HETI). She has significant experience in health management, change management, leadership capability development, strategic planning, research, policy development, clinical practice development, facilitation, coaching, project management, and education and workforce development, to meet the needs of a contemporary healthcare system.

Professor Solman has an active interest in person-centred care practices and their application to the clinical practice setting; and in leadership development to provide a person-centred approach to healthcare. She is also interested in aligning a workplace culture of effectiveness to a high achieving professionally competent learning workforce, and strengthening relationships between HETI and our health and academic partners.

Year in review

Developing the capabilities of the NSW Health workforce remained the primary focus of the Health Education and Training Institute, which developed and delivered new, contemporary learning opportunities that were relevant, innovative and responsive to the changing needs of the NSW Health workforce.

HETI Higher Education celebrated its first graduation ceremony, awarding 60 Certificates, Diplomas and Master's degrees in Psychiatric Medicine and Applied Mental Health Studies.

We awarded more than 230 postgraduate scholarships and 1343 undergraduate scholarships and placement grants to nursing and midwifery staff; together with 806 scholarships and grants for rural allied health services.

Other highlights during the year include:

- Publishing 170 new digital learning resources through My Health Learning.
- Filling 999 medical intern positions.
- Recruiting 20 Aboriginal medical interns, plus filling 124 rural and 261 regional medical intern positions.
- Placing 31 trainees into advanced skilled training positions through the NSW Rural Generalist Medical Training Program (RGTP), providing a supported pathway to a career as a rural GP, including through a new Emergency Medicine stream.
- New Guardianship training contributed to a 67 per cent reduction in patient hospital stays – with 510 participants completing the online program.
- HETI's new e-journal, Health Education in Practice: Journal of Research for Professional Learning was launched at the inaugural Health Education in Practice Symposium.
- The Next Generation of Leaders and Managers pilot program progressed, with 26 participants achieving their Diplomas of Leadership and Management.
- Delivering the NSW Health Senior Executive Development Program to a second cohort of 20 senior staff.
- HETI's work in supporting NSW Health staff to harness CORE Values was recognised. HETI was a finalist in the 2017 NSW Health Awards, and a further 4065 participants completed our CORE Chat programs.
- A record 300-plus delegates attended HETI's Sixth Rural Health and Research Congress, cementing its place as a peak event in the health care calendar.

Rounding out another successful year, HETI completed widespread consultation and finalised its strategic plan, setting our direction through to 2020. The plan focuses on three key areas: life-long learning opportunities for the health workforce; access to high-quality education and training; and supporting our staff through implementation of contemporary business practices.

Audited financial statements for the Health Education and Training Institute for 2017-18 are available from the NSW Health website.

20 Aboriginal doctors recruited, plus 124 rural and 261 regional medical intern positions filled

Key achievements 2017-18

- Developed Emergency Medicine pathway for Rural Generalist Training Program.
- Received four gold Learn X Impact awards in categories Best Bespoke/Custom Model, Best Video Design, and two in Best Learning Transfer.
- Trained 828 NSW Health staff in People Management Skills Program.
- Awarded 2386 scholarships and grants to nurses and allied health professionals in areas of need.
- Trained 749 participants in CORE Chat for Managers across the state.
- Published first issue of HETI e-journal.
- The first cohort of the new Senior Executive Development Program commenced with executives from across the state.
- Filled 999 first year medical intern positions in NSW hospitals.
- Published 170 new digital education resources.
- Held inaugural gradua tion in April for 60 graduates from postgraduate award courses conducted by HETI Higher Education.

SPECIALTY HEALTH NETWORKS

JUSTICE HEALTH AND FORENSIC MENTAL HEALTH NETWORK

1300 Anzac Parade
Malabar NSW 2036
PO Box 150
Matraville NSW 2036

Telephone: 9700 3000
Facsimile: 9700 3744
Email: jhadmin@justicehealth.nsw.gov.au
Website: www.justicehealth.nsw.gov.au
Business hours: 8am-5pm, Monday to Friday

Chief Executive: Gary Forrest

Gary Forrest has worked in nursing for over 30 years. He completed his general nursing training at Rockhampton Base Hospital in Queensland, a Bachelor of Science (Nursing) at Flinders University and a Master of Applied Management (Health) with distinction at the University of Newcastle.

Mr Forrest joined the Network in 2002, working in nursing, population health and prison hospital management before becoming the Chief Executive on 1 June 2016.

Year in review

The Justice Health and Forensic Mental Health Network delivers health care to those in contact with the NSW criminal justice and forensic mental health systems across community, inpatient and custodial settings.

In 2017-18, the Network's key challenge was to manage and maintain service levels and clinical activity, despite sustained growth in the adult custodial population. The total adult population in June 2018 was 13,630.

Despite increasing service demand, the Network's financial performance was $0.4 million (or 0.2 per cent) under budget. This was achieved through increased efficiencies, innovative service improvements and delayed openings of new health centres by Corrective Services NSW.

We also continued to work closely with key Justice and Health cluster partners, to define health service requirements and make sure all is ready when new and expanded correctional centres are opened across the state. In 2017-18 Corrective Services NSW opened 1040 new beds, with a further 1640 new beds expected to open in 2018-19.

A range of new activities were initiated to continue to achieve the best possible health outcomes for patients and improve patient engagement. Some of these include:

- improving the timeliness of patient healthcare access through the GP Services Redesign Project
- improving the visibility of Aboriginal patient uptake and participation in the Network's health services
- enhancing patient self-management using new medication dispensing and packaging technology
- ensuring patient safety by developing a robust governance model of telehealth services
- optimising release planning for patients on Opioid Substitution Therapy and improving withdrawal management through primary care staff training
- promoting international best-practice in custodial patient care at the Network's inaugural Custodial Health Conference
- identifying patients who have experienced violence, abuse and neglect and their at-risk children through improved screening processes
- improving the detection of HIV and Hepatitis C through a trial of new blood spot testing technology.

The Network also improved performance on last year by achieving a:

- 36 per cent increase in the number of staff accepting free influenza vaccinations
- 110 per cent increase in Your Experience of Service patient survey responses.

Our Network staff change lives every day. Their dedication and expertise improve the health outcomes of patients, and bring dignity and high-quality patient-centred care to a stigmatised and vulnerable patient population.

Virtual elimination of hepatitis C was achieved in six correctional centres

Key achievements 2017-18

- Treated 1127 patients for Hepatitis C-related conditions, and 90.8 per cent of patients started treatment via the nurse-led model of care. The Network also achieved virtual elimination of Hepatitis C at six centres.
- The Community Integration Team supported transition of care for 486 young people with mental health and/or drug and alcohol histories on release from custody in 2017-18. Of those, 51.6 per cent of young people referred to other services identified as Aboriginal and Torres Strait Islander.
- The Network's pilot Aboriginal Court Diversion and Bail Support Program, which commenced in May 2016, received 74 referrals. Of those, 45 successfully completed the program. All participants have complex mental health and/or drug and alcohol concerns, as well as significant social needs, including primary health, employment, education, relationships and housing.
- Implemented the Quality Audit Reporting System (QARS) across the organisation as part of the Network's patient safety, clinical quality and risk management framework.

- Trialled a mental health consultation liaison nurse and a centralised GP waiting list management system as part of the Primary Care GP Services Redesign project, a partnership with the Agency for Clinical Innovation's Centre for Healthcare Redesign.
- Secured approval and funding for the new Freshwater Unit in the Forensic Hospital, for extremely high risk patients.
- The Network's National Disability Insurance Scheme (NDIS) Transition Plan neared completion. This will improve access to NDIS supports for patients with physical, cognitive and psychiatric disabilities.
- In relation to contestability and commissioning, the Network:
  - transitioned its health service delivery at John Morony Correctional Centre under a service agreement with Corrective Services NSW which commenced on 27 November 2017
  - contributed to the tender evaluation for the delivery of health services at Parklea Correctional Centre, and worked with Northern Pathways on the new Clarence Correctional Centre health centre design
  - developed the monitoring and probity frameworks for custodial health services being delivered in managed correctional centres. The monitoring framework was tested in the first monitoring engagement at the John Morony Correctional Centre
- Assessed and supported 738 patients with drug and alcohol problems following their release from custody, through the Connections Program
- Made post-release arrangements with a community provider for 1784 adults participating in custodial Opioid Substitution Therapy.

THE SYDNEY CHILDREN'S HOSPITALS NETWORK

Corner of Hawkesbury Road and Hainsworth Street
Locked Bag 4001
Westmead NSW 2145

Telephone: 9845 3364
Facsimile: 9845 2233
Email: SCHN-CHW-PR@health.nsw.gov.au
Website: www.schn.health.nsw.gov.au
Business hours: 8:30am-5pm, Monday to Friday

Chief Executive: Dr Michael Brydon OAM

Dr Michael Brydon OAM was appointed Chief Executive of the Sydney Children's Hospitals Network in May 2016, after six years as Director of Clinical Operations at the Network.

Before this, Dr Brydon worked at Sydney Children's Hospital, Randwick for 27 years. He completed his undergraduate medical degree at the University of New South Wales and his Fellowship of Paediatrics in the Randwick program. He holds a Masters of Paediatrics and a Masters of Health Administration.

Dr Brydon is a passionate advocate for the unique health needs of children and has a deep understanding of the demands of paediatric health care.

Year in review

The Sydney Children's Hospitals Network saw occupancy averaging 86 per cent in 2017-18 across both sites. With 940,000 occasions of service (being any examination, consultation, treatment or other service provided to a patient in a non-admitted setting), and almost 96,000 emergency department presentations, we cared for a total of 155,000 children.

In 2018, Kids Research was launched as a Network service and now supports researchers and collaborations across both The Children's Hospital at Westmead and Sydney Children's Hospital, Randwick. A highlight was opening the Clinical Research Centre within Kids Research for clinical trials, helping to translate science into bedside practice.

Among the most pressing issues facing our hospitals this year was capacity. We are pleased to have made progress in improving patient access across the Network, especially for children with high dependency needs.

Our initial priorities, those that have the greatest impact on patient care, were optimising Network intensive care services; refining delivery of cardiothoracic and spinal surgery; and increased bed numbers (particularly isolation beds) at both sites.

Some successful capacity-boosting initiatives include:

- establishing the Close Observation Unit (COU) at Westmead
- recruiting nursing staff for new beds at both hospitals
- expanding Hospital in the Home across the Network
- expanding oncology ward facilities at Randwick, with work expected to be complete in late 2018.

Delivering the best possible care to patients is the focus of decision-making at the Network. Clinicians inform and guide this process with the support of management. Future conversations about resource allocation will include family and consumer representatives. This helps us continue to improve our services, and aligns with our CORE values of collaboration, openness, respect and empowerment.

Future-focused capital works continued at both the Westmead and Randwick sites. The concrete has been poured for level two of the new acute services building. This building, shared with Westmead Hospital, will house the Children's Emergency Department which incorporates a short stay unit supported by satellite medical imaging and a pharmacy.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

The new Clinical Research Centre creates capacity for 1000 children a year on clinical trials

Key achievements 2017-18

- The Sydney Children's Hospitals Network took a leadership role in the Zero Childhood Cancer Program. This is another major step towards defeating childhood cancer (especially cancers with historically poorer outcomes) through personalised therapies.
- Spinraza (nusinersen), the only medicine for treating spinal muscular atrophy (SMA) was made available to all paediatric patients through the Pharmaceutical Benefits Scheme. The cost to families would otherwise be $367,850 p.a. The Network advocated for early detection of SMA through screening.
- The Sydney Children's Hospitals Network clinicians led the NSW Health Compassionate Access Scheme (CAS), securing 66 doses of Epidiolex for children with severe, treatment-resistant epilepsy. Epidiolex is an oral pharmaceutical formulation of pure cannabidiol (CBD), a non-psychoactive component of the cannabis plant. The CAS has given children with the most severe forms of childhood epilepsy an opportunity to access a pharmaceutical-grade, cannabis-based product, whilst prioritising safety. The CAS forms part of the agreement between the NSW Government and GW Pharmaceuticals to explore the use of cannabinoid medicines for children with severe treatment-resistant epilepsy.
- The Clinical Research Centre opened in Kids Research. This supports the translation of interventions from bench to bedside, and is now ready to welcome around 1000 children a year.
- The Close Observation Unit opened at The Children's Hospital at Westmead, increasing capacity by adding six single high dependency beds.
- The My Health Memory smartphone app continues to be rolled out, enabling patients and families to communicate with their healthcare teams. This app allows patients and families to:
  - access electronic discharge summaries (ED and inpatient)
  - access Kids Guided Personalised Service (GPS) care plans
  - manage appointments electronically, including receiving reminders for each appointment
  - message their clinical teams, once hospital staff have initiated the communication process in the patient's electronic medical record.
- The Sydney Children's Hospitals Network, along with NSW Health, NeuRA, Kidsafe NSW and European Child Safety Alliance, launched the Child Safety Good Practice Guide. This resource aims to reduce unintentional childhood injuries that lead to hospitalisation or death by providing a summary of good practice for each of the leading causes of injury to children in NSW. This will provide practitioners, decision makers, and legislators with an evidence-focused resource, relevant to the Australian setting, on which they can base their work, funding and recommendations.
- Acting on feedback from the 2017 People Matter Employee Survey, the Network initiated the 'It Starts With Me' campaign, engaging staff to take personal responsibility for creating a positive workplace culture.
- The Children's Hospital at Westmead opened the first Newborn Individualised Developmental Care and Assessment Program (NIDCAP) training centre in Australasia. This is the region's only comprehensive, family-centred, evidence-based approach to newborn developmental care.
- Sustainability initiatives progressed: Used PVC medical products such as tubing, masks and IV bags are now made into play mats, garden hoses and floor coverings. Almost a ton of toner cartridges and 25 per cent more theatre waste than last year were diverted from landfill.
- The Weight4Kids team developed a series of online training modules and resources to assist health professionals with assessment and treatment of overweight children and adolescents.

ST VINCENT'S HEALTH NETWORK SYDNEY

390 Victoria Street
Darlinghurst NSW 2010

Telephone: 8382 1111
Facsimile: 9332 4142
Email: SVHS.Enquiry@svha.org.au
Website: www.svhs.org.au
Business hours: 9am-5pm, Monday-Friday

Chief Executive: Associate Professor Anthony Schembri

Associate Professor Anthony Schembri joined St Vincent's Health Network Sydney as CEO in 2014. He is a Board Director of the Central and Eastern Sydney Primary Health Network, Board Director of the Garvan Institute for Medical Research, Board Director of the St Vincent's Curran Foundation, Board Director of the National Centre for Clinical Research of Emerging Drugs of Concern and Co-Chair of the Nursing Research Institute of ACU/St Vincent's.

Associate Professor Schembri currently holds academic appointments with the University of NSW and the Australian Catholic University (ACU). He is a surveyor for the Australian Council on Healthcare Standards and Fellow of the Australian College of Health Service Management.

Yearin review

During the past year, St Vincent's embarked on one of its most important planning endeavours, the St Vincent's Integrated Healthcare Campus Darlinghurst Clinical Services Strategy 2027. This is our plan for meeting and adapting to the challenges of 21st century healthcare, and is critical for the campus to continue to thrive.

The Clinical Services Strategy outlines six key strategic commitments, among them precision healthcare, innovative ambulatory care, virtual telehealth serving rural and regional patients, and becoming a destination for world-class treatment, research and training.

St Vincent's continued to advocate for and deliver compassionate care to the poor and vulnerable throughout 2017-18.

Our clinical research endeavours grew rapidly, with clinical trials nearly doubling since 2013, from 147 to 247. Phase 1 numbers went from 2 to 15 trials in the same period, phase 2 trials from 32 to 57, phase 3 from 74 to 100 and phase 4 from 14 to 21. One of the greatest increases was in St Vincent's Medical Oncology, which is fast becoming a major centre for phase 1 trials.

One of our major research objectives is to harness the capabilities of precision healthcare. A year since St Vincent's launched Australia's first clinical genomics unit (together with the Garvan Institute for Medical Research) to provide whole genome sequencing, it has made significant progress.

We also took a leadership role in theranostic (targeted therapy based on targeted diagnostic tests) prostate therapy trials. This attracted multi-million dollar state government funding through the Cancer Institute. St Vincent's is also well positioned to undertake cardiac precision medicine projects in partnership with the Victor Chang Cardiac Research Institute and the Garvan Institute.

St Vincent's Hospital and Sacred Heart underwent EQuIP National periodic review in May 2018. The surveyors thought the organisation had matured over the past two years. They noted stronger documentation in committees and communication throughout the organisation. The shift in culture was apparent, with staff empowered to speak up for patient safety and quality. The mission and values of the organisation were evident in patient care, with engagement with Aboriginal and Torres Strait Islander patients a notable mention. The surveyors reported no areas of concern, with all previous recommendations to be closed, and no new recommendations.

St Joseph's Hospital underwent Organisational Wide Survey in June. The Survey team were very positive about the hospital's safety culture, the involvement of consumers and community, excellent mandatory training compliance, staff engagement in the survey process, clinical governance processes and multidisciplinary care planning. They noted no areas of concern, all previous recommendations are to be closed, and no new recommendations.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

171 countries screen St Vincent's Miracle Hospital on National Geographic channel

Key achievements 2017-18

- Pioneered treatment for ice dependence using existing ADHD drug. The LiMA (lisdexamfetamine) for the treatment of methamphetamine dependence study is testing if a high dosage of lisdexamfetamine can reduce methamphetamine use, cravings and withdrawal symptoms.
- Partnered with Justice Connect to establish the first NSW hospital-based legal service to prevent elder abuse.
- St Vincent's is participating in a large international study to see whether screening people who have smoked in the past or who are still smoking can detect early signs of lung cancer.
- St Vincent's Cancer Services is now providing telehealth to people living in rural and regional Australia, enabling greater access to the best cancer treatment available.
- Season 2 of National Geographic's Miracle Hospital started screening in 171 countries in April on the back of the success of Season 1.
- St Vincent's cardiologist Professor Peter Macdonald was a NSW nominee for 2018 Australian of the Year.
- Established a dedicated Workplace Giving Program which supports the Hospital's longstanding outreach to the people of the Solomon Islands.
- Dr Sarah Michael, St Vincent's Hospital Director of Prevocational Education and Training, won the Geoff Marel Award. This annual prize recognises the work of an individual who has made a substantial contribution to the education and support of prevocational trainees.
- Scabies research trial won 2017 Eureka Prize. St Vincent's is a key partner in a world-first trial looking at the prevalence of scabies in Fiji and the Solomon Islands, which saw a reduction in scabies infestation from 33 per cent of the populations, to just two per cent.
- Performed 1000th heart transplant on Margaret Blunden, a 63 year old from Dapto. Premier Gladys Berejiklian joined St Vincent's for celebrations along with Margaret and members of the Transplant Unit to cut a special heart-shaped celebratory cake.
- Opened a new onsite gym for the hospital's mental health clients, which includes a new metabolic monitoring program.

HEALTH ADMINISTRATION CORPORATION

NSW AMBULANCE

Balmain Road, Rozelle

Telephone: 9320 7777
Facsimile: 9320 7800
Email:
Ambulance-GeneralEnquiry@health.nsw.gov.au
Website: www.ambulance.nsw.gov.au
Business hours: 9am-5pm, Monday to Friday

Chief Executive: Dominic Morgan ASM

NSW Ambulance Chief Executive Dominic Morgan ASM is a career health professional, with more than 30 years' experience across a broad range of roles.

He has had a diverse career and brings a depth of experience from executive level to operational and critical clinical roles. After starting his career with NSW Ambulance, Mr Morgan was appointed as Chief Executive Officer of Ambulance Tasmania in 2009. He returned to NSW Ambulance in 2016 as Chief Executive.

He holds a Bachelor of Health Science and an MBA.

Year in review

NSW Ambulance continued to implement and progress significant projects throughout 2017-18, with a particular focus on staff wellbeing.

The Wellbeing Investment Program saw the commencement of wellbeing workshops, focusing on staff safety and wellbeing. These are to be rolled out to all staff over three years. The program also brings in the organisation's first chief psychologist, two occupational violence prevention officers and new occupational therapist, physiotherapist and exercise physiotherapist positions as well as increasing peer support officer and chaplain numbers.

The 2018 NSW Ambulance Patient Experience Summit built on the success of previous summits, placing further focus on staff welfare and on the fundamental importance of delivering exceptional care to every single patient.

There was extensive service and workforce planning during 2017-18, to support the development of the Statewide Workforce Enhancement Plan (SWEP). This culminated in a NSW Government announcement of 750 new paramedics and control centre staff to be employed over the next four years.

Implementation of the Paramedic Response Network (PRN) model of operations advanced significantly. Four more superstations at Liverpool, Penrith, Northmead and Artarmon began operations, as did the first of the new Paramedic Response Points (PRP) at Mortdale.

Coinciding with PRN implementation, the Make Ready Model, which lets paramedics focus on delivering care to patients rather than cleaning and restocking ambulances, was introduced in each superstation as it became operational. It saw the number of logistics staff supporting this innovative model expand to beyond 50.

A new ambulance station became operational at Coolamon and upgraded ambulance stations at Ardlethan and Harden were delivered under the Rural Ambulance Infrastructure Reconfiguration program, with 23 regional and rural locations now set to have a new or upgraded station under the program.

NSW Ambulance also underwent an organisational restructure.

Key Information Communication Technology (ICT) services were moved to eHealth NSW, providing greater support and stability for the organisation's operations.

Initiatives to provide patients with appropriate care options and reduce the number of transports to emergency departments continued, including the Patient Referral to Alternate Destinations; Palliative and End of Life Care; Aged Care; Paramedic Connect and Frequent User Management. The Western Sydney Collaboration, St George Geriatric Flying Squad, NSW Ambulance Falls Strategy and NSW Ambulance Authorised Care Plans also improved patient care and health outcomes.

Record workforce boost:
750 extra paramedics and call centre staff over the next four years

Key achievements 2017-18

- Continued the evolution of NSW Ambulance operations in metropolitan Sydney with the Sydney Ambulance Metropolitan Infrastructure Strategy. The shift to the Paramedic Response Network (PRN) model of operations continued with Liverpool, Penrith, Northmead and Artarmon superstations and the first new Paramedic Response Point (PRP) at Mortdale beginning operations.
- Introduced the Make Ready Model (MRM) in all seven operational superstations, with more than 50 new positions created. The Make Ready Model frees paramedics to focus on delivering clinical care, by introducing logistics teams to clean and restock ambulances ready for operations.
- Continued the biggest regional and rural transformation of NSW Ambulance infrastructure in the organisation's history through the Rural Ambulance Infrastructure Reconfiguration (RAIR) program. Coolamon, Ardlethan and Harden brought the number of operational stations delivered to four. To date, 23 locations have been announced under this program.
- Began the rollout of the NSW Ambulance Wellbeing Investment program. This program features multiple mental health, wellbeing and safety initiatives to better support staff. Every staff member will have the opportunity to attend the tailored Wellbeing Workshops which commenced in 2018.

- The organisation's third annual NSW Ambulance Patient Experience Summit focused on the patient experience, and explored how the organisation can foster a culture of compassionate care for our patients and staff. Expert speakers and more than 350 staff examined communication, culture, mental health and wellbeing.
- Sixty-five per cent of NSW Ambulance staff were vaccinated against influenza, a significant improvement on the 2016-17 results of 59 per cent and a vital initiative in protecting the workforce and patients against the virus.
- Statewide Workforce Enhancement Program. The NSW Ambulance workforce will be boosted by 750 new paramedics and control centre staff over the next four years. This major enhancement and its rollout is based on extensive evidence-based planning by NSW Ambulance to ensure they are allocated where most needed.
- Key ICT services were transferred to eHealth NSW in a strengthening of the partnership between the two agencies. Supported by $42 million in NSW Government funding over the next five years, the transition is providing greater support and stability to NSW Ambulance ICT services.
- NSW Ambulance, Western Sydney Local Health District and WentWest Primary Health Network collaborated with Westmead Hospital to create the Hospital in the Home Rapid Response Team to provide access to efficient and same-day clinical care and ongoing treatment in the home.
- Implemented a new organisational structure to align functions, improve accountability, strengthen governance, and foster further integration with the health system.

HEALTH INFRASTRUCTURE

Level 14, 77 Pacific Highway
North Sydney NSW 2060
PO Box 1060
North Sydney NSW 2059

Telephone: 9978 5402
Facsimile: 8904 1377
Email: hi-info@health.nsw.gov.au
Website: www.hinfra.health.nsw.gov.au
Business hours: 9am-5pm, Monday to Friday

Chief Executive: Sam Sangster

Sam Sangster has led significant growth and maturation of Health Infrastructure over the last five years. His career has spanned public and private sectors, including large ASX-listed companies in a range of commercial and project delivery roles.

Immediately before joining Health Infrastructure, Mr Sangster worked in the Victorian public sector, delivering major infrastructure including Melbourne's Docklands.

He holds qualifications in law, accountancy and computer science, and is a graduate of the director's course run by the Australian Institute of Company Directors, a Certified Practising Accountant, and admitted to legal practice in several jurisdictions.

Yearin review

Health Infrastructure's proven ability to plan and deliver world-class health care facilities continued to drive exceptional outcomes for the NSW health system in 2017-18.

The combined total value of projects under Health Infrastructure's management reached $14.4 billion at the end of 2017-18, up from $10.6 billion at the end of the previous financial year. In 2017-18, Health Infrastructure delivered a record capital spend of $1.1347 billion, compared with $830.7 million in 2016-17.

In 2017-18, Health Infrastructure completed 16 projects across NSW, with a combined total cost of $556.3 million.

Rural and regional projects remained a focus during 2017-18. Of total projects underway, approximately 60 per cent by number, and 40 per cent by value, are in rural and regional areas. Health Infrastructure is planning and delivering health care facilities in every corner of the state from as far north as the Tweed Valley, as far west as Broken Hill and down to Cooma in the south.

The 2017-18 financial year also saw Health Infrastructure make a significant impact in metropolitan areas. Fifty-two per cent of overall project expenditure went towards delivering just five major projects across Sydney.

During 2017-18, Health Infrastructure worked closely with other member agencies of the NSW Government's Construction Leadership Group on increasing the capacity and capability of the construction industry. Centred on the NSW Government Action Plan: A ten point commitment to the construction sector, this work will help ensure the industry can play its role in delivering the record health capital program and forward pipeline.

The 2017-18 year also saw important changes in Health Infrastructure's role, structure and approach to partnering across NSW Health. In July 2017, Health Infrastructure gained responsibility for developing a best practice framework and centre of excellence for asset management across NSW Health. The new function is now established and successfully embedded.

In March 2018, Health Infrastructure formally launched a new organisation structure to ensure we partner effectively with other NSW Health organisations and with industry, to deliver excellent outcomes for the health system.

Planning or delivering new facilities at 100 sites across NSW

Key achievements 2017-18

- Completed 16 projects with a combined total value of $556.3 million:
  - Blacktown Hospital (Stage 2) Car Park
  - Hornsby Ku-ring-gai Hospital Redevelopment Stage 1
  - Kids Research Institute Clinical Research Centre at Westmead
  - Molong Multipurpose Service
  - Northern Beaches Health Service (NBHS) – Brookvale Community Health Centre
  - Royal Prince Alfred Hospital Car Park
  - Rural Ambulance Infrastructure Reconfiguration Program – Ardlethan Ambulance Station
  - Rural Ambulance Infrastructure Reconfiguration Program – Coolamon Ambulance Station
  - Rural Ambulance Infrastructure Reconfiguration Program – Harden Ambulance Station
  - Rural Ambulance Infrastructure Reconfiguration Program – Molong Ambulance Station
  - Sydney Ambulance Metropolitan Infrastructure Strategy – Artarmon Superstation
  - Sydney Ambulance Metropolitan Infrastructure Strategy – Caringbah Superstation
  - Sydney Ambulance Metropolitan Infrastructure Strategy – Northmead Superstation
  - Sydney Ambulance Metropolitan Infrastructure Strategy – Penrith Superstation
  - Sydney Ambulance Metropolitan Infrastructure Strategy – Roselands Paramedic Response Point
  - Wagga Wagga Rural Referral Hospital Redevelopment Stages 1 and 2

  Note: The above may include reference to individual components of larger infrastructure projects and programs therefore may not be recognised as officially completed.
- Completed 17 business cases for projects with a combined total value of $2.2 billion, eight investment decision templates for projects with a combined total value of $1.9 billion, and nine project briefs for projects with a combined total value of more than $37.9 million.
- Coordinated 67 ministerial or MP events at Health Infrastructure project sites, including sod turns, topping outs and official openings.
- Worked closely with the other member agencies of the Construction Leadership Group to agree on, launch and begin implementation of the NSW Government Action Plan: A ten point commitment to the construction sector.
- Established the new statewide asset management function to work with local health districts, speciality networks and health services to achieve fit-for-purpose, safe, compliant and optimised assets to deliver the best health care possible to patients and communities.
- Launched the Inspired Women's Leadership Series, to support Health Infrastructure's Diversity and Inclusion Strategy and offer learning and development opportunities across the organisation.
- Released a new design guideline, titled Guidelines for Hospital Helicopter Landing Sites in NSW, for the new fleet of helicopters used for medical retrievals in NSW.
- Conducted post-occupancy evaluations of emergency and medical imaging services at a range of sites following their redevelopments. The knowledge gained can be implemented in upcoming Health Infrastructure projects and reflected in Australian Health Facility Guideline revisions.
- Introduced Health Infrastructure Major Medical Equipment Procurement documentation, standardising procurement of major medical equipment and driving favourable tender responses.

Significant milestones in 2017-18 include:

- The Central Acute Services Building commenced construction and the multi-storey car park opened at the $1 billion Westmead Redevelopment (Stages 1A & 1B, and The Children's Hospital – Stage 1).
- The Stage 1 Very Early Contractor Involvement contract was awarded and Stage 1 early works commenced for the Nepean Redevelopment Stages 1 & 2 ($1 billion).
- The Very Early Contractor Involvement contract was awarded and Stage 1 emergency department expansion works were completed on the $720 million Randwick Campus Redevelopment.
- As part of the $700 million Blacktown and Mount Druitt Hospitals Expansion – Stage 2, the Mount Druitt Drug Health and Renal facilities were completed and the Blacktown Hospital structure reached its highest point of construction.
- Planning commenced for the $632 million Campbelltown Hospital Redevelopment – Stage 2.
- The preferred site was announced for the $582 million Tweed Valley Hospital.
- Enabling works commenced and the State Significant Infrastructure Application was lodged on the $470 million New Maitland Hospital.
- A new 11-storey building was officially opened at the $348 million Gosford Hospital Redevelopment.
- Enabling works commenced for the $341 million Concord Hospital Redevelopment (Phase 1A and 1B).
- The $265 million St George Hospital Redevelopment Acute Services Building was officially opened.

- The paediatric, surgical and medical inpatient wards and the Southern Tower fit out were completed at the Lismore Base Hospital Redevelopment – Stage 3 ($230.5 million).
- Construction commenced on the $200 million Hornsby Ku-ring-gai Hospital Redevelopment – Stage 2.
- Enabling works commenced on the $200 million Wyong Hospital Redevelopment.
- Schematic Design was completed and the State Significant Development Application lodged for the $194 million Coffs Harbour Hospital Expansion.
- Stage 4 main works construction commenced on the Dubbo Hospital Redevelopment – Stages 3 and 4 ($150 million).
- Early works commenced for the Goulburn Hospital and Health Service Redevelopment ($120 million).
- The Forensic Medicine and Coroner's Court ($91.5 million) structure reached its highest point of construction.
- The preferred greenfield site was announced and the Schematic Design launched for the Macksville Hospital Development ($73 million).
- Early works commenced on the $70.7 million Mudgee Hospital Redevelopment.
- Enabling works commenced and the State Significant Development Application was lodged for the Bowral and District Hospital Redevelopment ($65 million).
- The construction tender was awarded for Inverell Hospital Redevelopment ($60 million).
- Armidale Hospital Redevelopment ($60 million) main construction works were completed and the new building was officially opened.
- Construction commenced on the $50.4 million Bulli Aged Care Centre of Excellence.
- Early works were completed at the $40 million Manning Hospital Redevelopment – Stage 1.
- Early works commenced and master planning was completed for the Griffith Hospital Redevelopment Stage 1 ($35 million).
- The $30 million Broken Hill Health Service Redevelopment was completed and handed over for operational commissioning.
- Main works commenced on the $21.5 million Muswellbrook Hospital Redevelopment – Stage 2.
- Schematic Design was completed for Cooma Hospital ($18.6 million).
- Stage 2B of the $18 million John Hunter Children's Hospital Neonatal Intensive care Unit – Stages 2 and 3 project was completed.
- The $17.5 million Port Macquarie Mental Health Unit reached the highest point of construction.

HEALTHSHARE NSW

Tower A, Level 17, Zenith Centre
821 Pacific Highway
PO Box 1770
Chatswood NSW 2067

Telephone: 8644 2000
Facsimile: 9904 6296
Email: hsnsw-chief.executive@health.nsw.gov.au
Website: www.healthshare.nsw.gov.au
Business hours: 8.30am-5pm, Monday to Friday

Chief Executive: Daniel Hunter

Daniel Hunter joined HealthShare NSW in June 2015. Over the course of his career, he has held leadership positions in both the public and private sector, with broad-based experience in management, operations, strategy, finance and procurement and a strong focus on leading transformational change through the creation of business partnerships and new, efficient models of service delivery.

Year in review

In 2017-18, HealthShare NSW continued to deliver on its key strategic direction: to be a valued and trusted partner delivering competitive services to NSW Health.

Over the past 12 months, HealthShare NSW led a number of pulse check surveys to measure client satisfaction. Among these was a customer value survey of all NSW Health agencies, which reported an overall increase in satisfaction of 17 per cent from the previous survey in 2016 and a 16 per cent increase in customer engagement.

EnableNSW (a shared service which provides equipment and services to people in NSW with chronic health conditions or disability) also surveyed 1200 consumers, who reported an overall satisfaction level of 8.9 out of 10. Additionally, 90 per cent of those surveyed agreed with the statement 'we do what we say we will.' We have reviewed the responses collected from both surveys and they are informing ongoing work in the customer service area.

Staff development and building workforce capability continued to be a key area of focus, with the launch of a staff mentoring program offering employees the opportunity to learn from and gain insights from senior leaders. We also launched the Jobs to Careers: Aboriginal Development Program, providing Aboriginal staff across the organisation with a unique opportunity to build skills and take part in a range of development opportunities.

EnableNSW also continued to provide opportunities for clinicians to expand their equipment knowledge, introducing Prescriber Education Sessions, delivered via face-to-face and video conferencing briefings and via online training modules.

HealthShare NSW continued to implement the innovative food service delivery model, My Food Choice (MFC). MFC is now available in 36 hospitals across NSW with a further 53 sites to roll-out by the end of the 2019-20 financial year. MFC has also resulted in a significant reduction in food waste since its launch.

To support the roll-out of MFC, HealthShare NSW also undertook capital works and refurbishments across 29 hospital kitchens. The $4.6 million program involved hospital kitchen renovations and kitchen equipment upgrades including increases in freezer and cool-room space, updates to plating lines and the introduction of cold plating and reheating systems.

Linen Services sought ways to reduce its carbon footprint. A new water filtration system is saving 205 million litres of water each year. Linen Services also reduced energy consumption while still delivering a high standard of cleanliness, by changing the chemicals used and reducing water temperature from 80 to 40 degrees.

Patient Transport Service launched a centralised system for coordinating non-emergency patient fixed-wing transport in NSW. This improves access for patients, while making more efficient use of limited fixed-wing resources.

During 2017-18, EnableNSW assisted 70 hospital loan pools to replace old stock and fill gaps for much needed discharge equipment at a value of over $3 million

Key achievements 2017-18

- My Food Choice was rolled out to 4310 beds in 28 sites across NSW Health.
- HealthShare NSW had a 21 per cent increase in customer satisfaction scores (from 5.3 in 2016 to 6.4 in 2018), and a 13 per cent increase in customer engagement scores (from 5.5 in 2016 to 6.2 in 2018) as measured by a bi-annual customer survey.
- EnableNSW assisted 3,508 people to transition to the National Disability Insurance Scheme in 2017-18.
- Non-emergency transports undertaken by NSW Ambulance were reduced by 46.5 per cent between May 2017 and May 2018.
- HealthShare NSW increased the percentage of Aboriginal employees in management roles (Health Manager Level 3 and higher) during 2017-18 – moving from 0.4 per cent to 0.8 per cent of HSNSW's overall employees.
- HealthShare NSW (HSNSW) increased the percentage of women in management roles (Health Manager Level 3 and higher) during 2017-18 – moving from 2.8 per cent to 3.2 per cent of HSNSW's overall employees.
- HealthShare NSW increased the percentage of people with a disability in management roles (Health Manager Level 3 and higher) during 2017-18 – moving from 2.7 per cent to 6 per cent of HSNSW's overall employees.
- EnableNSW assisted 70 hospital loan pools to replace old stock and fill gaps for much needed discharge equipment at a value of over $3 million.
- Commenced centralised coordination of non-emergency fixed-wing transport throughout NSW.
- A new ICT application for the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) was implemented in April 2018, resulting in an increase in the total number of claims processed, and processing times improving by 21 per cent.

NSW HEALTH PATHOLOGY

Level 5, 45 Watt Street
PO Box 846
Newcastle NSW 2300

Telephone: 4920 4000
Facsimile: 4920 4040
Email: nswpath-news@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 public health for more than 20 years. She has held several Hunter New England Local Health District executive positions, led a range of statewide projects for NSW Health, and was awarded an Australian Public Service Medal for outstanding public service to community health in NSW. Ms McCosker holds Bachelor of Commerce and MBA degrees, and is a member of the Australian Institute of Company Directors. She is committed to leading organisations that make a positive difference in people's lives, and serves on the board of Life Without Barriers.

Year in review

NSW Health Pathology is the largest public pathology provider in Australia. Its purpose is to create better health and justice systems.

Recognising the value and quality of our services, NSW Health endorsed us as the preferred provider and commissioner of public pathology services to the NSW health system.

In 2017-18 we performed more than 61 million tests, operated 63 accredited pathology laboratories and managed more than 200 collection services in NSW public hospitals and community health facilities.

Our Forensic and Analytical Science Service provided world-class independent, objective analysis to the state's criminal and coronial justice systems. It also performed environmental health testing for NSW public health units and services to Transport for NSW and others.

The change to a new statewide structure built stronger relationships with our customers and the communities that rely on us for trusted expert services. New local pathology teams are developing stronger clinical relationships to ensure our statewide service continues to match local needs.

Our 4000 staff include pathologists – medically trained clinicians who work in public hospitals and modern laboratories – supported by scientists, technicians, support staff and others. Together they help clinical teams make the best possible treatment decisions for patients and provide expert advice and analysis to our justice partners. We are inspiring the next generation of pathologists, scientists and technicians with placements for high school, TAFE and university students.

We worked with the Sydney Children's Hospital at Westmead to launch the NSW Perinatal Postmortem Service. It offers non-coronial perinatal postmortems, testing and support to parents who have lost babies, helping them understand any reasons for the loss and make informed decisions about future pregnancies.

We now operate the new $12 million NSW Health Statewide Biobank, the first and largest facility of its kind in Australia. It will give researchers a better understanding of the health of NSW people and help improve the way disease is detected, diagnosed and treated.

2018 marks the end of our first five-year strategic plan, which has guided us since our creation in 2012. We improved the value we offer to all who rely on our high-quality service and re-invested in our services, workplaces and the broader health system.

Our next strategic plan will take us to 2025 and will respond to customer, stakeholder and staff insights to help shape extraordinary public pathology and forensic services for the future.

Reduced expiry of red blood cells for transfusions saved 16.32% in costs

Key achievements 2017-18

- Endorsed by NSW Health as the preferred provider of public pathology services to the NSW health system.
- Established a new NSW Perinatal Postmortem Service to help families affected by the death of their baby shortly after or before birth. It offers non-coronial perinatal post-mortems, testing and support to help parents understand any reasons for their loss and make informed decisions about future pregnancies.
- The $91.5 million NSW Forensic Medicine and Coroner's Court Complex at Lidcombe neared completion. It will operate from early 2019.
- The $12 million NSW Health Statewide Biobank opened. This will give researchers access to over three million human samples. It was developed in partnership with the Office for Health and Medical Research, Sydney Local Health District and Health Infrastructure.
- Time to diagnosis or exclusion of influenza was reduced from four days to less than four hours at 24 of our public hospital laboratories, using rapid testing. Patients at high risk received faster, more effective treatment.
- We were the first Australian forensic medicine service to work with the Australian New Zealand Counter Terrorism Committee, to test our emergency disaster victim identification plan.
- Our Randwick lab was accredited to perform routine clinical exome sequencing for neurocognitive and other rare genetic disorders. In association with a national partner, it can provide rapid acute care exomes in just five days.
- Began building a $1.2m cloud-based service for genomic data analysis, storage and sharing. It will help us make genomics part of mainstream healthcare.
- More than 160 ICT projects are delivering new capabilities, including a mobile app that gives clinicians secure access to patient pathology results. Artificial intelligence is helping us automate cancer pathology reports for the Cancer Institute NSW.
- Our pathology Clinical Governance Framework was the first of its kind published in Australia. It reinforces our commitment to safe, reliable, timely, quality results in our pathology and forensic services.

eHEALTH NSW

Tower B, Level 13
Zenith Centre
821 Pacific Highway
PO Box 1770
Chatswood NSW 2067

Telephone: 9880 3200
Facsimile: 3880 3298 or 9880 3299
Email: ehnsw-enquiries@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 is Chief Executive of eHealth NSW and Chief Information Officer of NSW Health.

Dr Bolevich has a background in medicine and business administration. He has worked in a number of senior health system management, health IT and data analytics leadership roles in Australia and New Zealand.

Leading a team of more than 1250 staff, Dr Bolevich is focusing 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.

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.

Year in review

eHealth NSW made strong progress in building, shaping and extending the landscape for a world-class, patient-centred and digitally enabled health care system in NSW.

This involved implementing not only cutting-edge clinical systems, such as Electronic Medical Record (eMR) and Electronic Medication Management (eMeds) systems, but also effective business and workforce management systems, such as Enterprise Resource Planning and rostering, as well as secure, high-performing Information Communication Technology (ICT) infrastructure, networks and data centres.

In line with the eHealth Strategy for NSW Health 2016-2026, eHealth NSW is transforming the inpatient environment by working with local health districts to implement eMR systems, now in use at 20,000 hospital beds in 159 hospitals across the state, to support safer care for more than 1.8 million patient admissions annually. Every day more than 40,000 clinicians open 824,000 patient charts, order 317,000 tests and book 31,000 appointments digitally. More than 15 projects to further improve the eMR's functionality moved forward in 2017-18.

The eMR's Electronic Medication Management functionality was live at 38 NSW public hospitals by the end of 2017-18, with plans to roll-out to a further 140 facilities. More than 14 million medications were administered during the year using electronically recorded details, reducing the risk of medication errors. Advanced planning for Rural eMeds implementation has taken place, with 89 hospitals now scheduled for roll-out during 2018-19.

Deployment of the Electronic Record for Intensive Care (eRIC) program gained momentum in 2017-18, delivering improved safety for critically ill patients and supporting clinicians in the use of evidence-based clinical practice. eRIC is live in 230 beds in 11 hospitals across NSW with almost 7000 patients treated in those beds.

Detailed planning to implement a large enterprise imaging IT solution progressed, with a vendor selected for a new Picture Archive and Communication System and Radiology Information System (PACS-RIS) that will interface with the eMR and the various patient administration systems now in use.

A statewide wireless core capability was introduced at several NSW Health organisations, as part of a long-term plan to enable mobility and allow for secure Wi-Fi roaming across the state. This enables thousands of patients and their guests to benefit from free Wi-Fi at facilities including Royal North Shore Hospital, Griffith Base Hospital, Wagga Wagga Rural Referral Hospital and South East Regional Hospital in Bega.

In 2017-18 we also completed a multi-year program of migration of all significant statewide computer assets from NSW Health's three historical data centres to the new, advanced Government Data Centre. More than 6000 physical and virtual servers were migrated as a result of this program.

eHealth NSW's business and workforce management systems are playing their part in enhancing patient care, directly supporting the 140,000 staff members who provide 24/7 care for those in need across hundreds of NSW Health facilities.

In 2017-18, eHealth NSW expanded the functionality of StaffLink, the statewide platform for standardised financial, procurement and supply chain management. Implementation of the new statewide rostering system, HealthRoster, was also progressed. The number of NSW Health staff being rostered using the HealthRoster system increased to 84 per cent with remaining staff expected to join the rostering system by October 2018.

eHealth NSW continues to vigilantly monitor, review and strengthen NSW Health's information systems defences and has implemented measures to ensure NSW Health's cybersecurity 24/7 readiness is maintained. In 2017-18, International Standards Organisation's (ISO) security accreditation was successfully obtained for a range of eHealth NSW managed systems and infrastructure.

Every day more than 40,000 clinicians open 824,000 patient charts, order 317,000 tests and book 31,000 appointments digitally

Key achievements 2017-18

- By the end of 2017-18, the Electronic Medical Record (eMR) was live at 159 hospitals covering 20,000 hospital beds across NSW Health, supporting safer and smarter care for over 1.5 million patient admissions annually.
- The Electronic Medication Management (eMeds) module in the eMR is supporting safer care by reducing the risk of medication errors. By June 2018, eMeds was live at 38 NSW public hospitals and providing access to over 750,000 patients annually. eMeds has been rolled out to 10 more hospitals than initially planned.
- Continued the rollout of the Electronic Record for Intensive Care (eRIC), providing an integrated statewide clinical information system improving patient safety and supporting better clinical decision-making for critically ill patients. By end 2017-18, eRIC had been deployed to 230 beds in 11 hospitals across five local health districts.
- In March 2018, a new glucose management tool went live in the eMR for the first time. Developed in partnership with the Agency for Clinical Innovation and Sydney Local Health District, it is expected to contribute to improved diabetes care through safer prescribing and administration of insulin.
- In March 2018, HealtheNet went live with sharing NSW Diagnostic Imaging Reports with the My Health Record. By June 2018, five local health districts were sending a copy of a patient's diagnostic imaging report to their My Health Record, if the patient had one.

- The successful integration of HealtheNet with iPharmacy in November 2017 is improving access to patient medication history by enabling NSW Health hospitals to share records of medications dispensed on discharge with HealtheNet and My Health Record. This initiative is supporting the handover of care and improving patient outcomes.
- NSW Health clinicians are benefiting from faster and more reliable access to electronic medical records (eMRs) following the migration of eHealth NSW hosted, Cerner eMR production domains to the government data centres. The new domains now sit in the top 20 per cent fastest performing Cerner domains globally.
- Rolled out a new Recruitment and Onboarding (ROB) system to all NSW Health organisations. Since the first go-live of ROB in June 2017, there have been: 14,000 jobs posted, 1.7 million job advertisement views, over 115,000 applications uploaded, and 11,500 candidates have been hired and onboarded using the new system.
- Expanded the corporate analytics reporting suite to include 40 reporting tools and dashboards that span finance, human resources, payroll, procurement and logistics and food and patient services.
- eHealth NSW and The Sydney Children's Hospitals Network partnered with the Australian Digital Health Agency to establish and lead the National Children's Digital Health Collaborative. This transformative partnership has resulted in the states and territories joining forces in a ground-breaking three-year exploration of how digital health technology can help make Australia the best place in the world to raise healthy children. It will ensure that all Australian children, irrespective of location, socioeconomic status or cultural background, have the same opportunity to be healthy, safe and thriving.

LOCAL HEALTH DISTRICTS

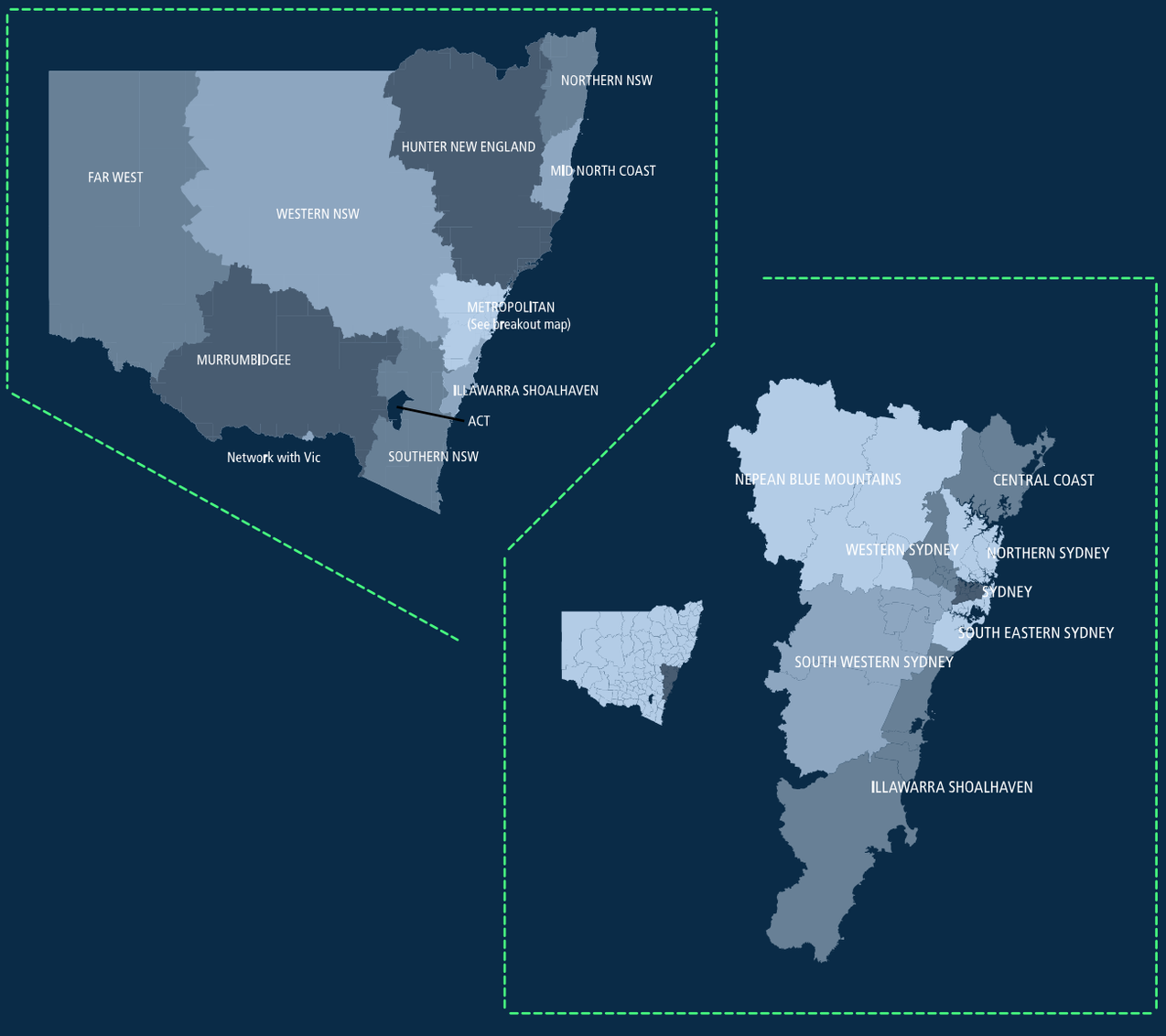
Eight local health districts cover the Sydney metropolitan region, and seven cover rural and regional NSW.

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
PO Box 361
Gosford NSW 2250

Telephone: 4320 2111
Facsimile: 4320 2477
Email: CCLHD-Feedback@health.nsw.gov.au
Website: www.cclhd.health.nsw.gov.au
Business hours: 8.30am-5pm, Monday to Friday

Chief Executive: Dr Andrew Montague

Dr Andrew Montague has been Chief Executive of Central Coast Local Health District since August 2016. He has extensive clinical and senior management experience within the health sector both in Queensland and New South Wales.

Dr Montague studied medicine at the University of New South Wales (UNSW) and has a Masters in Health Administration from UNSW. He is a fellow of both the Royal Australian College of General Practitioners and the Royal Australasian College of Medical Administrators.

Dr Montague's previous role was as Executive Director Operations for Northern Sydney Local Health District, where he also acted as the Chief Executive for an extended period.

He worked as a clinician for 10 years, both in hospital and as a general practitioner, and since 2005 has held the roles of Director Medical Services, Mercy Health and Aged Care Central Queensland; Deputy Director Medical Services, Royal North Shore Hospital; and Director Medical Services Northern Beaches Health Service.

Year in review

Central Coast Local Health District continues to grow and transform so as to provide world-class health care to the growing Central Coast community now and into the future.

Gosford Hospital's new 11-storey tower, part of the $348 million redevelopment, officially opened on 23 June 2018. The new tower delivers new and expanded patient facilities and cutting-edge technology.

The building includes a new nuclear medicine service with the latest technology to diagnose a wide range of conditions.

Work has now commenced on refurbishing the existing hospital. This will include a new main entry forecourt with a direct link to the new $35.5 million multi-storey car park currently under construction.

Planning continues for the $72.5 million Central Coast Medical School and Research Institute to be operated in partnership with the University of Newcastle. We aim for construction to begin in 2019.

Work also commenced on the $200 million redevelopment of Wyong Hospital. Construction started on part of the redevelopment, a new car park, in January 2018. The redevelopment will deliver first-class services, including a new emergency department, intensive care unit and expanded surgical services.

The District's first osteoporosis re-fracture prevention clinics commenced in May 2018 to help prevent patients aged over 50 with a fracture from having further re-fractures. The clinics include education and support to address bone health, along with improved access to early investigations and appropriate treatment.

The District continues to prioritise work that improves the health of the community, showing strong leadership in implementing measures that support preventive health. All sugary drinks were removed from District retail outlets (including vending machines) in late 2017, and we are working to ensure healthier food and drink options are available to staff and visitors.

We worked with parkrun Australia to establish a new parkrun in San Remo, an area of disadvantage, with strong participation from the local community.

The Healthy Children's Initiative and health professional referrals to the Get Healthy Service, including Get Healthy in Pregnancy, exceeded their key performance indicators. The 'Thirsty? Choose Water' Translational Research Grant commenced, to encourage students to swap sugary drinks for water.

District staff also promoted preventive health messages at the annual NAIDOC Community Day, with 346 attendees having health checks. Of these, 62 were referred to the Get Healthy Service and 78 were vaccinated against influenza.

Finally, our staff led by example, with 67 per cent vaccinated against influenza as part of the annual Exercise Respect program to protect patients and staff from the spread of the virus.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

110,000 people were reached with the 'Sick or hurt? Where to go for help' social media campaign

Key achievements 2017-18

- Work progressed on the $348 million redevelopment of Gosford Hospital. The new 11-storey tower opened, and work began on refurbishing the existing hospital.
- Work started on the new $35.5 million car park, which will provide 800 more car parking spaces at Gosford Hospital.
- Work progressed on the $200 million Wyong Hospital redevelopment, with construction commencing on the new car park.
- Rolled out the electronic Medication Management (eMeds) system, providing a complete digital picture of a patient's medications as they are prescribed, reviewed, dispensed and administered.
- Launched our Culture Plan 'Caring for the Coast', which brings together the common values and behaviours expected of staff to deliver exceptional patient care.
- Launched the 'Diabetes Care on the Coast' to improve the health and wellbeing of the Central Coast community.
- Launched a social media campaign, 'Sick or hurt? Where to go for help', to advise the community when to use emergency departments and what alternatives are available. The online video reached an audience of 110,000 people.
- Commenced the patient and family activated response program (REACH) at Gosford and Wyong Hospitals in October 2017. This enables patients and families to activate a medical review if they are concerned.
- Achieved improved hand hygiene results of 83.1 per cent by June 2018 through a District-wide hand hygiene improvement plan.
- Established the Substance Use in Pregnancy and Parenting service. It provides support and treatment to women who are using or have used alcohol and other drugs during pregnancy.

Demographic summary

Central Coast Local Health District is located north of metropolitan Sydney and provides healthcare services across a geographic area of approximately 1,680 square kilometres.

The Darkinjung people are the traditional custodians of the area covered by the District.

About 327,736* residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up 12,485 (3.8 per cent) of the population, compared with 208,476 for all NSW. The majority (60 per cent) of the Aboriginal and Torres Strait Islander population reside in the Wyong area.

About 21 per cent of the population were born overseas, and 8.3 per cent reported speaking a language other than English at home. About 0.8 per cent of the District population reported poor proficiency in English.

At present, comparatively large numbers of people 70 years and older live on the Central Coast (14.8 per cent of the population), compared with NSW (10.9 per cent). The Central Coast population aged 70 years and older represents about six per cent of the NSW population aged 70 years and older.

Over the next decade, the District's population is expected to increase by around 14 per cent, adding more than 40,000 people to reach around 374,000 people. The older population is projected to grow by about 38 per cent and will represent about 17.6 per cent of the population.

The main issues facing the District are health and social concerns related to ageing, chronic health conditions, and keeping pace with growing service requirements. These are particularly relevant in the Wyong area, because of a combination of rapid population growth, lower levels of socio-economic status, and higher levels of risk behaviours such as smoking, alcohol consumption, poor diet and obesity. Central Coast residents have higher rates of premature death from all causes, in particular cancers and respiratory disease, in comparison to the NSW rates.

Source: *2016 Census

Local government areas

Central Coast

Public hospitals

Gosford, Wyong, Woy Woy (sub-acute facility), Long Jetty Health Care Centre (sub-acute facility)

Community health centres

Erina, Kincumber, Lake Haven, Long Jetty, Mangrove Mountain, Woy Woy, Wyong, Wyong Central

Child and family health services

Aboriginal Maternal and Infant Health Services, Building Strong Foundations, Family Care Cottage Gosford Gateway Centre and Wyong Kanwal Health Service, Child and Family Health Gateway Centre, Statewide Eyesight Preschooler Screening, Statewide Infant Screening – Hearing, Sustaining NSW Families Wyong Central, Universal Health Home Visiting, Pregnancy and Early Parenting Education – Maternity Services, Developmental Team – Child Health Assessment, Family Assessment Consultation Education Therapy Service, Early Childhood Nursing Service, Well Baby Clinic, immunisation clinics, allied health clinics – occupational therapy, speech pathology, physiotherapy, social work. Child and family health services are also provided at community health centres and Kariong Neighbourhood Centre.

Oral health clinics

Gosford Hospital, Woy Woy Hospital, Wyong Hospital

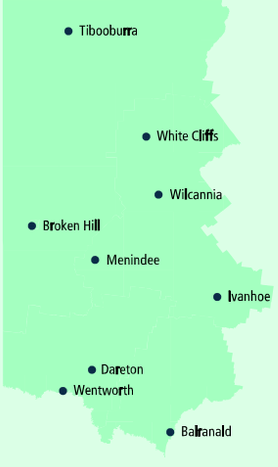
Otherservices

Aboriginal health, ambulatory care, BreastScreen NSW, chronic and complex care, community nursing, drug and alcohol, HIV and related programs, Hospital in the Home/Acute Post-Acute Care, Integrated Care Program, mental health, multicultural health, palliative care, sexual assault care, sexual health, violence prevention service, women's health, youth health

FAR WEST LOCAL HEALTH DISTRICT

2-4 Sulphide Sreet
PO Box 457
Broken Hill NSW 2880

Telephone: (08) 8080 1469
Facsimile: (08) 8087 2997
Email: fwlhd-feedback@health.nsw.gov.au
Website: www.fwlhd.health.nsw.gov.au
Business hours: 8.30am-5pm, Monday to Friday



Chief Executive: Steve Rodwell

Steve Rodwell was appointed Chief Executive for Far West Local Health District in September 2017. Previously, he was the Executive Director Nursing, Midwifery and Workforce with the Mid North Coast Local Health District for six years. Mr Rodwell began as a student nurse at Royal Prince Alfred Hospital in 1980, moving to Kempsey District Hospital in 1986 and to the Coffs Harbour Base Hospital in 1989. He brings to the role a great depth of nursing and management experience, having been Nursing Unit Manager, Assistant Manager Clinical Services, Care Centre Manager and Director of Nursing and Manager of Inpatient Services at Coffs Harbour Health Campus.

Yearin review

In its seventh year, the Far West Local Health District continues to consolidate on previous years' developments, making significant progress on initiatives.

Highlights during the year include:

- The new Broken Hill Community Health Centre opened for business. This is part of the NSW Government's $30 million redevelopment of Broken Hill Hospital and Dental Facility Reconfiguration, and features a five-chair dental health facility, child, family and community health services, and new administrative centre.
- The School Based Traineeship program continued to grow. An increase in applications led the District to double the positions available for 2019, with increased Indigenous participation.
- Progressed work with St George Hospital in developing the Broken Hill Hospital Intensive Care Unit (ICU) into a Level 4 ICU. A formal partnership with a Level 6 ICU, such as St George Hospital, is required to progress to a Level 4 ICU.
- The Indigenous employment rate increased, and the District developed an Aboriginal Workforce Strategy.
- Achieved consistently high performance in Emergency Department and Elective Surgery targets.
- Placed Primary Health Care Registered Nurses in primary and secondary schools in Broken Hill to provide universal health screening.
- Established the Direct Access Colonoscopy Clinic to fast track people for colonoscopy and reduce gastroenterologist waiting times.
- Achieved 70 per cent participation in the People Matter Employee Survey, the second-highest local health district participation rate in the state.

In 2017-18, the Far West Local Health District continued to perform strongly against a range of indicators.

The District retained a NSW Health performance rating of zero (no performance issues), and was on budget for the 2017-18 financial year.

We continued to develop a positive workplace culture and improve the workplace through the 'Yamirri Nharatji' program. This led to better staff engagement and interactions with patients and their families.

The District Travel Booking Centre expanded its client base, adding the Clinical Excellence Commission and the Cancer Institute NSW. This is further recognition of the high-quality service the Centre provides to organisations across NSW.

The coming year will be busy for the Far West Local Health District, with continuing capital refurbishments moving from planning to construction at Broken Hill Hospital. The HealthOne program will gain a newly-built facility at Buronga and a major refurbishment of the Tibooburra Health Service. Further capital works are planned for the Mental Health Unit at the Broken Hill Health Service, staff accommodation improvements for Wilcannia and Ivanhoe Health Services, replacement of the dental van at Dareton and refurbishment of the medical imagining equipment for BreastScreen NSW.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

Emergency Treatment Performance (ETP) targets were achieved with a YTD result of 90.3%, significantly above the state target of 81%

Key achievements 2017-18

- Completed $30 million purpose-built Broken Hill Community Health Centre (which opened 2 July 2018) housing dental, community health and District administration. Stage 2 reconfiguration of Hospital cancer care and waiting areas will be complete by end 2018.
- Reduced patient transfers with the Broken Hill Level 4 Intensive Care Unit (ICU) re-alignment. MOU between Broken Hill Health Service and St George Hospital ICU Level 6 enabled sharing of Intensivists from March 2018.
- Established Direct Access Colonoscopy Clinic (DACC), an innovative nurse-led clinic that fast-tracks people with a positive faecal occult blood test (FOBT) through to colonoscopy, avoiding the waiting time to see a gastroenterologist and have a colonoscopy.
- Established Connections, an after-hours service run by peer support workers, which helps people with depression, anxiety and mental illness connect with others and the community. It is run in partnership with Mental Health and Drug & Alcohol Directorate, Mission Australia and Grow (non-profit organisation).
- Primary Health Care Registered Nurse Schools Based Service (PHRNSB) placed five registered nurses across 10 primary and secondary schools in Broken Hill, providing universal health screening (childhood obesity), health promotion, chronic and complex care case support to children and adolescents aged from five to 18.
- Broken Hill Health Service achieved Emergency Treatment Performance (ETP) targets with a YTD result of 90.3 per cent (state target 81 per cent), and elective surgery targets for Category 1 and 2 targets, with only one Category 3 patient waiting as at 30 June 2018.
- Expanded Transition to Professional Practice (TPP) New Graduate Registered Nurse and Registered Midwife Program to 21 participants in 2018. Graduate Registered Nurses exposed to rural and remote health setting through four-month rotations over the 12 months.
- Embedded strategies to address childhood overweight and obesity in primary schools and the early childhood services, including Go4Fun, Get Healthy in Pregnancy, Make Healthy Normal and Get Healthy, Munch and Move, and Live Life Well @ School.
- As at 30 June, eight trainees were in their final year and 10 were in their first year of the School Based Traineeship (SBT), which combines paid work, training and school. Students receive industry-recognised national qualification and credit towards High School Certificate (HSC). SBT intake will increase to 20 in 2019-20, with 15 positions targeted to Indigenous students.
- Upgraded staff accommodation in White Cliffs (one two-bedroom unit at $160,000); Wentworth (one two-bedroom unit at $159,000) and Wilcannia (one two-bedroom studio at $137,000), to assist with staff retention in remote sites. Broken Hill Health Service replaced 18-year-old vinyl floor coverings for $1.1million, improving cleaning and infection control.

Demographic summary

The Far West Local Health District is located in the far west of NSW. The northern part links more closely with South Australia, while the southern part has closer links with Victoria. The region consists of mostly open plains and is bisected by the Darling River. Land use is dominated by pastoral grazing and mining to the north, where irrigation is absent. Land use along the Murray River is more diverse, including citrus, grain and grape production. The local health district provides healthcare services across a geographic area of approximately 194,949 square kilometres.

The Barkandji/Paakantji, Wilyakali, Nyampa and Muthi Muthi peoples are the traditional custodians of the land covered by the District.

The Estimated Residential Population (ERP) of the District was about 30,740 in 2016. People of Aboriginal heritage make up 3799 or 12.4 per cent (2016 ERP) of the population, compared to 208,476* for all NSW. The District's representation of culturally and linguistically diverse communities is very small, with 91.1 per cent of residents coming from an English-speaking background.

Demand for health services has been changing in line with the ageing population's increased rates of chronic disease. The District is enhancing models of care that focus on integrated care and alternatives to hospital care. The increase in chronic disease is related to ageing and the relatively poor health status of some populations within the District.

By 2036, the District's population is expected to decrease by 9.6 per cent. However, a planned land release in the Wentworth Local Government Area may increase the population over the next 25 years, doubling the existing population in that local government area. Additionally, mining activity and alternative electricity generation technologies are increasing in Broken Hill and in some outlying communities.

The proportion of the population aged 65 years and over is projected to increase from 18 per cent in 2016 to 29 per cent by 2036. With older people generally requiring a greater proportion of health care services than other populations, it is expected that this growth will increase the demand for services in the District.

The rate of admissions for circulatory disease in Far West was slightly higher than that of NSW. Incidence of both high blood pressure and high cholesterol were approximately 60 per cent higher among Far West residents than NSW residents as a whole. Hospitalisation rates for COPD (chronic obstructive pulmonary disease) and diabetes-related conditions were respectively two and three times the NSW rate, while those for intentional self-harm in 2016-17 were the second highest of all the local health districts. However, of all the districts, the Far West reported the lowest rates of psychological distress.

This will require a greater emphasis on the provision of primary health care and support for self-management. In addition, clinical services need to contribute to the integrated management of individual consumers' health care, rather than the episodic response to issues that arise due to poor health.

Source: *Australian Bureau of Statistics 2011

Local government areas

Broken Hill, Central Darling, Wentworth, Balranald, and the Unincorporated Far West

Public hospitals

Broken Hill Health Service, Wilcannia Health Service, Balranald Health Service, Wentworth Health Service

Community health centres

Dareton Primary Health Care Service, Ivanhoe Health Service (HealthOne), Menindee Health Service, Tibooburra Health Service, White Cliffs Health Service

Child and family health services

Broken Hill Child and Family Centre

Oral health clinics

Broken Hill Dental Clinic (Morgan St), Balranald Dental Clinic, Dareton Dental Clinic/Mobile Van

HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

Lookout Road
New Lambton Heights NSW 2305
Locked Bag 1
New Lambton NSW 2305

Telephone: 4985 5522
Facsimile: 4921 4969
Email: hnelhd-Communication@health.nsw.gov.au
Website: www.hnehealth.nsw.gov.au
Business hours: 8.30am-5pm, Monday to Friday

Chief Executive: Michael DiRienzo

Mr Michael DiRienzo, Chief Executive, Hunter New England Local Health District, holds tertiary qualifications in commerce and economics.
He held senior positions in a range of manufacturing organisations prior to entering the health field.
Mr DiRienzo has extensive experience in senior management roles within health support services, and was senior operational leader of the District's major referral hospitals before becoming Chief Executive in January 2011.

Year in review

It was another year of achievement for Hunter New England Local Health District and our commitment to providing excellent care for every patient, every time remained at the centre of everything we did.

Ours is one of the largest local health districts in NSW, and our challenge is to ensure we deliver consistent, quality healthcare regardless of where people live.

We are investing heavily in eHealth to continuously improve the quality of care for our patients, whether they are receiving care in our inpatient facilities or using outpatient services to stay well while living independently in their community.

During 2017-18, we introduced MedChart, an electronic medication management system, in 18 of our hospitals to replace paper charts. The system is more efficient, but most importantly improves patient safety by recording prescribed medications, tracking doses, checking for errors such as medication duplication, and alerting staff to patient allergies.

We also finished rolling out electronic Record for Intensive Care (eRIC) to two major intensive care units (ICUs), at John Hunter and Maitland hospitals. The software system, created by ICU clinicians, has replaced all current paper-based documentation in ICUs. Every minute, the software integrates clinical data from bedside monitors, ventilators and other specialised equipment and provides complex minute-by-minute patient monitoring and analysis necessary to safely manage our critically-ill patients.

We continued our investment in telehealth, to ensure people living in our most remote communities have access to high-quality care. Telehealth removes the need for patients to travel long distances for face-to-face consultations. This is significant in Hunter New England Local Health District, where patients travel more than 20 million kilometres a year to attend booked appointments with our services.

In a NSW first, Hunter New England Local Health District and Justice Health signed a memorandum of understanding that enables some prison inmates to receive care from their clinician via telehealth, rather than travelling from their correctional facility to hospital for assessment or follow-up care. This is an excellent example of how technology can streamline patient care and make best use of finite health resources, including our most precious commodity – time.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

Hunter New England LHD and Justice Health signed an MOU that enables some prison inmates to receive care via telehealth

Key achievements 2017-18

- Expanded the survey base of Flutracker, the largest online community-based, real-time influenza surveillance system in the world. Developed and run by Hunter New England LHD clinicians, Flutracker surveys 40,000 people across Australia and New Zealand every week to track the spread of influenza.
- Introduced an innovative webcam system to John Hunter Children's Hospital's Neonatal Intensive Care Unit (NICU), known as NICView, to allow families of newborns being cared for in the NICU to view their baby at any time by logging into a secure web-based service from any location.
- In a NSW first, the District and Justice Health signed a memorandum of understanding that enables some prison inmates to receive care from their clinician via telehealth, rather than travelling from their correctional facility to hospital for assessment or follow-up care.
- Completed a $25 million upgrade of the Neonatal Intensive Care Unit (NICU) at John Hunter Children's Hospital.
- Successfully introduced the electronic medication management system MedChart to 18 inpatient facilities.
- Developed and implemented a statewide program to support parents of primary school students with packing healthy lunchboxes. The program, aimed at preventing childhood obesity, includes text messages to parents every week for 10 weeks, online support materials and education materials for teachers.
- Completed a District-wide rollout of safety engineered sharps devices, to replace all intramuscular and subcutaneous injections (not including specialty needles) to reduce needle-stick injuries. Data (as at 30 July 2018) show an overall reduction of 20 per cent in all needle stick injuries since the rollout began in April 2018.
- In a NSW first, developed the Aboriginal Health Practitioner Clinical Framework to support 80 Aboriginal Health Workers to provide an extended scope of care to Aboriginal people.
- Completed construction of a new four-storey building extension at Armidale Hospital, with a new emergency department, operating theatres, sterilising department and medical inpatient unit. Existing parts of the hospital will be refurbished during 2018 to provide a new critical care unit and day surgery unit.
- Installed an on-site MRI machine at Tamworth Hospital, at a total cost of $2.5 million, to enable inpatients to receive imaging on-site.

Demographic summary

Hunter New England Local Health District is located north of Sydney and spans an area from Morisset in the south to Tenterfield in the north, and west to Boggabilla and Mungindi on the Queensland border. The District provides healthcare services across a geographic area of 131,785 square kilometres (16 per cent of the area of NSW). The catchment includes many small rural and remote communities, as well as populous regional centres. The largest centre is Newcastle, NSW's second largest city, located 150 kilometres north of Sydney. The District spans almost 700 kilometres from north to south and approximately 500 kilometres from east to west.

The Kamilaroi, Gomilaroi, Geawegal, Bahtabah, Thungutti, Awabakal, Aniawan, Biripi, Worimi, Nganyaywana, Wonnarua, Banbai, Ngoorabul, Bundjalung, Yallaroi and Darkinung nations are the traditional custodians of the land covered by the District.

About 920,370 [1] residents live within the District. Approximately 52,990 [1] people of Aboriginal and Torres Strait Islander heritage make up 5.9 per cent of the population, compared with 208,476 [2] for all NSW. Around 169,800 residents were born overseas, some 20 per cent of the District's population. More than 68,000 (about 7.8 per cent) of residents in the District speak a language other than English. There have been recent arrivals of Arabic speakers from Syria and several hundred refugees from Afghanistan.

All parts of the District are experiencing an ageing of the population, with a notable increase in people aged 85 years and over. At the same time, some communities are seeing a growth in families and young people, particularly in the Hunter Valley, Newcastle, Port Stephens and Armidale areas. There is also a general movement of the population away from inland areas to the coast. However, while some communities, such as Moree, may be seeing an overall decrease in population, the Aboriginal population is growing.

By 2026, the District's population is expected to grow by eight per cent to 992,610 residents. The main health issues facing the District are circulatory disease, cancer, gastrointestinal disease and kidney disease.

Source: 1. ABS 2016 estimates Healthstats, NSW Ministry of Health. 2. Australian Bureau of Statistics 2011.

Local government areas

Armidale Dumaresq, Cessnock, Dungog, Glen Innes Severn, Gloucester, Great Lakes, Greater Taree, Gunnedah, Guyra, Gwydir, Inverell, Lake Macquarie, Liverpool Plains, Maitland, Moree Plains, Muswellbrook, Narrabri, Newcastle, Port Stephens, Singleton, Tamworth Regional, Tenterfield, Upper Hunter, Uralla, Walcha

Public hospitals

Community hospitals: Bulahdelah, Dungog, Wilson Memorial (Murrurundi), Quirindi, Tenterfield Hospital, Tomaree (Nelson Bay), Wee Waa, Wingham

Rural referral hospitals: Armidale, Maitland, Manning (Taree), Tamworth

Tertiary referral hospitals: John Hunter (includes Royal Newcastle Centre), John Hunter Children's Hospital, Calvary Mater Newcastle

District hospitals: Belmont, Cessnock, Glen Innes, Gloucester Soldiers Memorial, Gunnedah, Inverell, Kurri Kurri, Moree, Muswellbrook, Narrabri, Scott Memorial (Scone), Singleton

Multi-purpose services: Manilla, Barraba, Bingara, Boggabri, Denman, Emmaville, Guyra, Merriwa, Tingha, Walcha, Warialda, Werris Creek

Public nursing homes

Hillcrest Nursing Home (Gloucester), Kimbarra Lodge Hostel (Gloucester), Wallsend Aged Care Facility

Community health centres

Armidale, Ashford, Barraba, Beresfield, Bingara, Boggabilla, Boggabri, Bulahdelah, Bundarra, Cessnock, Denman, Dungog, East Maitland, Emmaville, Forster, Glen Innes, Gloucester, Gunnedah, Guyra, Gwabegar, Harrington, Hawks Nest/Tea Gardens, Inverell, Kurri Kurri, Manilla, Merriwa, Moree, Mungindi, Murrurundi, Muswellbrook, Narrabri, Nelson Bay, Newcastle, Nundle, Pilliga, Premer, Quirindi, Raymond Terrace, Scone, Singleton, Tamworth, Taree, Tenterfield, Tingha, Toomelah, Toronto (Westlakes), Uralla, Walcha, Walhallow, Wallsend (Western Newcastle), Warialda, Wee Waa, Werris Creek , Windale (Eastlakes)

Child and family health services

Armidale, Anna Bay, Barraba, Belmont, Beresfield, Bingara, Boggabilla, Boggabri, Bundarra, Charlestown, Cessnock, Denman, East Maitland, Edgeworth, Glen Innes, Greta, Gunnedah, Guyra, Hamilton, Inverell, Kotara, Kurri Kurri, Mallabula, Manilla, Maryland, Medowie, Merriwa Morisset, Moree, Mungindi, Murrurundi, Muswellbrook, Narrabri, Newcastle, Old Bar, Quirindi, Raymond Terrace, Rutherford, Scone Singleton, Stockton, Stroud, Tamworth, Tenterfield, Tomaree, Toronto, Wallsend, Walcha, Waratah, Warialda, Wee Waa, Windale, Wingham

Oral health clinics

Armidale, Barraba, Beresfield, Cessnock, Forster, Glen Innes, Gunnedah, Inverell, Maitland, Moree, Muswellbrook, Narrabri, Nelson Bay, Newcastle, Raymond Terrace, Scone, Singleton, Stockton, Tamworth, Taree, Toronto, Tenterfield, Wallsend, Windale, Walcha

Third schedule facilities

Calvary Mater Newcastle

Other services

Mental health facilities: Mater Mental Health Services (Waratah), James Fletcher (sub-acute), Morisset Hospital. Inpatient mental health services: Maitland, Tamworth, Manning, Armidale and John Hunter hospitals

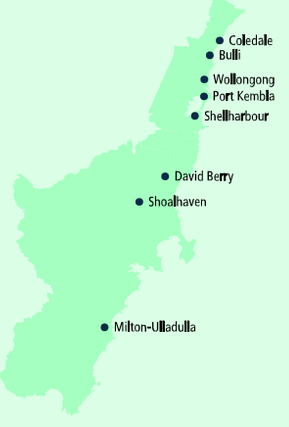
Lakeview Detoxification Service at Belmont Hospital

Clinical networks: aged care and rehabilitation; children young people and families; cancer; women's health and maternity; mental health and drug and alcohol; critical care and emergency services; and chronic disease

ILLAWARRA SHOALHAVEN LOCAL HEALTH DISTRICT

Suite 2, Level 2
67-71 King Street
Warrawong NSW 2502
PO Box 239
Port Kembla NSW 2505

Telephone: 4221 6899
Facsimile: 4221 6868
Email: ISLHD-Trim@health.nsw.gov.au
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 the health system in New Zealand and South Australia, before taking up the position of Chief Executive with the Illawarra Shoalhaven Local Health District in 2014. She has extensive health executive leadership and management experience at hospital and district level, and is a member of the Illawarra Health and Medical Research Institute Board. Ms Mains has a strong focus on research and has led the District through a significant period of change, including leadership reform. She also holds a Bachelor of Laws (University of Otago).

Year in review

Over the past 12 months our Local Health District undertook significant work to prepare for the future, starting with the launch of a new strategic plan: Strategic Directions for Illawarra Shoalhaven Local Health District 2017-2020. It establishes a clear focus on the ways we deliver health care services and plan for future demand. It outlines the priorities and enablers to help us achieve our vision of 'Excellent services, quality partnerships and healthy communities.'

As a district, we are committed to taking action to help close the health and life expectancy gap between Aboriginal and non-Aboriginal Australians. We were proud to join leaders from local Aboriginal Community Controlled Health Services, the Primary Health Network, and the University of Wollongong in signing an Aboriginal Health Partnership Agreement. This partnership strengthens existing local relationships, to promote collaboration and encourage positive changes to improve the health of Aboriginal people.

The District was the first in NSW to launch the extension of the Clinical Excellence Commission's REACH Program. REACH is a rapid response program that focuses on recognition and appropriate care of deteriorating patients by encouraging families to work with clinicians and 'raise their hands' if they need help.

The District also continued to plan for growth and enhancement of clinical infrastructure. The first sod was turned on construction of Bulli's Aged Care Centre of Excellence – a $50.4 million purpose-built facility that incorporates a public hospital co-located with a residential aged care facility. In October, the NSW Government announced a $251 million redevelopment of Shellharbour Hospital would proceed using the traditional approach; to be designed, built, operated and fully-funded by the NSW Government. We are now in the final stages of planning the main functions and support services to be delivered at Shellharbour.

Important planning work started for Shoalhaven Hospital, including preparing a Master Plan for the future. Preparatory works also began for building a $9.8 million car park, delivering 220 more parking spaces to meet current and future demand.

Our Oral Health Service celebrated the opening of a $3.4 million purpose-built dental clinic at Nowra. The new facility includes enhanced diagnostic tools, such as panoramic x-ray facilities and equipment that assists with treatment of bariatric (larger) patients and those with wheelchairs.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

Overall, 2017-18 has been a busy period for the District. We have continued to strive for improvement and quality enhancement in delivering care and services to our local community. I look forward to building on this in the year ahead.

A $3.4 million purpose-built dental clinic was opened at Nowra

Key achievements 2017-18

- Launched a new strategic plan, Strategic Directions for Illawarra Shoalhaven Local Health District 2017-2020, at the Annual Public Meeting on 13 November 2017. The plan sets out a clear direction for the District, focusing on the ways we deliver health care services and plan for future demand.
- The first sod was turned on the $50.4 million Bulli Aged Care Centre of Excellence in October 2017, to mark the beginning of construction. The centre will incorporate a purpose-built public hospital co-located with a residential aged care facility.
- Signed an Aboriginal Health Partnership Agreement between the District, leaders from local Aboriginal Community Controlled Health Services, the Primary Health Network, and the University of Wollongong in September 2017. The agreement is a commitment to work together to bring about positive changes to close the health and life expectancy gap between Aboriginal and non-Aboriginal Australians.
- The first sod was turned on the Shoalhaven Hospital Carpark expansion, which will provide a new five split-level carpark with over 220 new spaces.
- Officially opened the new Nowra Dental Clinic in November 2017. The $3.4 million purpose-built facility includes eight dental surgeries (double those in the original clinic), enhanced diagnostic tools and new accessibility equipment to treat bariatric (larger) patients and wheelchair users.
- Co-commissioned care coordination services with the Primary Health Network (COORDINARE), effectively doubling the current service funding to help people with chronic and complex conditions better navigate the health system.
- First in the state to launch the extension of the Clinical Excellence Commission's REACH Program in August 2017. REACH is a rapid response program that focuses on recognising and caring appropriately for deteriorating patients by encouraging patients and families to work with clinicians and 'raise their hands' to signal if they need help.
- The Oral Health Service was the first to implement the height and weight measurement of all children two to seven years old, under the Premier's Priority on reducing childhood obesity.
- Implemented the Emergency Access View dashboard across the District, giving real time data on Emergency Treatment Performance.
- The Centre for Health Research Illawarra Shoalhaven Population (CHRISP) has delivered its first data linked project. CHRISP is a new joint research partnership between Illawarra Shoalhaven Local Health District and the Australian Health Services Research Institute (University of Wollongong), which provides an information platform to connect data for health and medical research in the Illawarra.
- Introduced an important new improvement initiative, the Fit for Frailty Project, in May 2018. This project aims to improve the health outcomes and experience of care for our frail and elderly patients, during their entire journey through our facilities.
- Awarded initial accreditation by the Australian Medical Council to offer Workplace Based Assessment (WBA) for international medical school graduates.
- The District's Oral Health Service was the first in the state to implement the new statewide patient administration system, Titanium, which enables a fully-electronic medical record and greater visibility of the oral health waiting list.

- In November 2017, the District became one of the first in the state to go live with the new Human Capital Management System including the Recruitment and Onboarding (ROB) tool. ROB aims to deliver a much simpler, more engaging recruitment and onboarding process, with user-friendly tools and improved workforce reporting.

Demographic summary

The Illawarra Shoalhaven Local Health District covers four local government areas (LGAs) – Wollongong, Kiama, Shellharbour and Shoalhaven. The District provides healthcare services across a geographic region of approximately 5687 square kilometres, which extends along the coastline from Helensburgh to North Durras.

Traditional custodians of the land covered by the District are the Tharawal and Yuin Nations (the area of the Nations far exceeds the District's boundaries) and the people of the traditional language groups within these Nations including the Wadi, Tharawal, Wandandian, Walbanga and Yuin peoples.

About 393,204 residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up 13,858 of the population, compared to 216,176 for all NSW [1]. Culturally and linguistically diverse communities are also well represented in the Illawarra Shoalhaven, with approximately 12 per cent speaking a language other than English at home [1].

The District's population is, on average, more disadvantaged than the NSW population, based on the composite Socio Economic Index (SEIFA) for LGAs, with the exception of Kiama. The District also has a higher proportion of people aged 75 years and older (8.3 per cent) when compared with the NSW average (6.7 per cent).

The main health issues in the District are cancer, cardiovascular disease, injury, mental illness, respiratory disease, chronic kidney disease, obesity, musculoskeletal disease, dementia, type 2 diabetes and chronic conditions. Aboriginal and Torres Strait Islander people experience higher prevalence and earlier incidence of most chronic diseases including cardiovascular disease, diabetes and kidney disease. People living in socio-economically disadvantaged areas of the District, in particular, the Shoalhaven LGA, overall have a poorer health status [2].

By 2031, the District's population is expected to grow to over 450,000 people, placing increased demand on existing services. It is also projected that 25 per cent of residents will be over 65 years.

Source: 1. Australian Bureau of Statistics 2016 Census. 2. PHIDU 2017.

Local government areas

Kiama, Shellharbour, Shoalhaven, Wollongong

Public hospitals

Coledale, Bulli, Wollongong, Port Kembla, Shellharbour, David Berry, Shoalhaven District Memorial Hospital, Milton-Ulladulla

Community health centres

Bulli, Cringila, Culburra, Dapto, Kiama Integrated Primary and Community Health Centre, Illawarra Diabetes Service, Helensburgh, Jervis Bay, Nowra, St Georges Basin, Sussex Inlet, Ulladulla, Warilla, Wollongong, Wreck Bay

Child and family health services

Early childhood centres: Albion Park, Berkeley, Corrimal, Culburra, Dapto, Fairy Meadow, Figtree, Flinders, Gerringong, Helensburgh, Kiama, Nowra, Oak Flats, Shoalhaven Heads, St Georges Basin, Sussex Inlet, Thirroul, Ulladulla, Warrawong (Anglican Church, outreach), Wollongong, Woonona

Child and family services: Child and Family Service Port Kembla (Allied Health Services), Child and Family Service Kids Cottage (Warilla), Child Protection Counselling Service, Out of Home Care, Illawarra Shoalhaven Diagnostic and Assessment Service, Northern Family Care Centre (Woonona), Shoalhaven Family Care Centre, Southern Family Care Centre (Berkeley), Illawarra Prior to School Immunisation

Aboriginal maternal and infant health: Illawarra Aboriginal Maternal Infant Child Health Service, Jervis Bay Early Childhood Centre, Binji & Boori Aboriginal Maternal Infant Child Health Service Shoalhaven, Wreck Bay Community Health Centre

Oral health clinics

Kiama Integrated Primary and Community Health Centre Dental Clinic, Nowra Community Dental Clinic, Port Kembla Dental Clinic, Shellharbour Hospital Dental Clinic, Ulladulla Community Dental Clinic, Warilla Dental Clinic, Wollongong Dental Clinic (all including child dental clinic)

Other services

Integrated chronic disease management: Aboriginal Chronic Care Unit, Access and Referral Centre, Carer's Program, Connecting Care Chronic Disease Program, Illawarra Shoalhaven Diabetes Service, HealthPathways Illawarra Shoalhaven, Regional Assessment Service, Transport for Health Service, Healthy People

Health improvement: health promotion; multicultural health; refugee health – Health Care Interpreter Service, Mental Health Homelessness Project, targeted clinical services; sexual health; women's health; youth health; Violence Abuse and Neglect (VAN) Service; New Street Service; Youth Health and Homelessness Strategy; HIV/AIDS and related programs (South Eastern Sydney Local Health District hosted service)

Ambulatory care: Asthma Education service, continence service, palliative care, primary health nursing, specialty wound service, stomal therapy service

Other: BreastScreen, cancer services, drug and alcohol program, medical imaging, mental health service, pathology, research/research support, rehabilitation, aged and extended care, renal services

MID NORTH COAST LOCAL HEALTH DISTRICT

Morton Street
PO Box 126
Port Macquarie NSW 2444

Telephone: 1800 726 997
Chief Executive Office telephone: 6588 2946
Facsimile: 6588 2947
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 health care 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 and was appointed Chief Executive at the beginning of 2011. Mr Dowrick has a particular interest in health service partnership. He holds tertiary qualifications from the University of NSW, University of Newcastle and the Australian Institute of Company Directors.

Year in review

The Mid North Coast Local Health District continued to oversee the largest-ever capital investment in health services on the Mid North Coast. Works are now progressing for the expansion of the Port Macquarie Base Hospital Mental Health Unit and early works have commenced on the new Macksville District Hospital and the Coffs Harbour Health Campus Redevelopment.

The District's leadership in preventing domestic and family violence in the region was recognised at the NSW State Quality and Innovation Awards, with our White Ribbon Workplace Accreditation Program receiving one of the major awards. This is an important recognition of the work of so many across the District.

The establishment of the new Bowraville Community Health Centre was an important milestone in the way we approach health care in vulnerable and small communities. Planning continues for the construction of a new HealthOne centre for the town.

In 2018 we celebrated the 10th anniversary of the Mid North Coast Cancer Institute. The centres at Port Macquarie and Coffs Harbour were the first rural centres to be established. They provide excellent cancer services close to home.

The continued recognition of our palliative care units in Wauchope and Bellingen as centres of excellence reflects the importance of the investments we have made in these centres and the need to consider new models working with partners within the region.

Our smallest hospital facility, Dorrigo, achieved something unique, becoming the first site in NSW to be accredited under the Eden Program, an aged care cultural change model designed to combat loneliness, helplessness and boredom in older people.

The region's first Childhood Obesity Summit was an important event for the District. It is the impetus for change across our region to increase the uptake of healthy lifestyle choices by children and their families.

Port Macquarie Base Hospital was the site for the largest rooftop solar panel system on a healthcare facility installed as part of a district-wide energy conservation program. These projects will deliver energy, gas and water savings to improve sustainability and deliver cost savings.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

The District regularly recognises the excellent work done by more than 450 volunteers, who provide support to our hospitals and community health centres to improve the experience of our patients, clients and staff. The volunteers assist within our hospitals and emergency departments to support patients and their families and to coordinate fundraising efforts.

Port Macquarie Base Hospital installed the largest rooftop solar panel system on an Australian healthcare facility

Key achievements 2017-18

- Coordinated an Expo for primary school children at Bowraville to encourage employment careers in health for Aboriginal children. This event brought together local schools and the four peak Indigenous health-affiliated organisations, Australian Indigenous Doctors' Association (AIDA), Congress of Aboriginal and Torres Strait Islander Nurses and Midwife Association (CATSINaM), Indigenous Allied Health Australia (IAHA) and National Aboriginal and Torres Strait Islander Health Workforce Association (NATSIHWA).

- Developed the Mid North Coast Childhood Obesity Prevention and Management Action Plan 2018-2023 which outlines a comprehensive approach for addressing childhood obesity on the Mid North Coast.
- Participated in the National Surgical Quality Improvement Program (NSQIP) which highlighted areas for improvement based on international benchmarking.
- Continued to oversee the largest-ever capital expansion of health facilities on the Mid North Coast.
- Port Macquarie Base Hospital was the site for the largest rooftop solar panel system on a healthcare facility installed as part of a District-wide energy conservation program. These projects will deliver energy, gas and water savings to improve sustainability and deliver cost savings.
- Adoption of Smoke-Free By-Laws to better protect staff, patients and visitors from the impact of passive smoking.
- Recognition at the NSW Health Awards for the White Ribbon Workplace Accreditation Program; supporting our staff and our communities to reduce domestic violence.
- Achieved District-wide accreditation for the second time, demonstrating compliance with the National Safety and Quality Health Service Standards.
- Supported Aboriginal employment in health through implementing the new Aboriginal Health Workers' Development Program, and coordinating the inaugural Aboriginal School Careers in Health Expo at Kempsey.
- Introduced a two-year Clinical Leadership Program for sustained quality improvement activities.

Demographic summary

Mid North Coast Local Health District extends from the Port Macquarie Hastings Local Government Area (LGA) in the south to Coffs Harbour LGA in the north. It provides healthcare services across a geographic area of approximately 11,335 square kilometres.

The Gumbaynggirr, Dunghutti, Birpai, and Nganyaywana nations are the traditional custodians of the land covered by the District.

About 212,193 residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up five per cent of the population, compared with 208,476* (2.7 per cent) for all NSW. People born overseas make up about 13 per cent of the total population on the most recent figures available. Coffs Harbour is one of several designated resettlement locations for refugees, and has a growing number of humanitarian refugees settling in the area. The main refugee communities include: Afghani, Sudanese, Burmese, Congolese, Togolese, Sierra Leone, Ethiopian, Eritrean and Somali. Smaller numbers of Asian migrants also reside in Laurieton, Wauchope and Port Macquarie.

In 2017-18, the child and youth population (0-24 years) made up approximately 29 per cent of the population, while those over 65 years are approximately 28 per cent.

Over the next decade, the District's population is expected to increase by 13 per cent. The largest increases are being projected for the Coffs Harbour and Port Macquarie Hastings LGAs. The main health issues facing the District are mental health illnesses and chronic age related illnesses such as cardiac, pulmonary and renal disease, diabetes and dementia. The Mid North Coast also has significant groups of disadvantaged people, including Aboriginal people, refugees, people on low incomes, and people living in small, isolated communities, all of whom are at risk of poorer health outcomes than the rest of the population. As well, there are some concerning trends in lifestyle behaviours and risk factors such as increasing overweight and obesity, low levels of physical activity, poor diet, and the number of people who continue to smoke.

Source: *Australian Bureau of Statistics 2011.

Local government areas

Coffs Harbour, Bellingen, Kempsey, Nambucca, Port Macquarie Hastings

Public hospitals

Bellingen, Coffs Harbour, Dorrigo Multi-Purpose Service, Kempsey, Macksville, Port Macquarie, Wauchope

Public nursing homes

Dorrigo Residential Aged Care

Community health centres

Bellingen, Bowraville, Camden Haven, Coffs Harbour, Dorrigo, Kempsey, Macksville, Nambucca, Port Macquarie, South West Rocks, Wauchope, Woolgoolga

Child and family health services

There are no tertiary level facilities in the District, so these services are sourced from other partners. John Hunter Children's Hospital is the tertiary facility for the District's children's services, with the exception of some services provided at Sydney and Westmead Children's hospitals.

Oral health clinics

Coffs Harbour, Kempsey, Laurieton, Nambucca, Port Macquarie, Wauchope

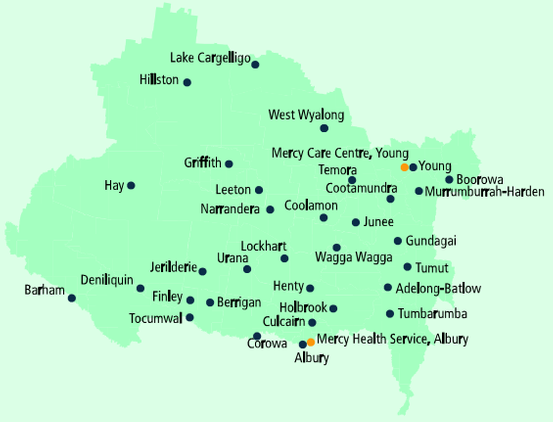
Other services

Aboriginal health, cancer services, drug and alcohol, mental health, public health, sexual health, violence, abuse, neglect and sexual assault

MURRUMBIDGEE HEALTH DISTRICT

Wollundry Chambers
63-65 Johnston Street
Locked Bag 10
Wagga Wagga 2650

Telephone: 5943 2003
Facsimile: 5943 2141
Email: MLHD-FeedBack@health.nsw.gov.au
Website: www.mlhd.health.nsw.gov.au
Business hours: 9am-5pm, Monday to Friday



Chief Executive: Jill Ludford

Jill Ludford began her career as a nurse and midwife, and has held senior roles within NSW Health since 1992. She is passionate about rural health, and has extensive experience in managing acute, primary and community health services, as well as in strategic and capital planning, operations, financial and performance management, resource allocation and governance. Ms Ludford holds qualifications in management, nursing, midwifery, child and family health, and women's health. She is an Adjunct Lecturer with Charles Sturt University.

Year in review

Murrumbidgee Local Health District strives to provide health care of the highest standards that is accessible for all people across our rural location. All Board members participate in Quality Patient Care and Safety walk-arounds with clinicians at local hospitals, setting an example for championing quality and safety.

In 2017-18, we treated more than 68,000 people in hospitals and multipurpose services across the District. Another 740,000 services were provided in the community or through outpatient services.

Our health development activities focused on healthy ageing in our communities. They included falls prevention strategies, Stepping On programs and aqua exercise sessions. Focusing on reducing childhood obesity, the Big Vegie Crunch in March 2018 saw 48 local schools, and more than 6900 students participate in the statewide record attempt encouraging children to eat their five serves a day.

For the last three years, Wagga Wagga Base Hospital (WWBH) Junior Medical Officers have won the NSW State Junior Doctor of the Year award. The District also supports increasing numbers of new graduate nurses, with an innovative transition to practice program that runs in small and large hospitals across the region. A new rural allied health generalist pathway program has supported new graduates to work in allied health teams in our District hospitals.

We celebrated the work of our volunteers across facilities on Volunteer Appreciation Day, with local activities acknowledging their work and commitment. Volunteers are a vital connection between communities and our services, to identify local needs and support patient care and comfort. The District's Local Health Advisory Committees are actively engaged in community education activities and two community forums supported members to focus on local wellness activities.

Significant infrastructure works continued, with early works for the third and final stage of the WWBH redevelopment and master planning for Griffith Base Hospital redevelopment commencing. A refreshed Holbrook Health Service opened in August to better serve aged care residents. A new renal unit at Deniliquin opened in March, providing a service for renal patients and reducing travel time. There were sod-turning ceremonies for the start of new facilities for Barham and Tumbarumba and work is progressing on a reconfigured Emergency Department at Finley and a new Multipurpose Service in Culcairn. Young Hospital opened a quiet room in the Emergency Department, providing a safe, welcoming space for patients who need privacy.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

99.9% of urgent elective surgery patients received treatment on time

Key achievements 2017-18

- In June, Young District Hospital opened a dedicated quiet space that provides a private and safe area for mental health and other patients in the Emergency Department.
- Wagga Wagga's Acute Stroke Unit, one of the highest-performing in NSW, celebrated its 10th anniversary in February. The five-bed unit in WWBH provides acute stroke care for patients across the District, and is a critical part of education and training for medical, nursing and allied health staff in the region. The 2017 Stroke Foundation audit of 44 NSW hospital services ranked WWBH the best in the state for access to care, early rehabilitation and patient education.
- The $961,000 nine-chair dialysis unit at Deniliquin Health Service was officially opened in March. This satellite service more than doubles the capacity of the previous four-chair unit and means an extra five patients can receive vital treatment each week without having to travel. In partnership with the Royal

Melbourne Hospital, the first specialist renal outpatient clinic was held in Deniliquin in September. This clinic provides specialist support to patients and general practitioners in the treatment of early kidney disease.

- The expanded Holbrook Health Service redevelopment officially opened in August.
- In joint partnership with Tresillian and Murrumbidgee Local Health District, a new Tresillian in Murrumbidgee Family Care Centre opened in Wagga Wagga in August. Tresillian offers specialist child and family health advice from experienced health professionals, who work with parents to increase their confidence and resolve their concerns on a range of early parenting issues. Families now have improved access to more intensive, specialist services closer to home, reducing the need to travel to city centres.
- A partnership between the District and Snowy Hydro saw the appointment of a Wellbeing and Health In-reach Nurse Coordinator for the Tumut region. Snowy Hydro has committed $520,000 over two years to support two new Nurse Coordinators, based in Tumut and Cooma. The Nurse Coordinators will improve student health and wellbeing by identifying health needs early and coordinating timely access to suitable, youth-friendly services.
- The District's Aged Care Service began a new outreach service in Lake Cargelligo on 15 November. The clinic provides assessment and management of older people and coordinates comprehensive geriatric assessments, medication reconciliation, symptom management for dementia and delirium, falls prevention/management and incontinence.
- Leeton Hospital launched the new midwifery-led model of maternity care in November. The new model allows low-risk babies to be born at the facility under the care of skilled midwives.
- The Little Possum Project collects stories from Aboriginal women who describe their pregnancy and family by painting it onto a possum skin. This also enables new mums to get together and yarn, sharing their stories weekly.
- For an unprecedented third year in a row, a doctor from WWBH won the NSW Junior Medical Officer (JMO) of the Year Award. Dr Thomas Melhuish was recognised at the NSW Health and Australian Medical Association's 2017 Doctor-In-Training Awards for his leadership, clinical excellence and passionate dedication to rural health on 2 November.

Demographic summary

Murrumbidgee Local Health District is located in south central NSW and provides healthcare services across a geographic area of about 123,233 square kilometres.

The Wiradjuri, Yorta Yorta, Baraba Baraba, Wemba Wemba and Nari Nari people are the traditional custodians of the land covered by the District.

About 242,840 [1] residents live within the District (excluding Albury Local Government Area, where health services are managed by Victoria). People of Aboriginal background make up 4.8 per cent of the District's population (11,461 Aboriginal people) a higher proportion than the 2.9 per cent for all NSW. People in the District were mostly born in Australia (82.2 per cent) or were from English speaking overseas countries (3.2 per cent). Only 5.3 per cent of the population was born in a predominantly non-English speaking country and 6.1 per cent said they speak a language other than English at home, compared with 21 per cent and 25.5 per cent respectively in NSW as a whole. Just over one per cent of the population had difficulty speaking English compared with 4.5 per cent in NSW [2].

The health of Aboriginal and Torres Strait Islander Australians is improving on a number of measures, including significant declines in infant and child mortality, and decreases in avoidable mortality related to cardiovascular and kidney diseases. Despite these improvements, significant disparities persist between Indigenous and non-Indigenous Australians. Indigenous Australians continue to have lower life expectancy, higher rates of chronic and preventable illnesses, poorer self-reported health, and a higher likelihood of being hospitalised than non-Indigenous Australians [3].

The main health issues facing the District are ongoing conditions such as chronic cardiac failure, diabetes and chronic obstructive pulmonary disease as well a prostate, breast and other cancers, in line with the high prevalence of health risk factors such as tobacco smoking, overweight/obesity and risky alcohol consumption in the adult population.

Source: 1. ABS ERP, June 2016. 2. ABS Census 2016. 3. AIHW 2015a, 2015b.

Local government areas

Berrigan, Bland, Carrathool, Coolamon, Edward River, Federation, Greater Hume, Griffith, Gundagai, Hay, Hilltops, Junee, Lachlan (part), Leeton, Lockhart, Murray River, Murrumbidgee, Narrandera, Snowy Valleys, Temora, Wagga Wagga, and Young. Some services are provided to the Albury area.

Public hospitals

Hospitals: Cootamundra, Corowa, Deniliquin, Finley, Griffith Base, Hay, Holbrook, Leeton, Murrumburrah-Harden, Narrandera, Temora, Tumut, Wagga Wagga Rural Referral Hospital, West Wyalong, Young

Multipurpose services: Adelong-Batlow, Barham, Berrigan, Boorowa, Coolamon, Culcairn, Gundagai, Henty, Hillston, Jerilderie, Junee, Lake Cargelligo, Lockhart, Tocumwal, Tumbarumba, Urana

Public nursing homes

Carramar (Leeton), Norm Carroll Wing (Corowa), Harry Jarvis Wing (Holbrook), Murrumburrah-Harden

Community health centres

Adelong, Ardlethan, Barellan, Barmedman, Coleambally, Darlington Point, Mathoura, Moama, Moulamein, Tooleybuc, Ungarie, Weethalle

Child and family health services

Barham, Boorowa, Coleambally, Cootamundra, Corowa, Culcairn, Darlington Point, Deniliquin, Finley, Griffith, Harden-Murrumburrah, Hay, Henty, Hillston, Holbrook, Jerilderie, Junee, Lake Cargelligo, Leeton, Lockhart, Moama, Moulamein, Narrandera, Temora,

The Rock, Tooleybuc, Tumbarumba, Tumut, Urana, Wagga Wagga, West Wyalong and Young. A home visit and outreach service is also provided.

Oral health clinics

Albury, Berrigan, Cootamundra, Deniliquin, Grif fith, Hay, Hillston, Junee, Leeton, Temora, Tumbarumba, Tumut, Wagga Wagga, West Wyalong, Young

Third schedule facilities

Mercy Health Service, Albury and Mercy Care Centre, Young

Other services

Aboriginal health, aged care, allied health, BreastScreen NSW Murrumbidgee and Southern NSW Local Health Districts, cancer services, health promotion, integrated care, mental health and drug and alcohol, patient flow, patient transport, public health, Regional Assessment Service, renal, South West Brain Injury Rehabilitation Service, sub-acute, telehealth, violence prevention and response, women's health

NEPEAN BLUE MOUNTAINS LOCAL HEALTH DISTRICT

Nepean Hospital, Derby Street
PO Box 63
Penrith NSW 2751

Telephone: 4734 2000
Facsimile: 4734 3737
Email: NBMLHD-mail@health.nsw.gov.au
Website: www.nbmlhd.health.nsw.gov.au
Business hours: 8:30am-5pm, Monday to Friday

Chief Executive: Kay Hyman

Kay Hyman has led the Nepean Blue Mountains Local Health District as Chief Executive for over seven years and has more than 20 years of health management experience in New Zealand. She has extensive experience and skills in strategic leadership, change management and service development.

Ms Hyman works in partnership with the community, clinicians and the District Board towards her vision of providing extraordinary patient experience and a high performing culture.

Year in review

A sustained focus on innovation, research and improving health outcomes for our diverse community resulted in significant achievements for the Nepean Blue Mountains Local Health District.

The commitment of at least $1 billion to the Nepean Redevelopment for a new hospital, community-based health facilities and a multi-storey car park will enable us to deliver and enhance services to help us better meet the needs of our community. These major infrastructure works will also shape the way we deliver healthcare, providing the opportunity to more fully-integrate hospital and primary care services through purpose-built facilities and new models of care.

Our dedication to providing timely access to safe and quality care has resulted in major upgrading works to the emergency departments at Blue Mountains District Anzac Memorial Hospital and Nepean Hospital. These have expanded the clinical space, improved safety and allowed staff to assess and triage patients more quickly.

Nepean Blue Mountains Local Health District is proud to have been recognised at the NSW Health Awards for world-class research programs and staff-led innovations. Our world-first High-risk Influenza Screen Test is helping doctors identify individuals who are at risk of rapid deterioration or require urgent medical care. Patient's Voice, our patient-led handover project, has reduced clinical incidents and increased patient involvement in their own healthcare.

This year we strengthened relationships with our community and affiliated organisations, with the launch of 'The Quarter' Penrith Health and Education Precinct Collaboration. This formalised collaborations between our region's major healthcare providers, education institutions and government bodies, including Penrith City Council, the Nepean Blue Mountains Primary Health Network and Western Sydney University. These established partnerships will deliver integrated care and enhanced services throughout the region to improve the health of our community.

Our staff are our greatest asset, and this year has seen focused efforts to continue supporting and strengthening our workforce. We achieved accreditation as a White Ribbon Workplace, and also implemented an Aboriginal Workforce Strategic Framework to support the growth of our skilled and valued Aboriginal workforce.

Over 300 telehealth consultations were used to treat tuberculosis

Key achievements 2017-18

- Won the Healthcare Measurement award at the Australian Council of Healthcare Standards Quality Improvement Awards 2017 for the Breathe Better at Blue Mountains project, which reduced the length of stay in hospital for patients with chronic obstructive pulmonary disease.
- Launched 'The Quarter' Penrith Health and Education Precinct Collaboration, which formalises collaborations between the region's major healthcare providers, education institutions and Penrith City Council.
- Commenced work on the $576 million Nepean Redevelopment Stage 1, which will provide more services, beds and staff to serve the growing Nepean population. At least $450 million was also announced for Stage 2 of the development, boosting the total budget to over $1 billion.
- Won the Health Research and Innovation Award for developing a world-first High-risk influenza Screen Test (HIST) at the 2017 NSW Health Awards.
- Won the Patients as Partners Award for The Patient's Voice, a patient-led handover project, at the 2017 NSW Health Awards.
- Launched the 'Everybody Live Well' website, which provides quality-assured and up-to-date tips and information about living a healthy lifestyle.
- Achieved accreditation as a White Ribbon Workplace, in recognition of the organisation's commitment to stopping violence against women.
- Implemented an Aboriginal Workforce Strategic Framework committed to developing and supporting Aboriginal employees and growing a skilled and valued Aboriginal workforce.
- Upgraded emergency departments at Blue Mountains District Anzac Memorial Hospital and Nepean Hospital to expand clinical space and improve safety.
- Implemented a Resident Medical Officer program at Lithgow Hospital to give junior doctors valuable experience in a rural setting during a 10-week rural rotation.

Demographic summary

Nepean Blue Mountains Local Health District is located in Sydney's greater west and consists of both urban and semi-rural areas. The District provides healthcare services across a geographic area of approximately 9,179 square kilometres.

The Darug, Gundungarra and Wiradjuri people are the traditional custodians of the land covered by the District.

About 371,061 residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up 11,900 (approximately 3.1 per cent) of the population. Culturally and linguistically diverse communities represent around 23 per cent of the population, compared with 31 per cent of the NSW population. The most frequently reported countries of birth were the United Kingdom, New Zealand, Germany, Netherlands, Philippines, India, Malta and the United States of America.

Around 5000 births to residents are recorded each year, and life expectancy at birth ranges from 76.7 to 78.9 years for males and 81.8 to 83.3 years for females. Within the District, more than 60 per cent of residents aged 16 or over are overweight or obese and almost a quarter of local children are estimated to be overweight or obese. In addition to this there are high rates of smoking and diabetes within the population.

The population of the District is projected to rise by 24 per cent from 2016 to 2036*, leading to an increased demand for services.

The main health issues facing the District are an increasing and ageing population, foreshadowing new and different challenges in healthcare planning, service delivery and access to specialised care, and the rates of overweight and obesity across the lifespan.

Around 77 per cent of District staff, totalling more than 5000, live in the area.

Source: *Department of Planning and Environment – NSW and Local Government Area Population Projections, 2016.

Local government areas covered

Penrith, Blue Mountains, Lithgow, Hawkesbury

Public hospitals

Nepean, Blue Mountains District ANZAC Memorial, Springwood, Lithgow, Hawkesbury (for public patients, operated under contract with Hawkesbury District Health Service and St John of God Health Care)

Public nursing homes

Portland Tabulam Health Centre

Community health centres

Cranebrook, Katoomba, Lawson, Lemongrove, Lithgow, Penrith, Springwood, St Clair, St Marys

Child and family health services

Cranebrook, Katoomba, Lawson, Lemongrove, Lithgow, Penrith, Springwood, St Clair, St Marys

Oral health clinics

Nepean Oral Health Centre, Springwood Community Health Centre, Lithgow Community Health Centre, Blue Mountains District Anzac Memorial Hospital, Hawkesbury District Health Service

Third schedule facilities

Tresillian Centre Nepean

Other services

Nepean Cancer Care Centre, palliative care and support services, drug and alcohol services, mental health services, Centre for Population Health, primary care and community health, public health unit, sexual health

NORTHERN NSW LOCAL HEALTH DISTRICT

Crawford House, Hunter Street
Locked Mail Bag 11
Lismore NSW 2480

Telephone: 6620 2100
Facsimile: 6620 7088
Website: www.nnswlhd.health.nsw.gov.au
Business hours: 8.30am-5pm

Chief Executive: Wayne Jones

Wayne Jones started in health more than 30 years ago, undertaking his generalist nursing training in Western Sydney. In the following 10 years, he gained multiple post-graduate nursing and management qualifications, in areas including Intensive Care, Cardiology and Bachelor of Health Management. Mr Jones progressed into a variety of nursing and general management roles and came to Northern NSW in 2000 as Executive Officer of Lismore Base Hospital. Prior to his appointment as Chief Executive in May 2016, he held a number of roles in the Northern NSW Local Health District, including Manager of Planning, Director of Clinical Streams and Chief of Staff.

Year in review

The past financial year was an extremely busy one, with a marked increase in hospital activity across the District and a number of key infrastructure projects commencing or being completed.

The 2017-18 financial year saw a 4.1 per cent increase in emergency presentations from the previous year. July to September 2017 was the busiest quarter on record, with 8.6 per cent (or 3858) more presentations than the same quarter in 2016.

By the end of the 2017-18 financial year, the District narrowly missed the Emergency Treatment Performance target of 81 per cent, with 79.2 per cent of patients presenting to emergency departments managed within four hours.

Elective surgery admissions for the year were ahead of target by 3.9 per cent, and the District met the Elective Surgery Access Performance targets for Categories 1 and 2. The District was slightly below target for Category 3 with 96 per cent against a target of 97 per cent.

In August 2017, the Board and Executive identified the six strategic priorities for the District for 2017-2022. The strategic plan outlines the organisation's vision, purpose and objectives.

One of the key priorities for the District is to value, develop and empower our people, and this includes focusing on embedding a positive workplace culture. We recently employed a Culture and Wellbeing Manager to help in this work, and a district-wide committee was established to guide actions and engagement.

Infrastructure continued to be a key focus in 2017-18. The Lilli Pilli Older Persons' Mental Health Unit was completed in October 2017 at a cost of $1.2 million. The unit is a 16-bed specialised mental health unit for people aged 65 and over, and Aboriginal and Torres Strait Islander people aged 50 and older.

A $450,000 expansion of Jali Health Post in Cabbage Tree Island was completed in early 2018, incorporating Bullinah Aboriginal Health Service.

Construction commenced on a satellite renal unit at Murwillumbah District Hospital, to provide a networked dialysis service to Tweed Valley patients, and Stage 2 of $7.35 million upgrades to Ballina District Hospital began.

In 2017-18 the Integrated Care program established an Aged Care Nurse Practitioner position based at Tweed Heads. This position, jointly funded by North Coast Primary Health Network and the District, is intended to develop a hospital avoidance service model. The Nurse Practitioner has a collaborative relationship with nine General Practices and has provided an assessment, treatment and management service model for over 220 patients living at home.

We also established a Specialised Osteoarthritis Screening Clinic (SOS) pre-assessment clinic for joint surgery, bringing together local GPs, orthopaedic surgeons and district clinicians. Within a 12-month period the clinic received 200 referrals, resulting in a significant number of patients deciding not to proceed with joint replacement surgery.

Our eHealth team completed the go-live for electronic Record for Intensive Care (eRIC) in three Intensive Care Units within the District during 2017-18. This application provides a full electronic record, with data streaming into eRIC from bedside monitors and ventilators.

Statewide reporting on patient experiences in hospital continued to reveal that patients rate our facilities highly. The positive feedback about our doctors and nurses showed that patients feel confident in the level of care they receive and involved in decisions about their treatment.

Our support and administrative staff should also be praised for their contribution to maintaining our outstanding facilities and efficient operations. Their commitment to high standards is reflected through patient feedback surveys as being among the best in the state.

Quick reference protocols for emergency departments reduced critical errors by 54% during trials

Key achievements 2017-18

- Senior managers completed the Essential Coach-Approach Program (ECAP), aimed at developing leaders' capacity to improve engagement, critical thinking, decision making and accountability among their teams. Outcomes were measured with a randomised controlled trial and include: improved ability to use the coach-approach in communication with staff; improved corrective feedback skills; resilience; job satisfaction; emotional intelligence scores and promotion into leadership positions.
- The Winter Strategy, a joint integrated care initiative between North Coast Primary Health Network (NCPHN) and the District, manages patients in a primary care setting to avoid hospital admissions. GP participation grew significantly this year, with 23 practices, incorporating 93 general practitioners and 808 patients. Patients with chronic and complex care needs were enrolled by their GP and received health assessment, flu vaccination, weekly phone follow-ups, timely GP appointments and improved access to Chronic Disease Program clinicians. The strategy is being formally evaluated by the George Institute, in association with NCPHN, Northern NSW Local Health District and the Agency for Clinical Innovation.
- Opened the Lilli Pilli Older Persons' Mental Health Unit in October 2017 at a cost of $1.2 million. This 16-bed unit provides specialised mental health care for people aged 65 and over, and Aboriginal and Torres Strait Islander people aged 50 and older.
- Announced the site for the new Tweed Valley Hospital in June 2018. The NSW Government's $582 million investment in the Tweed Valley will deliver a brand new, modern hospital on a greenfield site, as well as interim upgrades at The Tweed Hospital. Work commenced in April 2018 on interim improvement works to the existing Tweed Hospital to ensure it continues to meet increasing demand and deliver high-quality care during the transition to the new hospital.
- A project team led by Northern NSW Local Health District clinicians, in collaboration with researchers from the University Centre for Rural Health (Lismore) developed a set of quick reference emergency protocols for use in emergency departments. Controlled trials with 21 teams of doctors and nurses in emergency settings led to a 54 per cent reduction in critical errors. The reference manuals are now in use across the District's emergency departments, and are being rolled out throughout NSW by the Agency for Clinical Innovation. This project won the 2018 Northern NSW Local Health District Quality Award.
- Completed rolling out the My Food Choice patient meal ordering system across all sites. This supports patient care by bringing menu selections closer to meal time and helps clinical and nursing staff monitor in real time how much food patients are eating.
- Pilot of Orion GP shared care application has been live for several months and is being used by selected general practitioners to better coordinate care for complex patients.
- Continued to build on embedding a positive workplace culture, including creating a new role dedicated to staff wellbeing and culture. The Manager of Culture and Wellbeing examines strategies and works with staff on organisational wellbeing and culture. This role has led to a series of staff workshops building on positive existing culture and identifying opportunities for improvement. A focus on promoting engagement with the People Matter Employee Survey significantly improved participation rates in 2018.
- Created new Manual Handling positions to address increases in the number of manual handling worker's compensation claims being received. These positions educate and train staff in safe manual handling practices. Since their commencement, the number of worker's compensation claims and injuries occurring from manual handling has decreased. From January to March 2017 there were 17 claims, but in the same period in 2018 only eight claims were received, leading to a 19 per cent reduction in costs.
- A tobacco cessation program assessed Tweed mental health patients for tobacco use and provided nicotine replacement therapy. Up to 76 per cent of patients in the unit are smokers. The program educated patients and staff in managing tobacco withdrawals, and monitored carbon-monoxide levels in the breath, to increase patients' motivation to quit smoking. The program led to 100 per cent of Kurrajong Acute Adult Mental Health Unit patients receiving tobacco assessments and appropriate treatments.

Demographic summary

Northern NSW Local Health District is located in north eastern NSW extending from Tweed Heads in the north to Tabulam and Urbenville in the west and Nymboida and Grafton in the south. It provides healthcare services across a geographic area of approximately 20,732 square kilometres.

The Bundjalung, Githabul, Gumbaynggirr, and Yaegl Nations are traditional custodians of the land covered by the District.

About 290,000 residents live within the Northern NSW Local Health District. People of Aboriginal and Torres Strait Islander heritage make up 4.5 per cent of the population, compared to 2.9 per cent [1] for all NSW. The District generally has fewer culturally and linguistically diverse residents compared with NSW as a whole. Culturally and linguistically diverse residents mostly live in the Byron and Tweed Local Government Areas. [2]

In 2017-18, the proportion of residents aged 65 years or older, who make use of more acute health services due to chronic and complex conditions, dementia and fractures as a result of falls, continued to increase.

Four key demographic features will affect the health status of residents and the demand for healthcare services into the future. These include:

- Significant population growth – the District's population is projected to grow by 8 per cent over the next decade [3]
- Large and growing aged population – the District's population aged 65 years or older is projected to increase by 33 per cent to 86,370 people in 2026. The number of residents aged 85 years or older in this cohort is significant [3]
- Socio-economically disadvantaged areas – five out seven local government areas in the District are more disadvantaged than the NSW average [2]
- High proportion of Aboriginal residents.

Source: 1. Australian Bureau of Statistics 2011. 2. Australian Bureau of Statis
3. NSW Department of Environment and Planning, New South Wales State a
Government Area Population Projections, 2016.

Local government areas

Ballina, Byron, Clarence Valley, Kyogle, Lismore, Richmond Valley, Tweed, Tenterfield

Public hospitals

Ballina District, Byron Central, Casino and District Memorial, Grafton Base, Lismore Base, Maclean District, Murwillumbah District, The Tweed Hospital, Kyogle Memorial Multi-Purpose Service (MPS), Nimbin MPS, Urbenville MPS, Bonalbo Health Service

Community health centres

Alstonville, Ballina, Banora Point, Bonalbo, Byron Bay, Casino, Coraki-Campbell, Grafton, Iluka, Kingscliff, Kyogle, Lismore, Maclean, Murwillumbah, Nimbin, Pottsville HealthOne, Tweed Heads, Urbenville, Yamba

Child and family health services

Ballina, Byron Bay, Casino, Goonellabah, Grafton, Maclean, Tweed Heads, Yamba

Oral health clinics

Ballina, Casino, East Murwillumbah, Goonellabah, Grafton, Maclean, Mullumbimby, Nimbin, Pottsville, Tweed Heads

Other services

Aboriginal health, BreastScreen, cancer services, aged care, rehabilitation, public health, mental health and drug and alcohol, sexual health, sexual assault, women's health, radiology and interventional radiology

NORTHERN SYDNEY LOCAL HEALTH DISTRICT

Reserve Road
PO Box 4007, Royal North Shore Hospital LPO
St Leonards NSW 2065

Telephone: 9462 9955
Facsimile: 9463 1029
Email: NSLHD-Chatback@health.nsw.gov.au
Website: www.nslhd.health.nsw.gov.au
Business hours: 8.30am-5pm, Monday to Friday

Chief Executive: Deb Willcox

Deb Willcox became Chief Executive of Northern Sydney Local Health District in November 2017. She started her career as a nurse. Since then her career has included roles in both government and non-government organisations. Her experience spans clinical, corporate services, government departments, the research environment, law and senior government advisor roles.

Ms Willcox has held a number of senior executive and leadership positions within NSW Health including Director of Operations, Sydney Local Health District, General Manager, Royal Prince Alfred Hospital, Director Customer Service and Corporate Governance, HealthShare NSW, and Director of Executive and Ministerial Services, NSW Health.

Year in review

Much was achieved over the last 12 months to ensure our community has access to high-quality and safe healthcare.

We made great progress towards a transformational change in the way we approach clinical safety and quality. We shifted the focus to include learning from when we perform well in addition to when there are adverse outcomes.

Recognising the many achievements of our staff has been a focus to embed a positive workplace culture. This year saw the inaugural Exceptional People Awards, which reflect the CORE values and how we value our staff. The staff awards, drawn from nominations by employees, volunteers and our patients and consumers across the District, were a great success.

Our latest strategic plan was launched and takes us to 2022, when our local population will have grown to almost a million people. The plan sets out our vision for the future to ensure we are leaders in healthcare, partners in wellbeing and meet the needs of our growing and ageing community.

We also launched our second Aboriginal and Torres Strait Islander Health Plan.

Our hospital staff saw one of the busiest winter flu seasons on record in 2017, with an 11 per cent increase in presentations to our emergency departments. Despite this increase, our staff were able to maintain performance and ensure our patients received timely and high quality health care.

Hornsby Hospital continues its transformation with a $320 million redevelopment ($120 million in stage one; $200 million in stage two) that will deliver a first-class hospital to our patients, staff and community. With the imminent opening of the new Northern Beaches Hospital, acute services will be transferred from Manly and Mona Vale hospitals to the new hospital at the end of October 2018. Mona Vale Hospital will transform, to include the first dedicated inpatient palliative care unit for the Northern Beaches and a specialist aged care unit. A new urgent care centre will open at Mona Vale Hospital for minor injuries and illnesses.

Two very prestigious researchers were appointed at the Kolling Institute. Professor Mark Molloy, a biochemist, joined as the Lawrence Penn Chair of Bowel Cancer Research and Professor Bill Walter as Chair of Orthopedic Surgery. These appointments contribute to a stellar research environment focused on improving the care of our patients.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

17,000 students were vaccinated against Meningococcal strains

Key achievements 2017-18

- Opened the $50 million Brookvale Community Health Centre, completing the $100 million investment in three new community health services for the Northern Beaches community.
- Northern Sydney HIV and Sexual Health Service participated in the two-year EPIC-NSW study to assess the impact of the rapid expansion in access to pre-exposure prophylaxis (PrEP). This involved monitoring more than 400 HIV negative people who are at high risk of acquiring HIV and are taking the drug to protect them from infection, to see whether it leads to a drop in HIV infections.
- Established the Allied Health Research Unit and Allied Health Research Committee.
- Hornsby Hospital is undergoing a transformation, with a $200 million stage 2 redevelopment for new buildings for clinical services and $19.8 million multi-storey car park.
- Centralising hyper acute stroke to Royal North Shore Hospital improved thrombolysis rates to 30 per cent and reduced door to needle (ED arrival to thrombolysis) time to 47 minutes, with more patients surviving, not needing inpatient rehab, and going home earlier.
- Launched the second Aboriginal and Torres Strait Islander Health Plan, which will build on the great work of the first plan to ensure holistic, culturally appropriate health care services are provided to our Indigenous people.
- Completed construction of the new Northern Beaches Hospital at Frenchs Forest. It is scheduled to open at the end of October 2018, when more than 800 staff will transfer from Mona Vale and Manly Hospitals.
- Commenced the roll-out of eMeds, starting with Ryde and Royal North Shore Hospitals. It provides electronic management of prescribing and dispensing that links with each patient's electronic medical records. The roll-out was supported by successful staff training and change management programs.
- Planning progressed for the transformation of Mona Vale Hospital. It will feature the first dedicated inpatient palliative care unit for the Northern Beaches, a specialist aged care unit and an urgent care centre.
- Launched the inaugural Exceptional People Awards, which reflect the values of collaboration, openness, respect and empowerment. The staff awards followed nominations by employees, volunteers, patients and consumers across the District and were a great success.

Demographic summary

Northern Sydney Local Health District is located between Sydney Harbour and the Hawkesbury River and provides healthcare services across a geographic area of approximately 900 square kilometres.

The Guringai and Dharug peoples are the traditional custodians of the land covered by the District.

According to the 2016 Census, the population of Northern Sydney Local Health District was 883,119 people. Of these, 25.8 per cent (227,445) of residents were born in non-English speaking countries, with the same proportion speaking a language other than English at home. The Aboriginal and Torres Strait Islander population accounted for 0.4 per cent (3,425) of the population, an increase of 0.1 per cent from 2011.

It is estimated the District population has now reached more than 932,692* residents. Between 2018 and 2028, the population is expected to grow by 11.2 per cent to over one million people, with high rates of growth in the number of people aged 70 and over.

The Northern Sydney Local Health District is characterised by low average disadvantage rates and high levels of private health insurance (about 81 per cent), but with higher disadvantage in some areas and relatively high rates of people living alone. Generally, health risk factor rates and the standardised mortality rates are lower than the state average. However, Northern Sydney has a higher mortality rate for stroke than the NSW average.

Source: *2016 NSW State and Local Government Area Population Projection

Local government areas

Hornsby, Hunters Hill, Ku-ring-gai, Lane Cove, Mosman, North Sydney, Northern Beaches, Ryde, Willoughby

Public hospitals

Royal North Shore, Ryde, Manly, Mona Vale, Hornsby Ku-ring-gai, Macquarie

Community health centres

Allambie Heights Physical Abilities Unit, Berowra, Brooklyn, Brookvale Early Intervention Centre, Chatswood, Cremorne, Dalwood Children's Services, Dee Why Public School, Galston, Gladesville Hospital, Headspace Brookvale, Headspace Chatswood, Hillview, Hornsby Hospital, Manly Hospital, Sydney Rd Methadone Clinic, Mona Vale, Pennant Hills, Pittwater Road Clinic, Queenscliff, Richard Geeves Centre, Royal North Shore, Ryde Community Mental Health Centre, Top Ryde, Wahroonga Rehabilitation Centre, Wiseman's Ferry

Child and family health services

Avalon, Balgowlah, Berowra, Chatswood, Cremorne, Crows Nest, Dee Why, Frenchs Forest, Galston, Gladesville, Harbord, Hornsby, Lane Cove, Lindfield, Marsfield, Mona Vale, Narrabeen, Northbridge, Pennant Hills, St Ives, Top Ryde, West Ryde

Oral health clinics

Hornsby Hospital, Top Ryde, Coxs Road (Macquarie Hospital, North Ryde), Royal North Shore Community Health Centre, Fisher Road Dee Why, Mona Vale Hospital

Third schedule facilities

Royal Rehabilitation, Greenwich and Neringah Hospitals

Other services

Aboriginal health, acute post-acute care, aged care and rehabilitation, ambulatory care, BreastScreen, child protection, chronic care, community home nursing, domestic violence, eating disorders, HIV and related programs, interpreter services, men's health, mental health drug and alcohol, multicultural health, palliative care, sexual assault, Statewide Burns and Trauma Centre, women and children's health

SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT

Corner of the Kingsway and Kareena Road
Caringbah NSW 2229
Locked Mail Bag 21
Taren Point NSW 2229

Telephone: 9540 7756
Facsimile: 9540 8757
Email: SESLHD-Mail@health.nsw.gov.au
Website: www.seslhd.health.nsw.gov.au
Business hours: 8.30am-5pm, Monday to Friday

Chief Executive: Gerry Marr

Gerry Marr was appointed Chief Executive, South Eastern Sydney Local Health District in February 2014. He previously held senior executive roles within the National Health Service (NHS) Tayside, Scotland, including Chief Executive, Tayside University Hospitals Trust, and Chief Operating Officer/Deputy Chief Executive Officer, NHS Tayside (subsequently Chief Executive).

He also held senior roles in system performance and human resources management and the NHS Scotland Department of Health. With qualifications in nursing and education, Mr Marr is a passionate advocate for safety and quality in health care delivery.

Year in review

It has been an exciting year at South Eastern Sydney Local Health District, as we transform the way we deliver health care to our communities. As part of our Journey to Excellence Strategy 2018-2021, we have committed ourselves to reshaping our models of care, radically changing the way we treat people and expanding services into people's homes and communities.

The new strategy has been developed in partnership with our staff and community to guide the District towards transformational change, as we work to empower communities to improve their health and wellbeing.

During the 2017-18 reporting period, emergency department presentations increased by around 3.5 per cent, to 228,239. There were 172,600 admissions and 7574 babies born.

In line with one of the District's key priorities: foster research and innovation, Associate Professor Christopher White was appointed as Director of Research in September 2017. This appointment allowed us to build capacity and capability for research, and will enable the next generation of researchers to engage communities and make an impact in all fields of health care delivery.

We celebrated some key milestones across the District in 2017-18. These included the 160-year anniversary of caring at Prince of Wales Hospital, the 60-year anniversary of Sutherland Hospital, and the 20-year anniversary of The Royal Hospital for Women's move from Paddington to Randwick.

The District will greatly benefit from the investment in new and improved services during 2017-18,including:

- A new Acute Services Building at St George Hospital, as part of the $277 million campus redevelopment. More beds, a new helipad and twice as many operating theatres will ensure patients receive high-quality care in world-class facilities.
- The opening of the Sutherland Hospital expansion, as part of the $62.9 million redevelopment. This includes a new, expanded emergency department, short stay unit, general medical unit, inpatient unit and expanded critical care medical unit.
- Transition works for expanding the Prince of Wales Hospital Emergency Department. This will provide eight extra treatment spaces to meet current demand until the new emergency department is completed, as part of the Randwick Campus redevelopment.
- The start of a $5 million redevelopment of the St George Hospital Cancer Care Centre, which will double the capacity of some cancer services.

I thank staff for their continuous dedication in providing exceptional care to our patients, our volunteers who freely give their time to support our work, and our community partners who work with us to improve the population's health.

30% reduction in patient complaints since the introduction of Patient Opinion

Key achievements 2017-18

- The NSW Government committed $720 million to deliver the Prince of Wales Hospital Acute Services Building. The funding will support further development of the Randwick Campus as a world-leading health and education precinct, allowing education, training and research to be integrated with world-class clinical services provided on the campus.
- The Mental Health Patient Safety Program includes initiatives on using Least Restrictive Practices. In 2017-18, specific initiatives targeting reduction in seclusion resulted in a seclusion rate of 5.2 episodes per 1000 bed days, better than the target set by NSW Health of 6.8 episodes per 1000 bed days.
- An outreach program, Better Health for Homeless Men, run by St George Hospital in partnership with Mission Australia, provided homeless men with appropriate health care, including hepatitis screening, liver assessment, a vaccination clinic and mental health support.
- Sydney/Sydney Eye Hospital was named by the Australian Patients Association as the Most Outstanding City Hospital in Australia for 2017, in recognition of the hospital's work with the Patient Opinion feedback platform. This has led to targeted improvement projects responding directly to feedback received.
- Commenced Phase 2 of the new Fertility and Research Centre at The Royal Hospital for Women. This includes an embryology laboratory, clinical suite and clean room, which will allow fertility-related research work to be undertaken.
- Organisation-wide leadership development saw around 3000 staff trained in ways of improving the care they provide to patients. This is part of an Improvement Education Program delivered by the District's Improvement Academy.
- The Doing It Differently grants initiative helped the residents of Bayside Local Government Area to build healthy, strong and connected communities. In 2017-18 grants benefited more than 10,000 community members, by increasing social connection and improving health and wellbeing.
- Drop the Drawsheet project at Sutherland Hospital has decreased the risk of developing pressure injuries by 45 per cent over two years, increased staff awareness of appropriate continence aids, and improved manual handling compliance.
- To support the District in addressing environmental sustainability, Dr Kate Charlesworth, public health physician, was appointed Environmental Sustainability Lead in June 2018. Responding to the significant health effects of climate change is an urgent challenge for all health services.
- The Advanced Recovery Orthopaedics Program at Prince of Wales Hospital enables hip or knee replacement surgery patients to be safely discharged home within 48 hours. The program is the first of its type in the southern hemisphere, and has seen more than 50 patients receive their care in this manner.

Demographic summary

South Eastern Sydney Local Health District covers an area from Sydney's central business district in the north to the Royal National Park in the south and provides health care services across a geographic area of about 468 square kilometres. The District also assists the residents of Lord Howe Island and Norfolk Island with access to hospital and health services.

The Dharawal and Eora nations are traditional custodians of the land covered by the District. About 936,560 people live within the District. There are 8724 people of Aboriginal and Torres Strait Islander heritage (1.1 per cent of the population), compared with 2.9 per cent (298,617) of the NSW population.

The District supports a growing culturally and linguistically diverse population, and some parts are very culturally diverse. About 52 per cent of Georges River and Bayside (former Rockdale and Botany) local government area residents were born overseas (compared with 34.5 per cent for NSW), with the largest group born in China. More than 50 per cent of these residents speak a language other than English at home, with Chinese languages being the most common non-English language. Conversely, residents of the Sutherland Shire are less ethnically diverse than the rest of NSW, with 77.7 per cent born in Australia and 83.1 per cent speaking only English at home.

In 2017-18, the population is expected to grow by 1.2 per cent per year (and continue to do so until 2031) with the greatest growth rate expected in older age groups. The growing aged population will result in a steadily increasing demand for health and social care, as older people are proportionally higher users of health services and are more likely to have long term conditions. Much of this will relate to long-term conditions such as diabetes, hypertension, cancer, musculoskeletal impairment and dementia. In South Eastern Sydney Local Health District, 37 per cent of people reported having a long term health condition and 21 per cent of the population live with multi-morbidities, increasing to 82 per cent for those aged 85 and older.

While residents of the District are among the healthiest in NSW, not all residents fare equally well in terms of their health, wellbeing and longevity despite relatively high standards of health and social care. There is marked variation in risk factors and their outcomes between various sub group populations across our District.

Over the next decade, the District's population is expected to increase to about 1,071,930 people. Our population is increasingly multi-cultural, growing and ageing, with an associated increase in people living with long-term conditions across all age groups. Core consumers of health resources will continue to be people with long-term conditions, including people with multiple long-term conditions and mental health problems. The demand of health services is also influenced by other factors such as carer availability, social isolation and aged care places.

Local government areas

Sutherland Shire, Georges River, Bayside, Randwick, Waverley, Woollahra, City of Sydney (Inner and East)

Public hospitals

Gower Wilson Multi-Purpose Service (Lord Howe Island), Prince of Wales Hospital and Health Services, St George Hospital and Health Services, Royal Hospital for Women, Sydney/Sydney Eye Hospital and Health Services, Sutherland Hospital and Health Services

Public nursing homes

Garrawarra Centre

Community health centres

Caringbah (at Sutherland Hospital), Engadine, Maroubra, Menai, Randwick (at Prince of Wales Hospital), Rockdale

Child and family health services

Arncliffe, Brighton, Caringbah, Cronulla, Engadine, Gymea, Hurstville, Hurstville South, Kingsgrove, Kogarah, Menai, Miranda, Oatley, Possum Cottage (at Sutherland Hospital), Ramsgate, Riverwood, Rockdale, Sutherland

Oral health clinics

Daceyville, Hurstville, La Perouse, Menai, Randwick (managed by Prince of Wales Hospital), Rockdale, Surry Hills, Sutherland

Third schedule facilities

War Memorial Hospital Waverley, Calvary Health Care Sydney

Other services

Aboriginal community health (La Perouse), breast screening (Miranda), community mental health (Bondi Junction, Hurstville, Kogarah – Kirk Place, Maroubra Junction), dementia respite care and rehabilitation (Randwick – Annabel House), HIV/AIDS and related programs (Alexandria, Darlinghurst, Surry Hills – Albion Street Centre), disability services (Kogarah), community aged care and rehabilitation (Southcare – Sutherland Hospital), sexual health, youth, drug and alcohol (Darlinghurst – Kirketon Road Clinic), drug and alcohol (Surry Hills – Langton Centre)

Source: HealthStats NSW, Public Health Information Development Unit. Social Health Atlas of Australia.

SOUTH WESTERN SYDNEY LOCAL HEALTH DISTRICT

Liverpool Hospital (Eastern Campus)
Corner of Lachlan and Hart Streets
Liverpool NSW 2170
Locked Bag 7279, Liverpool BC 1871

Telephone: 8738 6000
Facsimile: 8738 6001
Email: swslhd.esu@health.nsw.gov.au
Website: www.swslhd.nsw.gov.au
Business hours: 8.30am-5pm, Monday to Friday

Chief Executive: Amanda Larkin

Amanda Larkin has over 25 years of experience in health service management, a Bachelor of Social Work and an Associate Diploma in Environmental Service.

Her extensive experience in health management and passion to further develop health and education precincts across the District, places south western Sydney at the forefront of world-class health care, and makes her ideally suited to lead an organisation with more than 12,000 staff.

Ms Larkin serves as a board member of the Ingham Institute of Applied Medical Research, the South Western Sydney Primary Health Network and Health Infrastructure.

Yearin review

The South Western Sydney Local Health District is embarking on an era of expansion, with more than $1 billion invested into redeveloping our hospitals.

We are delivering a capital works program to further establish our hospitals as healthcare leaders.

The 2018-19 State Budget committed $740 million to transform Liverpool Hospital. The vision is to create a new cancer care centre, an expanded emergency department, a new neonatal intensive care unit and expanded maternity and critical care capacity.

In 2017-18, work on the schematic design for the $632 million Campbelltown Hospital redevelopment was a key highlight, with concept designs providing a first look at the new building. Enabling works are also underway for a $34 million multi-storey car park.

Bowral and District Hospital received an additional $15 million for a new emergency department. The project has been through a careful planning process including master planning and building design. Capital works will begin in late 2018.

We are at the frontier of health and medicine with innovation, collaboration and technology shaping how we will provide safe and quality care for the fastest growing and most culturally diverse district in the country.

These principles are at the centre of the District's Strategic Plan 2018-2021, launched in February, which will guide the growth and development of our health services. The plan contains six important strategic directions, which set a robust framework that will drive our tradition of innovation, research and education, to enhance our services and patient care, and build healthy communities.

Our Transforming Your Experience strategy continues to be rolled out across the District and we are seeing great results. Programs such as executive rounding are proactively seeking ways to improve our services by listening to our staff. My Experience Matters, a real time feedback patient survey, commenced in some of our facilities, providing the opportunity to make immediate changes to our services based on patient feedback.

All of this contributes to fulfilling our vision of 'leading care, healthier communities', so our community has access to world-class care close to home.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

Intervention Neuro-Radiology performed 168 more emergency clot retrievals (42% increase)

Key achievements 2017-18

- Launched Growing Healthy Kids in South Western Sydney Action Plan, delivering on the NSW Premier's Priority to reduce overweight and obesity rates of children by five per cent by 2025. The District, along with a number of partners, signed a charter pledging to be part of a network to improve the health of our children across the District.
- Pioneered the Aboriginal Got It! Program, an innovative program aimed at improving mental health in Aboriginal children. The program will be delivered in pre-schools and high schools to promote positive social and emotional well-being, and prevent mental health issues later in life.
- Launched our Strategic Plan 2018-2021, placing the District at the forefront of delivering innovative high-quality safe health care. Together with the Transforming Your Experience Strategy to positively transform how our patients and staff experience our services, it puts world-class safe and high-quality clinical care at the centre of health care delivery in the District.

- Together with the University of Wollongong, launched the largest scale Mental Health Gold Card Clinics for the treatment of personality disorders in south western Sydney. The Gold Card Clinics provide comprehensive, integrated services that range from early intervention through to longer term treatments.
- Launched an Australian-first program protecting women with diabetes and babies, reducing potential malformation in babies. Providing access to specialist care in pre-pregnancy clinics, women can manage diabetes prior to getting pregnant reducing risks to their baby.
- A ground-breaking new prostate cancer drug was one of the first drugs tested in Liverpool Hospital's new fully-integrated Phase 1 Clinical Trials Unit, which opened in late 2017. The new unit provides a permanent space to conduct phase 1 trials of cancer medications, ensuring the hospital's place as an important centre for cancer research.
- In a NSW first, the District installed a revolutionary idose system at all its Drug Health Clinics. Idose is an automated dosing system that identifies clients by taking a digital photo of their iris with a computer dispensing an accurate dose. It is a faster and more reliable service than the traditional method of checking clients' identification.
- The Bankstown community benefited from a new cutting-edge cardiac intervention unit. The unit will change the lives of patients with heart disease as well as help with the fight against it.
- A world-class molecular tracer facility for cancer diagnosis and research arrived at Liverpool Hospital in September 2017. The cyclotron produces radioisotopes used in the identifying and treating of a range of cancers, such as lymphoma, lung, pancreatic, head and neck, breast and prostate cancers.
- Commenced planning for the $632 million Campbelltown Hospital redevelopment and finalised the design of a new car park for the precinct. Work on the new clinical service building as part of the Bowral and District Hospital redevelopment project is underway, also with a new car park, and planning started for the new emergency department. The preparatory work for the new $740 million Liverpool health and education precinct is underway and work for Fairfield Hospital's $7 million emergency department redevelopment started, delivering a new waiting area as well as modern treatment spaces.

Demographic summary

South Western Sydney Local Health District extends from metropolitan Sydney to the upper reaches of the Southern Highlands. It provides healthcare services across a geographic area of approximately 6243 square kilometres.

The Tharawal, Gundungurra and Dharug nations are the traditional custodians of the land covered by the District.

About 966,450 people live within the District. People of Aboriginal and Torres Strait Islander heritage make up 1.7 per cent (16,533*) of the population (3.8 per cent in Campbelltown), compared with 2.9 per cent (216,176*) for all of NSW. In South Western Sydney Local Health District, 40 per cent of the population was born overseas and 54 per cent speak a language other than English at home. Fifty-six per cent of NSW refugees have settled here.

Between 2016 and 2026, the District's population is expected to increase to over 1.17 million people. The number of people aged 70 years and over will increase by 53 per cent. Rapid population growth is expected in the South West Priority Growth Area, resulting in the Camden and Liverpool Local Government Area populations increasing by 83 per cent and 28 per cent respectively.

Growth will also occur broadly across the District through urban infill. There are also potential jobs and population growth in the longer term from the Greater Macarthur Land Release Investigation Area (90,000 dwellings and 250,000 people) and the Western Sydney Airport at Badgerys Creek.

The main health issues facing the District (compared with the NSW average) are:

- higher standardised mortality rate from cardiovascular disease
- higher incidence of some cancers, such as lung, thyroid, stomach, kidney and liver
- higher prevalence of diabetes
- higher rates of Hepatitis B and Hepatitis C
- lower participation rate in breast cancer and cervical cancer screening
- poorer health-related behaviours – smoking, physical inactivity, overweight and obesity, inadequate vegetable intake
- having 14 of the 20 most disadvantaged suburbs in Sydney contributing to social determinants of health.

Source: *2016 Census (Information on Bankstown is estimated due to changes in LGA boundaries). SEIFA data from 2011 Census.

Local government areas

Camden, Campbelltown, Canterbury-Bankstown (part), Fairfield, Liverpool, Wollondilly, Wingecarribee

Public hospitals

Bankstown-Lidcombe, Bowral and District, Campbelltown, Camden, Fairfield, Liverpool

Community health centres

Bankstown, Bigge Park Centre, Bowral, Cabramatta, Campbelltown (Executive Unit/Triple I), Fairfield, Hoxton Park, Ingleburn, Liverpool, Miller – Budyari, Miller – The Hub, Moorebank, Narellan, Prairiewood (Fairfield Hospital), Rosemeadow, Wollondilly, The Corner Youth Health Service (Bankstown), Traxside Youth Health Service (Campbelltown), Fairfield Liverpool Youth Health Team

Child and family health services

Bargo, Bonnyrigg Heights, Bowral, Bringelly, Cabramatta, Camden, Campbelltown, Carramar, Chester Hill, Claymore, Edensor Park, Fairfield, Fairfield Heights, Georges Hall, Greenacre, Greenway Park, Hilltop, Hinchinbrook, Holsworthy, Hoxton Park, Ingleburn, Liverpool, Macquarie Fields, Macarthur Square, Miller, Mittagong, Moorebank, Moss Vale,

Mount Pritchard, Narellan, Padstow, Panania, Penrose, Prairewood, Robertson, Robert Townsend, Rosemeadow, The Oaks, Thirlmere, Wattle Grove, Warragamba, Yagoona

Oral health clinics

Bankstown, Yagoona, Fairfield, Liverpool, Ingleburn, Rosemeadow, Tahmoor, Narellan, Bowral

Third schedule facilities

Braeside Hospital, Karitane, South West Sydney Scarba Service, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

Other services

Aboriginal health, community health, drug health, mental health, population health, oral health, BreastScreen NSW, NSW Refugee Health Service

SOUTHERN NSW LOCAL HEALTH DISTRICT

Peppertree Lodge
Queanbeyan Hospital Campus
Collett Street
PO Box 1845
Queanbeyan NSW 2620

Telephone: 6150 7999
Facsimile: 6299 6363
Email:
snswlhd-ConsumerFeedback@health.nsw.gov.au
Website: www.snswlhd.health.nsw.gov.au
Business hours: 8:30am-5pm, Monday to Friday

Chief Executive: Andrew Newton

Andrew Newton took up the Chief Executive position in November 2017 from Western Sydney Local Health District, where he was General Manager of Westmead and Auburn hospitals for three years. He has significant experience in health service delivery, strategic and operational leadership and capital development and implementation. Mr Newton's past positions include General Manager of Blacktown Mt Druitt and Dubbo hospitals, General Manager of Rural and Remote Health Services for Greater Western Area Health Services, and Hospital Manager for Lachlan Health Service. He started as a nurse at Blacktown Hospital in 1994, after emigrating from Sunderland in north east England, where he trained. Since then he has gained a Bachelor of Health Science (nursing), a Masters of Health Management, and a Graduate Diploma of Public Administration.

Year in review

Southern NSW Local Health District began a new era in late 2017, with Dr Allan Hawke AM, becoming Chair of the Board in October and Andrew Newton becoming Chief Executive a month later. The new leadership is guiding the District forward in new directions, working to improve its delivery of services and facilities, and overseeing an unprecedented number of major redevelopment projects totalling almost $185 million.

The new $2.5 million Jindabyne HealthOne facility opened in July 2017, co-locating private and public health services.

Redevelopments underway or in the planning stage are the $120 million Goulburn Hospital and Health Service redevelopment, the $18.6 million redevelopment of Cooma Hospital, the $8 million Yass Hospital redevelopment, the Braidwood Multipurpose Service and the $1.6 million refurbishment of Pambula District Hospital.

The Eurobodalla Health Service is under review, following a $500,000 NSW Government commitment to update the Eurobodalla Clinical Services Plan. The local community, clinicians and health staff were consulted during development of the updated plan, which will address health services provided in the Eurobodalla, including Moruya District Hospital.

In November 2018, Southern NSW Local Health District implemented a Safety and Quality Account, which provides a broad picture of our achievements in safety and quality as the District works towards meeting all the goals outlined.

The 2018 Quality Awards attracted 58 entries, the highest number in recent years. The projects highlighted the dedication and creative thinking of staff, working as individuals or in teams, often in their own time, to make a difference in the quality of care we provide. The large number of nominations demonstrated the breadth of work taking place.

Engagement with the District's 11 Community Consultative Committees is stronger, with new terms of reference and guidelines boosting their contribution and adding to the District's understanding of the views and needs of the local communities.

The District introduced a new way of receiving patient feedback at South East Regional Hospital, surveying patients through direct connection to their free patient Wi-Fi.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

Southern NSW LHD is undergoing major infrastructure growth, with four large projects totalling $183.2 million in the planning stages or underway

Key achievements 2017-18

- Recruited a new Chief Executive and Chair of the Board, with the change of leadership enabling progress in new directions to improve delivery of health care to communities.
- Commenced work or planning on four major infrastructure developments in Goulburn, Yass, Cooma and Braidwood, totalling $183.2 million. A $1.59 million refurbishment of Pambula Hospital is almost complete.
- Opened the $2.5 million Jindabyne HealthOne facility in July 2017, co-locating and consolidating health services with Jindabyne GP Super Clinic. It provides the community with multi-disciplinary, integrated health services at a one-shop stop, bringing together commonwealth-funded general practice and state-funded primary and community health care services.
- Achieved positive results from an initiative introduced in September 2017, allowing everyone admitted to mental health units to retain and use their mobile phones or other personal communication devices (unless a risk assessment indicates otherwise).
- The Silent 12 program, introduced in the Eurobodalla to reduce avoidable unplanned repeat presentations to hospital by 12 selected patients has reduced their emergency department presentations by 77 per cent (from 223 to 50), admissions by 70 per cent (from 154 to 32) and total days in hospital by 90 per cent (from 234 to 22).
- Commenced review of the Eurobodalla Health Service, following a $500,000 NSW Government commitment to update the Eurobodalla Clinical Services Plan. The local community, clinicians and health staff were consulted during development of the updated plan which will address health services provided in the Eurobodalla, including Batemans Bay and Moruya district hospitals.
- Added a patient survey to the patient Wi-Fi page at South East Regional Hospital. This provides the hospital with another way to get feedback that helps improve services, and particularly helps garner opinions from younger patients who are generally less inclined to fill out a feedback form.
- The maternity unit at Queanbeyan Hospital was awarded the Baby Friendly Health Initiative Accreditation Certificate for the sixth consecutive year, one of only two in the state to achieve this (the other being the Royal Hospital for Women in Sydney). The number of births at Queanbeyan is increasing rapidly – with 553 births in 2017-18, a 23 per cent increase on the previous year.
- Strengthened engagement with the District's 11 Community Consultative Committees, with new terms of reference and guidelines, boosting their contribution and adding to the District's understanding of the views and needs of local communities. The now full-time Community Engagement Officer attends almost all meetings throughout Southern NSW Local Health District.
- Eurobodalla Health Service led the way in commitment to sustainability, with colour coded recycling bins being rolled out at these facilities to provide further recycling options. This builds on the recycling programs already in place at these locations.

Demographic summary

Southern NSW Local Health District extends from the NSW South Coast and Southern Tablelands, across the Great Dividing Range and the Snowy Mountains, past Canberra to Goulburn and Crookwell. It provides healthcare services across a geographic area of 44,500 square kilometres.

The population of about 200,176 (2016 census) makes up 2.68 per cent of the total NSW population.

The Gundungurra, Ngunawal, Ngarigo and Yuin nations are the traditional custodians of the land covered by the District. People of Aboriginal and Torres Strait Islander heritage make up an estimated 7060 of the population, with nearly one third living in the Eurobodalla.

The main health issues facing the District are those characteristic of an ageing population, with 25 per cent of residents over 60. The median age ranges from 38 in Queanbeyan-Palerang to 54 in Eurobodalla, compared with 43 in the rest of regional NSW. Eurobodalla has one of the highest proportions of older residents in NSW, with 30.6 per cent.

The District contributes significantly to communities, employing around 2000 full-time equivalent staff, and engaging local residents through community consultative committees.

The District's 10 regional hospitals, psychiatric hospital, three multi-purpose services, and five community health centres provide a range of services including emergency, intensive care, coronary care, maternity, mental health services, acute medical and surgical services and primary and community services.

Local government areas

Bega Valley, Eurobodalla, Goulburn Mulwaree, Queanbeyan-Palerang, Snowy Monaro, Upper Lachlan, Yass Valley

Public hospitals

Batemans Bay District Hospital, Braidwood Multi-Purpose Service, Bombala Multi-Purpose Service, Cooma Health Service, Crookwell Health Service, Delegate Multi-Purpose Service, Goulburn Base Hospital, Bourke St Health Service, Kenmore Hospital, Moruya District Hospital, Pambula District Hospital, Queanbeyan Health Service, South East Regional Hospital (Bega), Yass Health Service, Southern Brain Injury Unit

Community health centres

Bega Valley, Bombala, Braidwood, Cooma, Crookwell, Delegate, Eden, Eurobodalla, Goulburn, Jindabyne, Queanbeyan, Yass

Child and family health services

Karabar

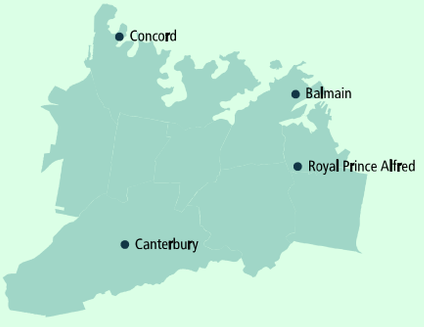
Oral health clinics

Cooma, Goulburn, Moruya, Pambula, Queanbeyan, Yass

SYDNEY LOCAL HEALTH DISTRICT

Level 11 North, King George V Building
83 Missenden Road
PO Box M30
Missenden Road NSW 2050

Telephone: 9515 9600
Facsimile: 9515 9610
Email: SLHD-ESU@health.nsw.gov.au
Website: www.slhd.nsw.gov.au
Business hours: 8.30am-5pm, Monday to Friday



Chief Executive: Dr Teresa Anderson AM B.App Science (Speech Pathology) PhD

Dr Teresa Anderson has more than 35 years of experience as a clinician and health service executive. She has a well-established reputation for implementing strategies to foster innovation and best practice, supporting collaboration and building partnerships.

An internationally-recognised speech pathologist, she is passionate about developing programs and services to support and improve the health and wellbeing of all people in the community. Dr Anderson was appointed a Member of the Order of Australia (AM) in 2018.

Dr Anderson is the Chair of Sydney Research. She is a member of seven medical research institutes, health and primary health network boards, and an active member of the Sydney Health Partners Governing Council and Executive Management Group, one of the first four centres in Australia designated as an Advanced Health Research Translation Centre by the National Health and Medical Research Council (NHMRC).

Year in review

Our focus on patient and family centred care saw exciting changes in 2017-18. We launched our Partners in Care initiative to improve the experience of our patients and their families. The pilot policy allows for changes to encourage patients and the people important to them to be more actively involved as partners in their care. Importantly, we have tried to find ways of making our hospitals feel more welcoming by relaxing visiting times and improving facilities in our waiting areas.

Our first annual Patient and Family Experience Symposium brought together staff and consumers to share their ideas to help improve our care and train our people. The March Arts Festival focused on the important role of The Arts in improving health and wellbeing. The Yaralla Festival and Rivendell Flower Show connected thousands of people in our community with our staff services and community facilities while encouraging physical activity. We continued our focus on equity and access to healthcare through our annual EquityFest, our work with homeless people, multicultural events and services and collaborations with community organisations.

In 2017-18 we launched three significant plans: the 2018-2023 Strategic Plan and Research Strategic Plan and the projected Aboriginal Health Plan. Planning is a key priority, with rapid urban growth and increased demand for our tertiary and quaternary service expertise. Preparation works are underway for the $341 million Concord Hospital redevelopment and the National Centre for Veterans' Healthcare. Master planning continues for Royal Prince Alfred (RPA) and Canterbury Hospitals, as well as opportunities for care in our community, our research and innovation precinct in Camperdown, and RPA HealthOne East at Green Square.

Supporting research, training and innovation leads to better care for our patients. More than 550 clinical trials are underway across the campus. Sydney Research and Sydney Health Partners have helped embed research collaborations across clinical streams and locations. Our Pitch innovation series reached another milestone, with more than $1 million now invested in staff ideas for improving our services.

Our vision for excellence in health and healthcare led to outstanding performance by our staff. We came in on budget; 164,598 people attended our emergency departments; 42,606 operations were performed; 171,698 admissions and discharges were completed; and 6702 babies were born at RPA and Canterbury Hospitals. RPA and Balmain Hospitals and our community health services all achieved accreditation against national standards. We have digitally transformed our hospitals and health services, allowing better access to real-time patient records from anywhere in the health service.

I'd like to take this opportunity to thank the many people who are dedicated to making a difference in Sydney Local Health District: our staff, our community members, volunteers, non-government organisations and other community organisations, and our partners. Together we continue to provide world-class health services we can all be proud of.

Enrolled over 900 high-risk patients into the NSW Pre Exposure Prophylaxis HIV Trial

Key achievements 2017-18

- Commenced enabling works for the $341 million Concord Hospital Stage One redevelopment.
- Officially opened the NSW Health Statewide Biobank, a NSW Health Pathology partnership with Sydney Local Health District, the Office of Health and Medical Research, and Health Infrastructure.

- RPA researchers announced world breakthroughs in gene therapy for haemophilia and thalassaemia.
- Launched Australia's first eating disorders research institute, InsideOut, in partnership with the University of Sydney.
- Launched the new RPA Comprehensive Stroke Service.
- Conducted Talking and Listening check-ups for 4992 children at early childhood education facilities and other family-friendly community locations across the District.
- Employ-my-ability acknowledged as a leading employment training program for young people with intellectual disabilities and recognised with awards from the Prime Minister and Premier.
- Undertook digital transformation of our health service including migration of eMR to Government Data Centre; continued roll-out of eMeds, SurgiNet, hTrak, eMR2, VitalsLink, Oncology and Haematology Systems; implementation of Bring Your Own Device; and new @health email for 12,000 staff.
- Celebrated some major service milestones, including 100 years of Tresillian, 50 years of kidney transplants at RPA, 20 years of The Bridge Service at Yaralla House, and 10 years of the Concord Centre for Mental Health.
- Opened Eurella House as part of the Better Pathways to Housing program.
- Officially opened the new RPA multi-storey staff car park.
- Hosted the sixth Sydney Innovation and Research Symposium and first Innovation Week, with 2500 delegates, nine events and more than 150 presenters.

Demographic summary

Sydney Local Health District is located in the centre and inner west of Sydney, and provides healthcare services across a geographic area of approximately 126 square kilometres.

The Gadigal, Wangal and Bediagal people of the Eora Nation are the traditional custodians of the land covered by the District.

About 680,000 residents live in the District, with more than a million people a day coming to work, study and visit.

Formally, 4875 people (0.9 per cent of the population) identify as being of Aboriginal and Torres Strait Islander heritage. However, the actual number is far greater, as many of our community members come from rural areas and continue to identify with their rural communities. We are undertaking a project with the Aboriginal Medical Service, Redfern and the Metropolitan Local Aboriginal Land Council to increase identification in our area.

The District is rich in cultural and social diversity: almost half of the population speaks a language other than English at home. This includes significant numbers of refugees, asylum seekers and special humanitarian entrants. Nearly nine per cent of the District's population speaks little or no English. The major languages spoken at home include Chinese languages, Arabic, Greek, Korean, Italian and Vietnamese.

A feature of the District's social diversity is our proud lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) community. A number of our suburbs have the highest proportions of same-sex couples in Australia.

The District is characterised by socio-economic diversity, with pockets of both extreme advantage and extreme disadvantage. There is a large population of people who are homeless.

The District's population is ageing, with the current proportion of residents aged over 70 projected to increase by 65 per cent by 2031. There are 4500 elderly people living in local residential aged care facilities. More than 28,000 people with a disability live in the District (ABS 2016) and there are over 53,000 unpaid carers who provide support across the inner west.

Other health issues for the community include mental health-related illness, high smoking levels, alcohol consumption, lower physical activity, and inadequate fruit and vegetable consumption. Notification rates for a number of communicable diseases, STIs and hepatitis C are significantly higher than for the rest of the state.

Every year, almost 8500 babies are born to mothers living in the District, with 6702 births occurring in the maternity units at RPA and Canterbury Hospitals in 2017-18.

The District is undergoing widespread transformation through urban renewal and increased population density. This urban development means affordability of housing in the District is an increasing issue for our population and our staff.

The District has the third highest growth rate of all NSW local health districts with a projected population growth rate of 40 per cent between 2016 and 2036 (Department of Planning and Environment (DPE) 2016).

Source: Australian Bureau of Statistics 2011.

Local government areas

City of Sydney (part), Inner West, Canterbury and Bankstown (part), Canada Bay, Burwood, Strathfield

Public hospitals

Balmain Hospital, Canterbury Hospital, Concord Centre for Mental Health, Concord Repatriation General Hospital, Royal Prince Alfred Hospital, Sydney Dental Hospital, Thomas Walker Hospital

Community health centres

Marrickville, Croydon, Redfern, Canterbury, Camperdown

Child and family health services

Canterbury Health Centre: Child Adolescent and Family Health Service, Child Health Information Link, Community Nursing Service, Community Mental Health Service.

Croydon Health Centre: Child Adolescent and Family Health Service, Community Nursing Service, Disability Specialist Unit, Community Mental Health Service, Drug Health Service.

Marrickville Health Centre: Child and Family Health Services, Community Nursing Service, Community Mental Health Service, Drug Health Service.

Redfern Aboriginal Medical Service: Community Paediatric Medical Clinic

Early childhood health services: Alexandria Park, Balmain, Belmore, Camperdown, Campsie, Chiswick, Concord West, Croydon, Earlwood, Five Dock, Glebe, Homebush, Lakemba, Leichhardt, Marrickville, Punchbowl

Oral health clinics

Canterbury, Concord, Croydon, Marrickville, Sydney Dental Hospital, Dalirinji Aboriginal Oral Health Clinic at Sydney Dental Hospital provides emergency and general dental services to Aboriginal people.

Third schedule facilities

Tresillian Family Care Centres

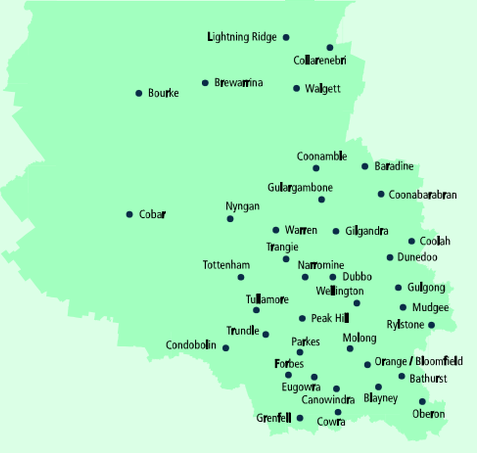
Other services

Aboriginal health; aged, chronic care and rehabilitation services; allied health; BreastScreen services at RPA, Croydon, Campsie and mobile van; Centre for Education and Workforce Development; Chris O'Brien Lifehouse at RPA; Concord Cancer Centre; community nursing services; drug health; Health Care Interpreter Team; Heterosexual HIV Service; mental health services; nursing and midwifery services; oral health; planning; population health; sexual health outreach clinics; Sydney Local Health District Research; Sydney Research (16 founding members including Sydney Local Health District, the University of Sydney and affiliated Medical Research Institutes); Sydney South West Pathology Services (NSW Pathology); Yaralla Estate; youth health outreach clinics

WESTERN NSW LOCAL HEALTH DISTRICT

29 Hawthorn Street
PO Box 4061
Dubbo NSW 2830

Telephone: 6809 8600
Facsimile: 6841 2236
Email: WNSWLHD-CE@health.nsw.gov.au
Website: www.wnswlhd.nsw.gov.au
Business hours: 8:30am-5pm, Monday to Friday



Chief Executive: Scott McLachlan

Scott McLachlan leads a team driven by a commitment to improve health outcomes for rural people, and deliver compassionate, high quality and connected health services.

Aboriginal and Torres Strait Islander people make up over 11 per cent of the Western NSW Local Health District population. Mr McLachlan has a particular commitment to develop services and places that welcome and respect the whole community, particularly Aboriginal people.

Mr McLachlan's extensive leadership experience spanning more than two decades in the public and private health sectors has shaped his commitment to improving standards of patient care, maintaining authentic community engagement, collaboration with clinicians, and leading innovation.

Year in review

Building on previous years' achievements, Western NSW Local Health District focused its efforts in 2017-18 on expanding key elements of its strategic plan. We advanced work or endorsed comprehensive plans around cancer services, research, Aboriginal health, health promotion, kids and families, oral health, and older people.

We took a lead role in implementing Leading Better Value Care, a statewide program that measures the value of targeted clinical initiatives in terms of health outcomes, experience of care, and efficient and effective care.

We continued to build a culture of quality and safety with 2438 staff completing the Speaking Up for Safety program by the end of the financial year. We introduced safety culture coordinators to assist sites in implementing 'safety huddles' and violence prevention management. There were more than 100 submissions to our Living Quality & Safety Health and Innovation Awards program.

Our program of infrastructure renewal continued with Stage 3 of the Dubbo Hospital redevelopment completed, along with the Molong Multipurpose Service and the Nyngan Renal Unit. In May, the Premier turned the first sod on Stage 4 of the Dubbo Hospital redevelopment, and on the $70.2 million redevelopment of Mudgee Hospital. Under Stage 5 of the Multipurpose Service program, work is continuing on projects at Coolah, Rylstone and Cobar.

The District also stepped further into innovation by establishing our vision for a Digital Health Region. This concept accepts the challenges of providing world-class health care, close to where people live, in a region with a very large area, a highly distributed population and challenging demographic and health features – and looks to technology as part of the solution. Establishing a Digital Health Region will require strong partnerships, vision and a willingness by our health care providers and communities to examine new ways of providing care, but the success of telehealth and the development of a range of 'virtual' services provide strong evidence of the prospects for success.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

90% of aged care clinical staff provided with training to support older people living at home

Key achievements 2017-18

- Implemented Integrated Care Strategy across 13 sites, with more than 1800 people enrolled, 24 per cent of whom are Aboriginal.
- Increased access to development opportunities and support of clinicians in rural and remote facilities, through the development of a 'virtual' clinical nurse education outreach support program and new graduate nurse support network.
- Implemented an employee wellbeing program across 10 sites.
- Improved influenza vaccination uptake, with the District leading the state in coverage of Aboriginal children aged six months to five years.
- Development of the Central West Clinical Trials Unit (CTU) with 18 trials active and 17 in the feasibility stage. The CTU received the 2017 NSW Premier's Award for Outstanding Cancer Research and the 2017 Australasian Gastrointestinal Trials Group Outstanding Site Award.
- Over 100 staff from six sites attended COPD/CHF and Diabetes Mellitus workshops held as part of the Leading Better Value Care program, in collaboration with the Agency for Clinical Innovation.
- Developed the Virtual Allied Health Service with pilots underway in seven areas, including dietetics, physiotherapy, pharmacy and psychology. This project won the 2018 ACI Innovation Award at the Western NSW LHD Living Quality and Safety Health and Innovation Awards.
- Health professional referrals to the Get Healthy Information and Coaching Service reached 201 per cent of our target.
- Provided training to 92 clinicians in Western NSW on evidence-based outpatient treatment therapies for people with an eating disorder.
- High level of achievement in health promotion in schools with 72 per cent of early childhood services adopting 50 per cent of Munch & Move practices, and over 61 per cent of primary schools adopting 60 per cent of Live Life Well @ School practices.

Demographic summary

The Western NSW Local Health District is located west of the Great Dividing Range in the central western and northern areas of NSW and provides healthcare services across a geographic area of approximately 247,000 square kilometres.

The Barindji, Barrinbinja, Barundji, Gunu, Kamilaroi, Muruwari, Wailwan, Wiradjuri and Wongaibon people are the traditional custodians of the land covered by the District.

About 279,673 residents live within the District. There are 32,160 people of Aboriginal and Torres Strait Islander heritage (approximately 11.5 per cent of the population), compared to 208,476* for all NSW. There is low representation of culturally and linguistically diverse communities across the District, apart from the community of Lightning Ridge.

The population is expected to grow, with a 5.5 per cent predicted population growth to 2031. This is lower than the expected growth rate for the state as a whole. The District has higher percentages of people aged over 65 and under 15 compared with NSW as a whole. The District has the highest fertility rate of all NSW local health districts.

Over the next decade, the proportion of older and younger people is expected to grow, creating more need for and pressure on services such as aged care, palliative care and services for children within the first 2000 days of life.

Source: *Australian Bureau of Statistics 2011.

Local government areas

Bathurst, Bogan, Bourke, Brewarrina, Cobar, Coonamble, Cowra, Dubbo, Forbes, Gilgandra, Lachlan, Mid-Western, Narromine, Orange, Cabonne, Blayney, Parkes, Walgett, Warren, Warrumbungle, Weddin

Public hospitals

Orange – Bloomfield Campus, Dubbo, Bathurst, Cowra, Forbes, Parkes, Mudgee, Canowindra Soldiers Memorial, Cobar, Condobolin, Coonabarabran, Narromine, Wellington

Multi-purpose services: Baradine, Blayney, Bourke, Brewarrina, Collarenebri, Coolah, Coonamble, Dunedoo, Eugowra Memorial, Gilgandra, Grenfell, Gulargambone, Gulgong, Lightning Ridge, Molong, Nyngan, Oberon, Peak Hill, Rylstone, Tottenham, Trangie, Trundle, Tullamore, Walgett, Warren

Community health centres

Baradine, Bathurst, Binnaway, Blayney HealthOne, Bourke, Brewarrina, Canowindra, Cobar, Collarenebri, Coolah, Coonabarabran, Coonamble HealthOne, Cowra, Cudal, Cumnock, Dubbo, Dunedoo, Forbes, Gilgandra, Goodooga Health Service, Gooloogong, Grenfell, Gulargambone, Gulgong HealthOne, Hill End, Lightning Ridge, Manildra, Mendooran, Molong HealthOne, Mudgee, Narromine, Nyngan, Oberon, Orange – Bloomfield campus, Orange – Kite Street, Parkes, Peak Hill, Quandialla, Rylstone HealthOne, Tottenham, Trangie, Trundle, Tullamore, Walgett, Wanaaring, Warren, Wellington

Child and family health services

Bathurst, Blayney, Bourke – outreach to Enngonia, Brewarrina, Canowindra – outreach to Eugowra, Cobar, Collarenebri, Condobolin, Coolah, Coonabarabran – outreach to Baradine and Binnaway, Coonamble, Cowra, Dubbo, Dunedoo – outreach to Mendooran, Forbes, Gilgandra, Grenfell – outreach to Quandialla, Gulargambone, Gulgong, Lightning Ridge – outreach to Goodooga, Molong – outreach to Manildra, Cumnock, Yeoval and Cudal, Mudgee, Narromine, Nyngan, Oberon, Orange – Bloomfield campus, Parkes, Peak Hill – outreach to Tomingley, Rylstone, Tottenham, Trangie, Trundle, Tullamore, Walgett, Warren, Wellington

Oral health clinics

Bathurst Community Dental Clinic, Dubbo Community Dental Clinic, Mudgee Community Dental Clinic, Orange Community Dental Clinic, Parkes Dental Clinic, Coonabarabran Child Dental Clinic*, Gilgandra Dental Clinic*, Gulgong Dental Clinic*, Oberon Child Outreach*, Rylstone Child Dental Clinic*, Trundle Child Dental Clinic*, Mobile Oral Health Centre*, Forbes Child Dental Clinic, Cowra Child Dental Clinic, Condobolin Child Dental Clinic, Blayney Child Dental Clinic*, Cobar Child Dental Clinic*, Coonamble Child Outreach*, Grenfell Child Dental Clinic*, Nyngan Child Dental Clinic*, Peak Hill Dental Clinic*, Tottenham Child Dental Clinic*, Wellington Dental Clinic*

*Part-time clinics operated by staff based at another district dental clinic

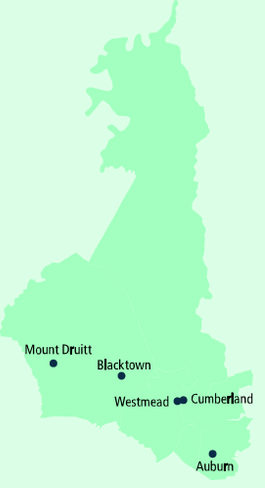
Third schedule facilities

St Vincent's Outreach Service
Lourdes Hospital and Service

WESTERN SYDNEY LOCAL HEALTH DISTRICT

Hawkesbury Road
Westmead NSW 2145
PO Box 574
Wentworthville NSW 2145

Telephone: 8890 9902 or 8890 9929
Facsimile: 8890 9901
Email: WSLHD-OfficeOfTheCE@health.nsw.gov.au
Website: www.wslhd.health.nsw.gov.au
Business hours: 8:30am-5pm, Monday to Friday



Chief Executive: Danny O'Connor

Danny O'Connor was appointed Chief Executive of the Western Sydney Local Health District in January 2011.

Mr O'Connor believes the primary purpose of healthcare is to improve people's lives. Central to success is a strong partnership with consumers in continually improving services. Likewise, a robust collaboration is required between science and practice to ensure the continuous evolution of best practice in clinical care and population health programs.

Mr O'Connor currently serves on the boards of the Western Sydney Local Health District (ex-officio), Westmead Institute for Medical Research, NSW HealthShare, and the Westmead Medical Research Foundation.

Year in review

This has been a year of building for Western Sydney Local Health District, in all senses of the word.

In 2017-18 the capital works team successfully delivered over $24 million in projects across the District. Stage 2 of the Blacktown and Mount Druitt Expansion Project opened in late 2017. Mount Druitt projects include a drug health facility, expanded surgical area, community dialysis centre and a new MRI unit.

A multi-storey car park opened at Blacktown Hospital in February 2018, and the new acute services building reached roof level in April. The Westmead Education and Conference Centre was completed in 2017.

We also built on the research that is conducted in the District, with two local innovations achieving significant commercialisation milestones this year. The District entered into an agreement with Australian company HaemaLogiX, for commercialisation rights to an immuno-oncology agent designed to specifically target malignant cancer cells present in the bone marrow of multiple myeloma patients. Another innovation, the Mu Catheter (a next generation renal denervation catheter for treating hypertension) won $1.39 million in funding from the NSW Medical Device Fund to support pre-clinical development and commercialisation of this device. It is being commercialised in partnership with the University of Sydney.

We also built on our performance. Across all NSW health facilities, Blacktown Hospital recorded the highest year-on-year increase in emergency treatment performance (ETP), despite also having the highest year-on-year increase in presentations. Westmead Hospital saw a five per cent improvement in ETP, despite a two per cent increase in emergency presentations. Project RED, a Whole of Hospital redesign program to improve patient flow across all parts of the hospital, was the key to sustained and significant improvements in emergency department performance and access.

In 2017-18, we also built on patient care. Western Sydney Local Health District nursing and midwifery worked with clinical governance, allied health and our university partners, to conduct bi-annual pressure injury and falls point prevalence surveys for the first time in all acute facilities. The coordination of these surveys was a success and saw an overall reduction in the incidence of hospital acquired pressure injury, and maintenance of falls point prevalence below three per cent.

We built on helping the community, with programs such as Pathways to Community Living Initiative (PCLI), Getting on track In Time (Got-It), Statewide Outreach Perinatal Service for Mental Health (SwOP-mh), Whole Family Team (WFT) and Young People's Outreach Program (YPOP). PCLI has helped 47 long-stay consumers into appropriate accommodation within the community since the project commenced.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

100% of Child and Family Health Nurses were compliant with Category A High Flu Vaccination compliance

Key achievements 2017-18

- Western Sydney Local Health District nursing and midwifery, in collaboration with clinical governance, allied health and our university partners, conducted bi-annual pressure injury and falls point prevalence surveys for the first time in all acute facilities.
- Continued to support research commercialisation, with two of the District's innovations achieving significant commercialisation milestones. We entered into an agreement with Australian immuno-oncology company HaemaLogiX for commercialisation rights to an immuno-oncology agent designed to specifically target malignant cancer cells present in the bone marrow of multiple myeloma patients. Another of its innovations, the Mu Catheter, was competitively awarded $1.39 million in funding from the NSW Medical Device Fund to support pre-clinical development and commercialisation of this device.
- Completed the $8 million Westmead Education and Conference Centre (WECC) in September 2017. This is an innovative, high-tech education space for use by clinicians, researchers, academics and students in partnership with the University of Sydney.
- Successfully removed all sugar sweetened drinks from sale at over 79 retail outlets in health facilities. Our employees supported this initiative by featuring on localised material to promote the new change. One hundred and five employees volunteered to be ambassadors supporting healthy food and drink in retail outlets, to help make healthy normal.
- Implemented Project RED, a whole-of-hospital redesign program to improve patient flow across all parts of the hospital. This was the key to the sustained and significant improvements in emergency department performance and access.
- Implemented the Westmead hospital pharmaceutical supply chain initiative, aimed at standardising procurement processes, optimising contract negotiations through supply chain and inventory management, improving responsiveness to changes in the market, and securing the supply chain. It worked with industry to enable better prediction of medicines demand and forecast requirements for the District, with patient care and safety in mind. This project demonstrates significant achievement in research and innovation, establishing new processes and work practices for the procurement of medicines, inventory management and for securing the pharmaceutical supply chain for one of the largest local health districts in Australia. For Westmead Hospital, this has improved the efficiency of resource use, with pharmaceutical wastage accounting for just 0.37 per cent for a turnover of more than $65 million a year. It also led to a $2.2 million reduction in financial expense for the top 100 products by volume in the 12 months to April 2018 and increased pharmaceutical revenue by $1.2 million per annum. This collaborative effort across the District has enabled additional financial resources to be used for direct patient care.

- Achieved a 26.3 per cent decrease in hospital admissions and a 30 per cent reduction in in-hospital deaths by aged care facilities residents through the Geriatric Rapid Evaluation and Treatment (GREAT) service. GREAT is a nursing-based outreach program provided to local aged care facilities (ACFs) during working hours. It receives referral from ACFs and acute hospitals. Referred patients receive a face-to-face assessment at the ACF, and a management plan is developed in collaboration with the General Practitioner (GP), ACF staff and the patient's family. This service also resulted in a significant cost saving, estimated at $7.7 million per year.
- Diverted non-urgent patients from the hospital outpatient setting to GPs through HOTTeR West (Hepatocellular carcinoma Outcomes Through Translational Research in Western Sydney). HOTTeR West is a translational public health program focused on cancer prevention that seeks to optimise chronic hepatitis B (CHB) management in the District. This nurse-led community-based program supports GPs in Western Sydney with significant CHB patient loads. This provides rapid access care to patients receiving antiviral treatment and specialist care, to facilitate treatment/management pathways. Since HOTTeR West started in 2015, 358 patients have been diverted from hospital clinics and managed within the community. General practitioners can provide accessible, culturally appropriate and affordable care to patients, and reduce demand on hospital resources (e.g. medical staff and interpreter services).
- eMeds went live in Auburn in November 2017. This was a very successful implementation with minimal clinical incidents. The strength of the roll-out came from the positive engagement of all the staff involved.
- eMaternity went live in Auburn in May 2018.

Demographic summary

Western Sydney Local Health District is located in western Sydney and provides healthcare services across a geographic area of approximately 780 square kilometres.

The population of the District was 915,000 at the 2016 census, and it is expected to increase to 1.48 million by 2036.

The Darug people are traditional custodians of the land covered by the District.

More than 950,000 residents live within the district. There are 13,400 people of Aboriginal and Torres Strait Islander heritage, compared with 216,176* for all NSW. Most (9530) live in the Blacktown Local Government Area.

At the 2016 census, just over 50 per cent of residents spoke a language other than English at home. The most common, in descending order, were Arabic, Mandarin, Cantonese, Hindi, Korean, Punjabi, Tagalog and Tamil.

The population is younger than the state average, with 7.5 per cent pre-school aged (0-4 years) compared with 6.2 per cent statewide. The District's total fertility rate is higher than the state average*.

Source: *Australian Bureau of Statistics 2018.

Local government areas

Parramatta, The Hills Shire, Cumberland, Blacktown

Public hospitals

Auburn, Blacktown, Mount Druitt Cumberland (mental health services), Westmead

Community health centres

Auburn, Blacktown, Doonside, Merrylands, Mount Druitt, Parramatta, The Hills

Child and family health services

Auburn Early Childhood Centre, Baulkham Hills Early Childhood Centre, Blacktown Early Childhood Centre, Blacktown Women's and Girls' Health Centre, Castle Hill Early Childhood Centre, Dundas Early Childhood Centre, Epping Early Childhood Centre, Ermington Early Childhood Centre, Glendenning Early Childhood Centre, Greystanes Early Childhood Centre, Guildford Early Childhood Centre, Hassall Grove Public School, Kellyville Public School, Lalor Park Early Childhood Centre, Lidcombe Early Childhood Centre, Marayong Early Childhood Centre, Minchinbury Public School, Ngallu Wal Aboriginal Child and Family Centre, Old Toongabbie Early Childhood Centre, Parramatta North Public School, Quakers Hill East Public School, Riverstone Early Childhood Centre, Riverstone Neighbourhood Centre, Ropes Crossing Community Resource Hub, Rouse Hill Public School, Seven Hills Early Childhood Centre, The Ponds Early Childhood Centre, Wentworthville Early Childhood Centre, Winston Hills Public School, Yenu Allowah Aboriginal Child and Family Centre

Oral health clinics

Blacktown Dental Clinic, Mount Druitt Dental Clinic, Westmead Centre for Oral Health

Other services

Aboriginal health services, aged day services and dementia day services (Auburn, Baulkham Hills, Blacktown, Ermington, Mount Druitt, Wentworthville), BreastScreen NSW Sydney West clinics (Auburn, Blacktown, Castle Hill, Parramatta, Mount Druitt), Child Protection Counselling Service, community drug health services (Auburn, Blacktown, Castle Hill, Doonside, Merrylands, Parramatta, North Parramatta, Mount Druitt), community mental health services (Auburn, Blacktown, Castle Hills, Granville, Merrylands, Mount Druitt, Parramatta, Seven Hills, Telopea, Westmead), Education Centre Against Violence, Forensic Medical Unit, Health Care Interpreter Service, multicultural health, New Street Sydney, NSW Education Program on Female Genital Mutilation, population health services, sexual assault services (Blacktown/Mount Druitt and Westmead), Westmead Breast Cancer Institute, youth health services (Harris Park and Mount Druitt)

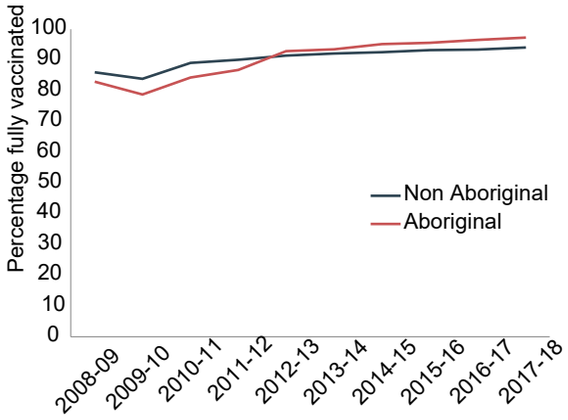
APPENDIX

Health statistics
Workforce statistics
Public hospital activity levels
Mental health

APPENDIX
HEALTH STATISTICS

EARLY DISEASE MANAGEMENT

Aboriginal and non-Aboriginal children fully vaccinated at five years of age

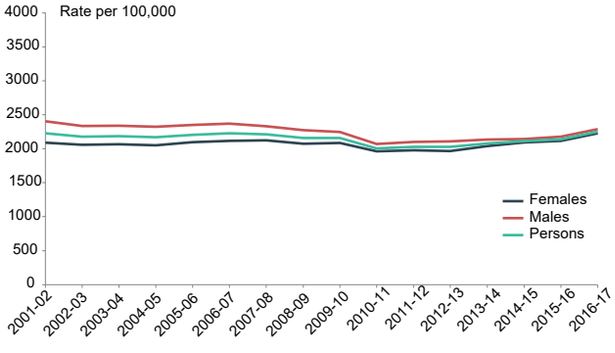


Source: Health Protection NSW

Interpretation

Immunisation coverage has improved significantly for Aboriginal and non-Aboriginal children in NSW since 2012. The Aboriginal Immunisation Healthcare Worker Program uses targeted interventions to improve the timely vaccination of Aboriginal children, which has closed the gap in coverage rates and resulted in Aboriginal children having higher coverage than non-Aboriginal children. At 30 June 2018, 94.4 per cent of Aboriginal children were fully vaccinated at one year of age and 97.3 per cent fully vaccinated at five years of age, compared with 94 per cent and 94.2 per cent of non-Aboriginal children.

Potentially preventable hospitalisations by sex



Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

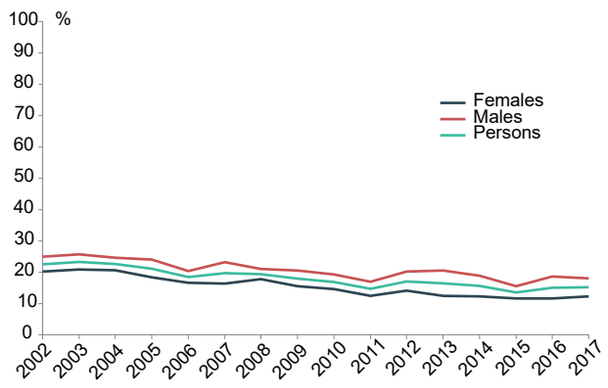
Interpretation

Potentially Preventable Hospitalisations (PPH) are those conditions for which hospitalisation is 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, it means 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, and/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.

SMOKING

Current (daily or occasional) smoking in adults aged 16 years and over



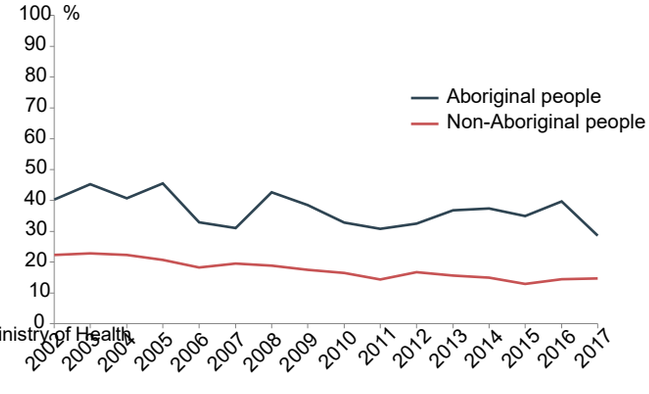
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

Interpretation

Over the period 2002 to 2017, the rate of current smoking declined from 22.5 per cent to 15.2 per cent. In 2017, the NSW Adult Population Health Survey found that 15.2 per cent of adults aged 16 years and over (18.1 per cent of men and 12.3 per cent of women) were current (daily or occasional) smokers in NSW.

Tobacco use 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.

Current daily or occasional smoking by Aboriginality people aged 16 years and over



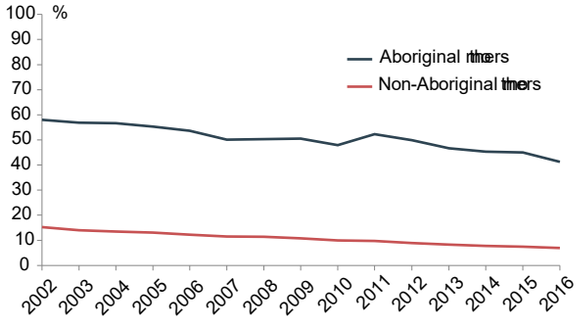
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

Interpretation

Aboriginal people are about twice as likely to smoke as non-Aboriginal people. In 2017, the rate of current (daily or occasional) smoking in people aged 16 years and over in NSW was 28.5 per cent for Aboriginal people, and 14.7 per cent for non-Aboriginal people. Between 2002 and 2017,

there was a steeper overall decline in the percentage of adults who were current smokers among non-Aboriginal people than among Aboriginal people.

Smoking during pregnancy by Aboriginal and non-Aboriginal mothers



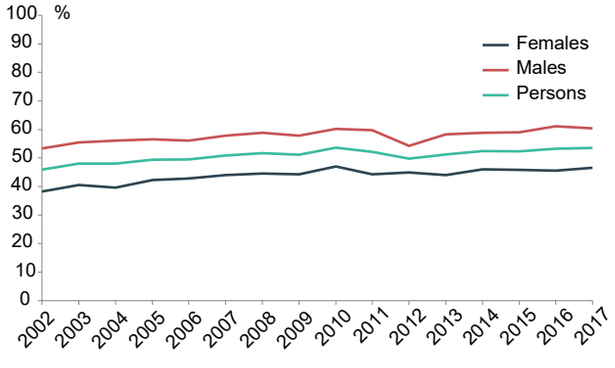
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Interpretation

While Aboriginal women are around six times more likely to report smoking during pregnancy than non-Aboriginal women, the trend shows that, in 2016, the percentage of non-Aboriginal mothers and Aboriginal mothers smoking at all during pregnancy was the lowest it has been in 20 years. In 2016, the percentage of non-Aboriginal mothers reporting smoking during pregnancy was 6.9 per cent (declining from around 20 per cent 20 years ago); and that for Aboriginal mothers was 41.3 per cent (declining from just over 60 per cent 20 years ago).

OVERWEIGHT AND OBESITY

Overweight or obesity in adults aged 16 years and over



Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Interpretation

Between 2008 and 2017, the rate of overweight and obesity in the population has gradually increased from 51.7 per cent to 53.5 per cent of adults in NSW. Underlying this trend, the rate of overweight has remained fairly stable (33.6 per cent in 2008 compared with 32.5 per cent in 2017). However, the obesity rate has increased from 18.1 per cent to 21 per cent over this 10 year period.

In 2017, 53.5 per cent of adults aged 16 years and over (60.3 per cent of men and 46.6 per cent of women) were overweight or obese in NSW. Further, 32.5 per cent of adults (39.8 per cent of males and 25.3 per cent of females) were overweight in 2017 and 21 per cent (20.6 per cent of males and 21.4 per cent of females) were obese.

Excess body weight is one of the main public health problems in Australia. The risk of developing chronic disorders increases with increasing levels of excess weight.

Overweight or obesity in children 5 to 16 years

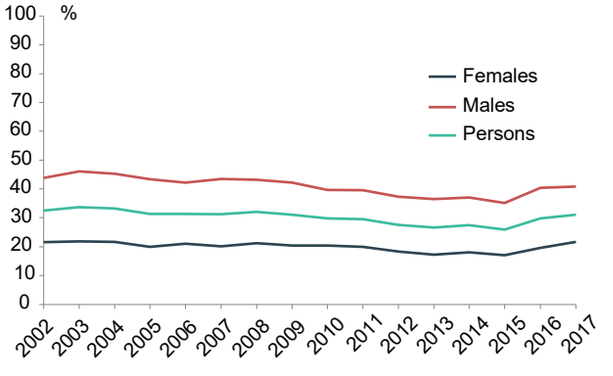
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Interpretation

The prevalence of overweight and obesity in children has been relatively stable in NSW since 2007, with a current prevalence of 21.4 per cent in children aged 5-16 years (2017). However, the prevalence remains high and is a cause for concern.

ALCOHOL

Alcohol consumption at levels posing a lifetime risk to health, adults aged 16 years and over



Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Interpretation

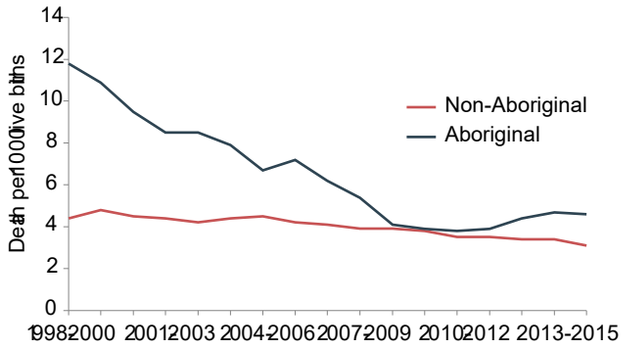
Excessive alcohol consumption is the leading contributor to the burden of illness and deaths in Australia for people aged up to 44 years and the third overall contributor to total burden of disease and illness for all ages, behind tobacco and high body mass.

The measure of lifetime risk of harm is defined as more than two standard drinks on a day when usually drinking, and is referred to as 'long-term risk of harm' from alcohol consumption. In 2017, the NSW Population Health Survey found that 31.1 per cent of adults aged 16 years and over (40.8 per cent of men and 21.8 per cent of women) consumed more than two standard alcoholic drinks on a day when they drank alcohol.

While alcohol consumption at levels that pose a long-term health risk has been in decline over the last 10 years in NSW to 2015, prevalence estimates increased in 2016 to levels observed 4-5 years previously. Additional years of data will be required to determine if the 2016 and 2017 estimates represent a change in the trend or random fluctuation in the long-term trend.

ABORIGINAL HEALTH

Infant mortality rates by Aboriginality



Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

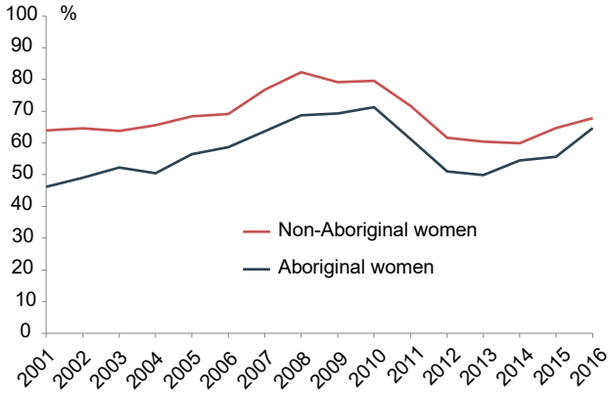
Interpretation

The infant mortality rate is the number of infant deaths per 1000 births. During the 2014-2016 period, an average of 26 deaths per year of Aboriginal infants under one year of age were registered in NSW. Over the period 2001-2003 to 2014-2016, there was a substantial fall in Aboriginal infant mortality and a statistically significant reduction in the gap in mortality between Aboriginal and non-Aboriginal infants.

While there appears to be a slight widening of the gap in mortality between Aboriginal and non-Aboriginal infants in recent years, this is not statistically significant. Rather, small changes in the number of infant deaths in recent years, combined with a substantial number of missing registrations of births for 2014 has caused fluctuations in annual mortality rates as shown in the trend line on the chart.

The mortality rate among Aboriginal infants in NSW is low compared to other jurisdictions. Similarly, the gap in mortality rates between Aboriginal and non-Aboriginal infants is less pronounced in NSW compared to other jurisdictions.

First antenatal visit before 14 weeks by Aboriginal and non-Aboriginal mothers



Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

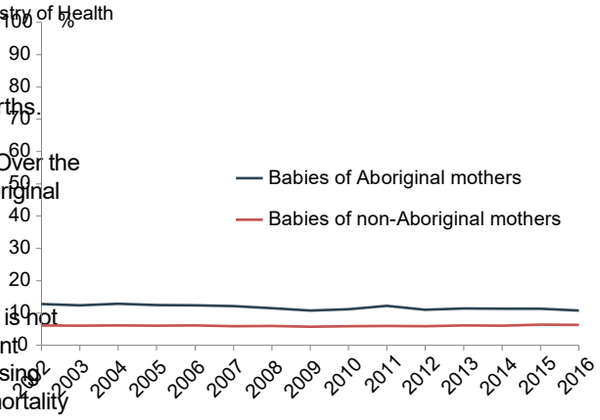
Interpretation

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 2016, the proportion of Aboriginal mothers who attended their first antenatal visit before 14 weeks of pregnancy was 64.6 per cent, compared to 67.8 per cent of non-Aboriginal mothers.

Up to 2010, the question asked at data collection was 'Duration of pregnancy at first antenatal visit'. From 2011, the question asked is: 'Duration of pregnancy at first comprehensive booking or assessment by clinician'. The new question has more specifically defined the type of visit to be reported and resulted in a substantial decrease in the reported proportion of mothers who commenced pre-natal care before 14 weeks gestation between 2010 and 2011. The proportion of Aboriginal mothers attending their first antenatal visit before 14 weeks has increased over the last three years.

Low birth weight babies born to Aboriginal and non-Aboriginal mothers



Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

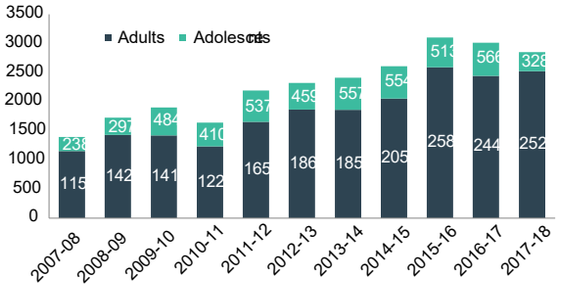
Interpretation

In NSW in 2016, the proportion of low birth weight babies born to Aboriginal mothers was less than double the proportion among non-Aboriginal mothers. Between 2002 and 2016, the proportion of low birth weight babies among Aboriginal mothers has decreased from 12.8 per cent to 10.8 per cent.

Smoking in pregnancy and being a teenage (under 20 years) or older (over 35 years) mother are risk factors for low birth weight babies. The prevalence rates of smoking in pregnancy and teenage mothers are higher in the Aboriginal population than in the non-Aboriginal population in NSW. In comparison, the higher risk of low birth weight babies due to a higher proportion of older mothers in the non-Aboriginal population was small.

MENTAL HEALTH

Number of adults and adolescents with mental illness diverted from custody into community treatment

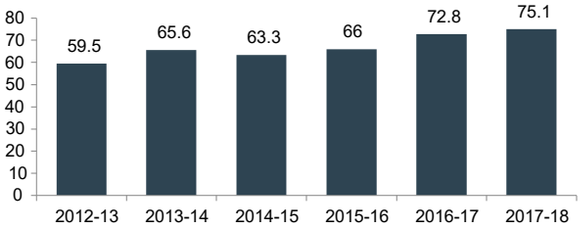


Source: Justice Health and Forensic Mental Health Network

Interpretation

There were 2541 adults and 328 young people with mental illness from custody in the Justice Health and Forensic Mental Health Ne community-based re.

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

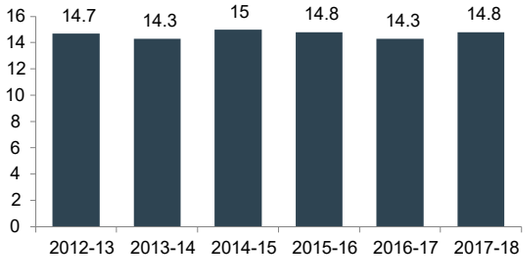


Source: Health Information Exchange, NSW Ministry of Health

Interpretation

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. Target is 70 per cent.

Re-admission to a mental health acute service within 28 days



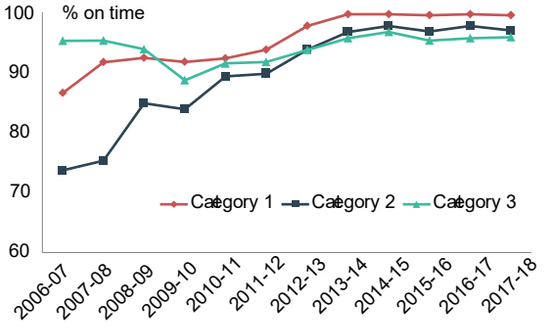
Source: Health Information Exchange, NSW Ministry of Health

Interpretation

This indicator shows the proportion of separations from an Acute Public Mental Health unit which were followed by a re-admission within 28 days to any NSW Acute Public Mental Health unit.

NSW HOSPITAL PERFORMANCE

Elective Surgery Access Performance (ESAP) Target – Percentage of patients admitted for elective surgery within clinically recommended timeframe

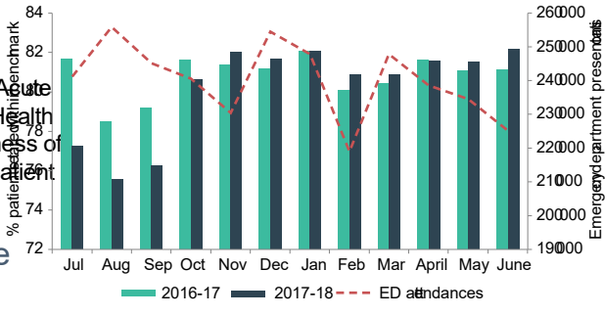


Source: Waiting List Collection Online System, NSW Ministry of Health

Interpretation

There were over 226,000 admissions from the elective surgery waiting list in NSW public hospitals during 2017-18. The percentage of patients who receive their elective surgery within clinically recommended timeframes remains strong in NSW. Overall, 97 per cent of patients received their surgery on time, with 100 per cent on time for category 1 (urgent surgery), 97 per cent for category 2 (semi-urgent surgery), and 96 per cent for category 3 (non-urgent surgery).

Percentage of patients treated within benchmark times, by triage category

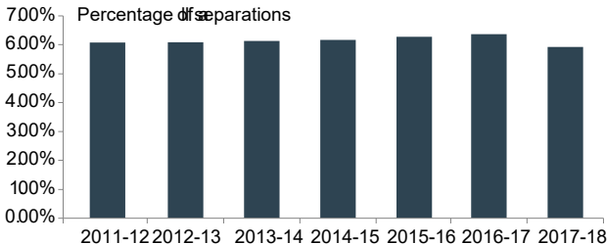


Source: Health Information Exchange, NSW Ministry of Health

Interpretation

In 2017-18, over 2.88 million patients presented a NSW public emergency department, nearly 96,000 more than in 2016-17. The 2017-18 flu season was the worst ever experienced in NSW, with record numbers of patients presenting to hospitals. Despite increasing numbers of patients presenting to NSW emergency departments, 80 per cent of patients were treated within clinically appropriate timeframes. This result is similar to previous years, and maintains NSW Health's position as the best performing jurisdiction for this performance indicator.

Unplanned re-admission within 28 days of separation

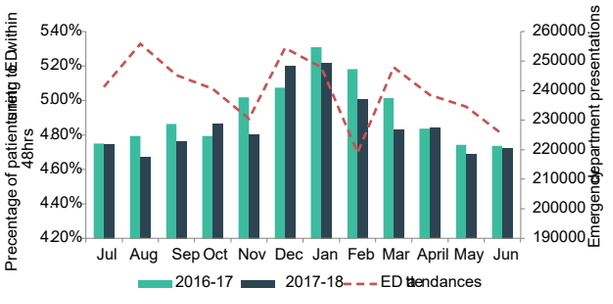


Source: Health Information Exchange, NSW Ministry of Health

Interpretation

Unplanned re-admissions have remained relatively stable over the years, with only a 0.15 per cent decrease since 2011-12. This has been achieved despite overall increasing demand for health services and continued growth in the ageing population and in those with complex and chronic conditions. Local health districts invest considerably into investigating and understanding unplanned readmissions so strategies can be established to address this. It should be noted that this data reflects the volume of unplanned readmissions within 28 days. It does not provide an indication of whether or not these readmissions were preventable or unexpected.

Re-presentation to the same emergency department within 48 hours

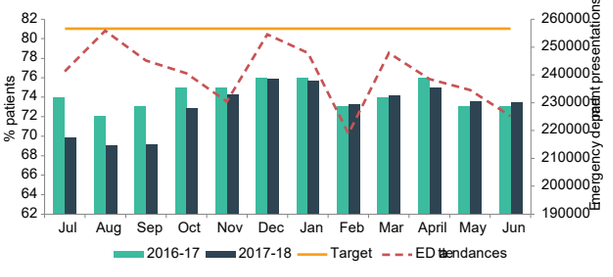


Source: Health Information Exchange, NSW Ministry of Health

Interpretation

Despite the record flu season and unprecedented demand on health services in 2017-18, the rate of unplanned re-presentations to emergency departments in 2017-18 was relatively stable compared to prior years. This shows that emergency departments are maintaining high levels of clinical care whilst caring for more and more patients. Local health districts and networks continue to focus on improving patient flow in both emergency department and hospital wards, and investments in specific models of care are contributing to continual improvements in patient care.

Emergency Treatment Performance (ETP) – Percentage of patients with total time in an emergency department of ≤ four hours



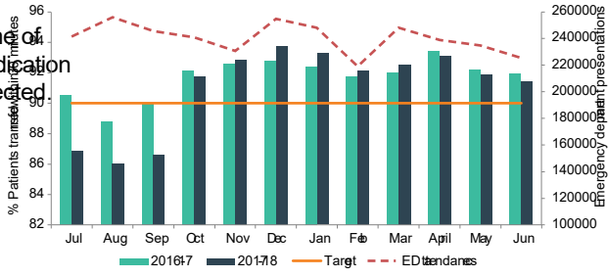
Source: Health Information Exchange, NSW Ministry of Health

Interpretation

NSW remains committed to ensuring patients who present to emergency departments are treated in a timely and clinically appropriate way. The Emergency Treatment Performance (ETP) indicator is aligned to the Premier's Priority of Improving service levels in hospitals.

In 2017-18, 73 per cent of patients who presented to a NSW emergency department left the emergency department within four hours following treatment. This is a small reduction on the result for 2016-17, due in part to the worst flu season ever recorded for the state, and unprecedented emergency department demand. While there was a slight decrease in overall performance, there were more than 36,000 additional patients moving through within four hours due to increases in demand. The state's emergency departments worked incredibly well to achieve this result while seeing record patient numbers in 2017-18.

Transfer of Care (TOC) Performance – Percentage of patients whose care was transferred from ambulance staff to emergency department staff within 30 minutes

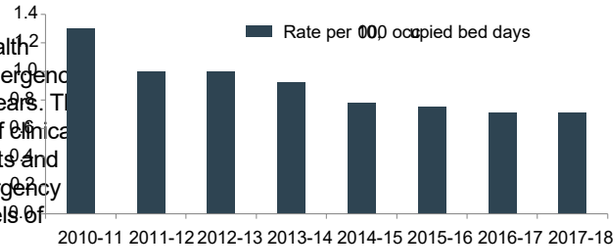


Source: Health Information Exchange, NSW Ministry of Health

Interpretation

NSW emergency departments and NSW Ambulance continue to achieve improvements in the percentage of patients whose care is transferred from Ambulance staff to emergency department staff within 30 minutes. In 2017-18, 90.9 per cent of patients had their care transferred within this benchmark time, which is above the state target of 90 per cent.

Staphylococcus Aureus Bloodstream Infections



Source: System Information and Analytics Branch, NSW Ministry of Health

Interpretation

The rate of Staphylococcus Aureus Bloodstream Infections in NSW has consistently declined year-on-year. The 2017-18 rate of 0.71 per 10,000 occupied bed days is significantly lower than the benchmark of 2 per 10,000 occupied bed days.

APPENDIX

WORKFORCE STATISTICS

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

	JUNE 2018
Medical	12,137
Nursing	48,286
Allied Health	10,445
Other Professionals and Para Professionals	3057
Scientific and Technical Clinical Support	6650
Oral Health Practitioners and Therapists	1332
Ambulance Officers	4150
SUB-TOTAL CLINICAL STAFF	**86,056**
Corporate Services	5248
IT Project Implementation	292
Clinical Support	16,048
Hotel Services	8,189
Maintenance and Trades	865
Other	349
SUB-TOTAL OTHER STAFF	**30,991**
TOTAL	**117,047**

Source: Statewide Management Reporting Services (SMRS). Notes: 1. Calculated as the last fortnight in June, paid productive and paid unproductive hours equivalent (FTE) salaried staff employed with Local Health Districts, Sydney Children's Hospitals Network, Justice Health and Forensic Mental Health Network, NSW Health Pathology, He Service of New South Wales, eHealth and Albury Base Hospital. All non-salaried Staff such as Visiting Medical Officer (VMO) and other casual staff are excluded. 2. Staff employed by Th Schedule affiliated health organisations, Non-Government Organisations and other service providers funded by NSW Health are not reported in the Ministry of Health's A of staff numbers to the nearest whole number in this table may cause minor differences in totals.

NUMBER OF FULL TIME EQUIVALENT STAFF (FTE) EMPLOYED BY OTHER NSW HEALTH ORGANISATIONS	JUNE 2018
NSW Health organisations supporting the public health system*	1584
Health Professional Councils Authority	112
Mental Health Review Tribunal	29

*includes Ministry of Health, Clinical Excellence Commission, Bureau of Health Information, Health Education and Training Institute, Agency for Clinical Innovation, Health - Health Infrastructure, Health System Support Group and Cancer Institute

Historical figures

	JUNE 2015	JUNE 2016	JUNE 2017
Medical	10,823	11,137	11,705
Nursing	44,762	45,796	47,282
Allied Health	9576	9898	10,240
Other Professionals and Para Professionals	3135	3055	3086
Scientific and Technical Clinical Support	6057	6390	6607
Oral Health Practitioners and Therapists	1253	1270	1272
Ambulance Officers	3997	3789	3947
SUB-TOTAL CLINICAL STAFF	**79,604**	**81,336**	**84,138**
Corporate Services	4592	4961	5148
IT Project Implementation	161	190	257
Clinical Support	14,370	15,138	15,556
Hotel Services	8248	8278	8254
Maintenance and Trades	939	925	912
Other	364	350	333
SUB-TOTAL OTHER STAFF	**28,674**	**29,841**	**30,459**
TOTAL	**108,278**	**111,177**	**114,597**

Source: June 2015 - Health Information Exchange and Health Service local data, June 2016 - June 2017 State Management Reporting Services (SMRS). Notes: average for the month of June, June 2016 - June 2017 FTE is last fortnight in June - paid productive and paid unproductive hours 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 eHealth and Albury Base Hospital. All non-salaried Staff such as Visiting Medical Officer (VMO) and other casual staff are excluded. Staff employed by The Schedule Affiliated Health Organisations, Non-Government Organisations and other service providers funded by NSW Health are not reported in the Ministry of Health's Annual Report. 5 the management of Victoria from July 2009 and has been included in all years for reporting consistency. 6. Reporting of staff numbers to the nearest whole number in this table may cause minor differences in totals. 7. Backdated Adjustments are included in 2015-16. 8. Patient Transport Officers moved from the 'Ambulance Officers' and 'Hotel Services' staff categories 'Clinical Support staff category.

NUMBER OF FULL TIME EQUIVALENT STAFF (FTE) EMPLOYED IN OTHER NSW HEALTH ORGANISATIONS	JUNE 2015	JUNE 2016	JUNE 2017
NSW Health organisations supporting the Public Health System	1279*	1325**	1458**
Health Professional Councils Authority	87	82	104
Mental Health Review Tribunal	29	30	29

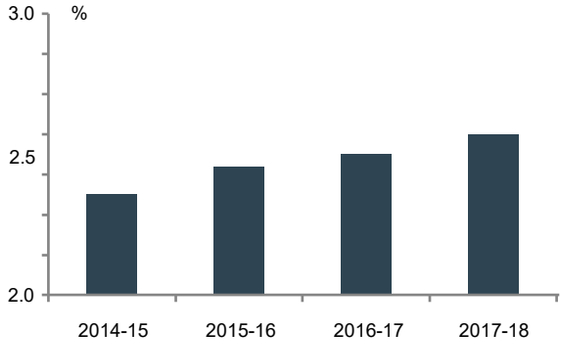
Source: *June 2015 - Health Information Exchange and Health Service local data, June 2016 - June 2017 State Management Reporting Service (SMRS). *June 2015 incl Excellence Commission, Bureau of Health Information, Health Education & Training Institute, Agency for Clinical Innovation, NSW Kids and Families, Health Administratio Infrastructure, Health System Support and Cancer Institute. ** June 2016 - June 2017 includes Ministry of Health, Clinical Excellence Commission, Bureau of Health Infor Training Institute, Agency for Clinical Innovation, Health Administration Corporation - Health Infrastructure, Health System Support and Cancer Institute.

Registered practitioners in NSW

PROFESSION	NSW
Aboriginal and Torres Strait Islander Health Practitioner	129
Chinese medicine practitioner	1992
Chiropractor	1813
Dental practitioner	6981
Medical practitioner	35,303
Medical radiation practitioner	5413
Midwife	1199
Nurse	100,734
Nurse and midwife[2]	8024
Occupational therapist	5881
Optometrist	1857
Osteopath	582
Pharmacist	9443
Physiotherapist	9279
Podiatrist[3]	1447
Psychologist	11,956

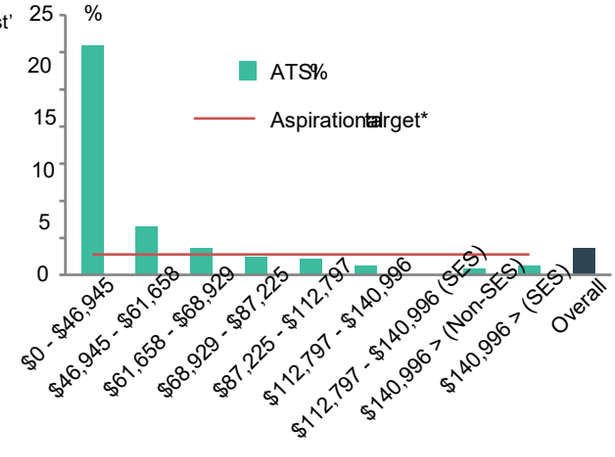
Source: Australian Health Practitioner Regulation Agency, Data 2018 based on the number of registered practitioners as at 30 June 2018. Notes: 1. Registrants who hold dual registration as both a nurse and a midwife. 2. Throughout this report, the term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise specified.

Aboriginal staff as a proportion of total staff



Source: Public Service Commission EEO Report 2018. Note: NSW Public Health System. Excludes Third Schedule Facilities. *Note from the PSC Diversity Report -The NSW Public Sector Aboriginal Employment Strategy 2014 – 17 introduced an aspirational target of 1.8 per cent by 2021 for each of the sector's salary bands. If the aspirational target of 1.8 per cent is achieved in salary bands not currently at or above 1.8 per cent, the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3 per cent. (Original overall target is 2.6 per cent).

Aboriginal staff by salary band

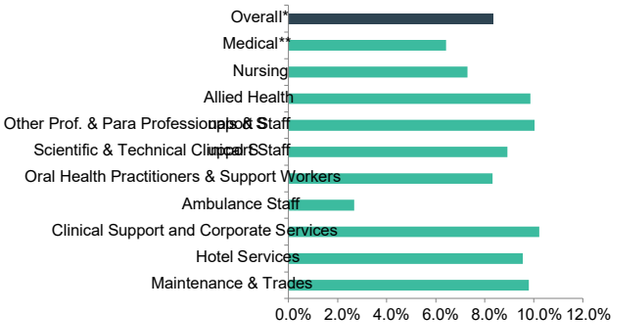


Source: PSC Data Collection 2018.

STAFF TURNOVER

Factors influencing staff turnover include remuneration and recognition, employer/employee relations, workplace culture and organisational structure. Monitoring of turnover rates identifies areas of concern and development of strategies to increase staff stability.

Non-casual staff turnover rate by treasury group – FY 2017-18

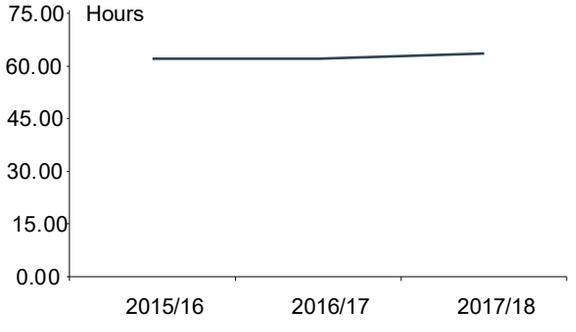


Source: PSC Data Collection 2018. Note: *Excludes Third Schedule Facilities, "Other" Treasury Group and Junior Medical Officers. **Excluding Junior Medical Officers (JMOs are on a term contract). Health system average inclusive of all health districts, Ministry of Health, health pillars, HealthShare NSW, eHealth NSW, Justice Health and Forensic Mental Health, NSW Health Pathology, Cancer Institute NSW, Albury Hospital and Ambulance Service of NSW.

SICK LEAVE

Effective people management and monitoring helps reduce the amount of sick leave staff take. This in turn helps reduce the need for, and cost of, replacing staff and prevents the potential negative effect on service delivery where replacement staff are not readily available.

Between 2014 and 2016, sick leave use per employee remained constant. Sick leave per FTE has increased from 62.12 hours per FTE in 2016-17 to 63.53 hours per FTE in 2017-18.



Source: MOH-Statewide Management Reporting System (SMRS). Note: Excludes Third Schedule Facilities, casual and agency employees. Average inclusive of all health districts, Ministry of Health, health pillars, HealthShare NSW, eHealth NSW, Justice Health and Forensic Mental Health, NSW Health Pathology, Cancer Institute (NSW), Albury Hospital and Ambulance Service of NSW.

OVERSEAS VISITS

The schedule of overseas visits is for Ministry employees travelling on Ministry related activities. The reported instances of travel are those sourced from general operating funds or from sponsorship arrangements, both of which require Ministry approval.

Elizabeth Koff , Secretary, NSW Health – Accompanying the Minister on a business focused mission, China

Dr Kerry Chant , Chief Health Officer and Deputy Secretary of Population and Public Health – Accompanying the Minister to develop collaboration with overseas partners in translational research and clinical trials, Israel

Susan Pearce , Deputy Secretary, System Purchasing and Performance – Consumer Experience International Study Tour, USA

Andrew Milat , Director, Evidence and Evaluation – Presenting at the Think Tank hosted by the Department of Family Practice Faculty of Medicine at the University of British Columbia, Canada

Anne O'Neil , Associate Director, Office for Health and Medical Research – Investment Review Committee Meeting, New Zealand

Joanne Holden , Director, Population Health Strategy and Performance – Presenting at the 2018 International AIDS Conference, USA

Joanne Mitchell , Associate Director, Office for Health and Medical Research – Investment Review Committee Meeting, New Zealand

Judith Mackson , Chief Pharmacist – Pharmaceutical Policy Analysis Course, The Netherlands

Katrina Blazek , Trainee Biostatistician, Population Health – To receive a professional award at the SAS Global Forum, USA

Sarah Thackway , Executive Director, Centre for Epidemiology and Evidence – Fuse International Conference on Knowledge Exchange in Public Health, Canada

Simon Willcox , Principal Policy Officer, Centre for Epidemiology and Evidence – Accompanying the Minister to enhance existing international partnerships in Medtech and Health Research, China

Dr Jo Mitchell , Executive Director, Centre for Population Health – ANZSOG Executive Leadership Program, Singapore

WORKERS' COMPENSATION

In accordance with the *Workers Compensation Act 1987* and Workplace Injury Management and Workers Compensation Act 1998, the Ministry of Health provided access to workers compensation, medical assistance and rehabilitation for employees who sustained a work-related injury. In 2017-18, no workers compensation claims were made.

Strategies to improve workers compensation and return to work performance included:

- a focus on timely return to work strategies and effective rehabilitation programs for employees sustaining work-related injuries and emphasising recovery at work
- frequent claims reviews with the Fund Claims Manager to monitor claim activity, return to work strategies, industry performance and compensation costs
- ongoing commitment to promoting risk management and injury prevention strategies including conducting workplace assessments, ergonomic information available on the intranet, and investigating and resolving identified hazards in a timely manner.

KEY POLICIES 2017-18

Leave Matters for the NSW Health Service (PD2017_028)

This Policy Directive sets out all leave provisions for workers employed in the NSW Health Service.

NSW Health Service Senior Executive Arrangements (PD2017_029)

This policy directive details the statutory and other requirements governing the employment of Health Service Senior Executives under the *Health Services Act 1997*, as amended by the *Government Sector Employment Legislation Amendment Act 2016*.

Recruitment and Selection of Staff to the NSW Health Service (PD2017_040)

The policy directive outlines the mandatory standards to be applied when recruiting and selecting staff for employment in the NSW Health Service. Module One applies to the recruitment and selection of all staff. Module Two outlines additional or differing standards for staff specialists and clinical academics.

Employment Arrangements for Medical Officers in the NSW Public Health Service (PD2017_042)

This policy directive outlines the employment arrangements to be applied by NSW Health agencies when engaging medical officers under the Public Health Medical Officers Award. It is also intended to facilitate a consistent application of employment provisions by NSW Health agencies when medical officers are required to rotate between facilities as part of their pre-vocational and vocational training program.

Violence Prevention and Management Training Framework for NSW Health Organisations (PD2017_043)

This policy specifies the minimum standards for training delivered to staff across NSW Health and provides a consistent framework that enables staff to respond effectively to difficult, challenging, disturbed and/or violent behaviour of patients and visitors in the workplace.

Staff Specialist Emergency Physicians Remuneration Arrangements for the Period to June 2019 (PD2018_003)

The Policy Directive details the remuneration arrangements applying to staff specialist emergency physicians.

Physical Incidents Involving Staff Data Collection (PD2018_004)

This policy directive sets out the mandatory requirements for collecting and reporting of data on physical incidents involving staff.

Oral Health Practitioners' Private Practice Scheme (PD2018_005)

This policy directive updates PD2009_059. It provides an arrangement within which oral health practitioners can be approved to operate private dental practices in public health facilities.

Continuing Education Allowances Public Health System Nurses and Midwives (PD2018_008)

The purpose of this policy directive and accompanying procedures is to ensure staff employed in the NSW Health Service are aware of the provisions applying to the Continuing Education Allowances ('CEA') for nurses and midwives and to set out the requirements for continuing implementation of the CEA provisions within the NSW public health system.

Work Health and Safety: Better Practice Procedures (PD2018_013)

This policy directive, and more specifically, the attached Better Practice Procedures supports agencies in implementing an effective work health and safety management system that is consistent with NSW Work Health and Safety (WHS) legislation; and provides information that clarifies the duties and responsibilities of officers and managers/supervisors in contributing to a safe and healthy work environment.

Prevention and Management of Workplace Bullying in NSW Health (PD2018_016)

Provides guidelines for prevention and management of workplace bullying in NSW Health workplaces.

Employment of Assistants in Nursing (AIN) in NSW Health Acute Care (PD2018_017)

The purpose of this policy is to facilitate uniform practices for employing, expanding and developing the Assistant in Nursing role in Public Health acute care facilities. It outlines the education, qualification (or equivalency), scope of practice and skills recognition processes to be applied to those in this employment category. It also refers employers to assessment processes for identifying the appropriate clinical environments for Assistants in Nursing allocation in acute care.

Work Health and Safety – Management of Patients with Bariatric Needs (GL2018_012)

Assist agencies in managing patients with bariatric needs, by providing tools to develop a facility/service and individual patient bariatric management plan, assess individual patient risk for transportation and hospital admission and have appropriate equipment and staff available to manage staff safely.

Work Health and Safety – Blood and Body Substances Occupational Exposure Prevention (GL2018_013)

Provides guidance on preventing risk to staff from occupational exposure to contaminated blood, body substances and needlestick/sharps injuries, supports NSW Health agencies in their primary duty of care obligations under the *Work Health and Safety Act 2011* and *Work Health and Safety Regulation 2017* .

AWARD CHANGES AND INDUSTRIAL RELATIONS CLAIMS

All industrial negotiations in 2017-18 were conducted under the provisions of the Public Sector Wages Policy 2011. The negotiations resulted in increases of 2.5 per cent per annum for salaries and salary-related allowances for most Health Service employees.

Applications for the 2.5 per cent increases in awards were filed in the Industrial Relations Commission (IRC). New awards were made by the Industrial Relations Commission.

In June 2016, the Health Services Union made an application for a new Crib Break Award for Patient Transport Officers in HealthShare NSW. On 11 May 2017 the IRC made a decision in favour of the Health Services Union. The Ministry of Health appealed this decision, on the grounds that the new Award will result in an increase in remuneration of more than 2.5 per cent a year, and no employee related cost savings had been identified to allow such an increase. The Full Bench will hear the matter in October 2018.

In June 2017, the Health Services Union's dispute about the interpretation of the Infectious Cleaning Allowance in the Health Employees' Conditions of Employment (State) Award was heard. Important factors in this case were the applicable conditions and eligible classifications for claiming the allowance. The IRC made its decision in February 2018 in favour of the Ministry.

The Health Services Union's application for a new award for Allied Health Assistants was also before the Industrial Relations Commission to determine whether employee related costs savings have been achieved to facilitate the remuneration increases over 2.5 per cent. The IRC made its decision and found in favour of the Health Services Union (HSU). The Ministry is considering appealing the decision.

In November 2016, the HSU made an application seeking a declaration concerning long service leave provisions for casuals. In November 2017 the Supreme Court found employees with prior continuous casual service who transfer immediately from casual employment to permanent employment are entitled to long service leave under the Health Employees (Conditions of Employment) Award.

On 16 May 2018, a dispute filed by the Australian Paramedics Association (NSW) in relation to the correct application of a 'disturbance allowance' in the Operational Ambulance Officers (State) Award 2017 was heard in the Industrial Relations Commission. The Health Services Union (NSW) was also granted restricted access to participate in the proceedings. Both unions claimed the payment of an additional one hour at ordinary rates should apply in all circumstances when an off duty and not on-call paramedic was contacted to perform a minimum four hour call back. The Commission's decision is pending.

SENIOR EXECUTIVE SERVICE

BAND	2017		2018	
	FEMALE	MALE	FEMALE	MALE
Band 4	1		1	
Band 3	4	1	3	3
Band 2	15	4	13	5
Band 1	35	26	44	19
TOTALS	**55**	**31**	**61**	**27**
	86		**88**	

BAND	RANGE	AVERAGE REMUNERATION	
		2017	2018
Band 4	$463,551 - $535,550	541,600	555,150
Band 3	$328,901 - $463,550	463,621	461,213
Band 2	$261,451 - $328,900	299,445	301,987
Band 1	$183,300 - $261,450	202,274	206,583

From 22.01 per cent of employee related expenditure in 2017, the Ministry of Health's spending on senior executives fell to 20 per cent.

APPENDIX

PUBLIC HOSPITAL ACTIVITY LEVELS

Selected data for the year ended June 2018 – Part 1

LOCAL HEALTH DISTRICTS	SEPARATIONS	PLANNED SEPARATION PERCENT	SAME DAY SEPARATION PERCENT	TOTAL BED DAYS	AVERAGE LENGTH OF STAY (ACUTE)	DAILY AVERAGE OF IN-PATIENTS
Justice and Forensic Mental Health Network	1,047	93.2	56.5	69,671	13.9	191
Sydney Children's Hospitals Network	49,831	53.1	46.6	185,924	3.6	509
St Vincent's Health Network	45,435	35.5	54.3	215,712	4.2	591
Sydney Local Health District	175,122	48.8	47.9	664,973	3.2	1,822
South Western Sydney Local Health District	238,137	43.5	45.6	832,248	2.9	2,280
South Eastern Sydney Local Health District	178,357	44.7	44.6	655,398	3.0	1,796
Illawarra Shoalhaven Local Health District	93,115	37.2	39.9	386,969	3.1	1,060
Western Sydney Local Health District	184,623	41.4	46.7	651,604	2.8	1,785
Nepean Blue Mountains Local Health District	85,999	37.3	37.5	324,203	3.1	888
Northern Sydney Local Health District	157,427	33.6	40.1	730,753	3.5	2,002
Central Coast Local Health District	92,147	37.7	42.9	325,367	2.8	891
Hunter New England Local Health District	225,864	43.8	41.6	817,692	2.9	2,240
Northern NSW Local Health District	101,231	44.6	47.1	338,597	2.8	928
Mid North Coast Local Health District	78,098	49.0	49.6	318,060	3.6	871
Southern NSW Local Health District	50,525	50.8	47.5	156,365	2.3	428
Murrumbidgee Local Health District	70,292	45.2	41.9	224,990	2.5	616
Western NSW Local Health District	82,378	42.2	40.6	290,120	2.7	795
Far West Local Health District	8,691	53.3	50.9	32,152	2.7	88
TOTAL NSW	**1,918,319**	**42.9**	**44.3**	**7,220,798**	**3.0**	**19,783**
2016-17 Total	1,961,400	41.3	45.2	6,982,063	3.0	19,129
PERCENTAGE CHANGE (%)	**-2.2**	**1.6**	**-0.8**	**3.4**	**0.7**	**3.4**
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

Selected Data for the year ended June 2018 [2] [10] Part 2

LOCAL HEALTH DISTRICTS	OCCUPANCY RATE[3] JUNE 18	ACUTE BED DAYS[4]	ACUTE OVERNIGHT BED DAYS[5]	NON-ADMITTED PATIENT SERVICE EVENTS[7]	EMERGENCY DEPT. ATTENDANCES[8]
Justice and Forensic Mental Health Network	n/a	12,299	11,707	2,040,917	n/a
Sydney Children's Hospitals Network	94.2%	175,539	152,810	440,545	95,658
St Vincent's Health Network	89.2%	177,912	153,957	351,219	48,395
Sydney Local Health District	88.3%	521,053	441,924	1,316,622	164,421
South Western Sydney Local Health District	98.5%	656,898	548,960	1,129,620	284,379
South Eastern Sydney Local Health District	95.5%	483,112	412,339	1,278,989	227,845
Illawarra Shoalhaven Local Health District	96.1%	260,883	224,031	653,474	159,718
Western Sydney Local Health District	99.1%	491,034	406,780	1,360,101	192,506
Nepean Blue Mountains Local Health District	92.8%	247,743	215,678	649,155	127,684
Northern Sydney Local Health District	93.8%	508,146	447,494	1,066,542	218,260
Central Coast Local Health District	92.5%	249,244	209,940	657,964	136,105
Hunter New England Local Health District	76.0%	633,096	539,904	2,119,776	418,963
Northern NSW Local Health District	88.3%	271,064	223,514	547,539	206,851
Mid North Coast Local Health District	94.8%	264,339	226,375	552,832	126,363
Southern NSW Local Health District	80.4%	107,065	83,172	320,525	112,768
Murrumbidgee Local Health District	83.1%	164,365	135,711	431,703	147,964
Western NSW Local Health District	80.7%	213,434	180,063	675,082	187,113
Far West Local Health District	46.7%	22,329	17,919	108,848	25,715
TOTAL NSW	**90.2%**	**5,459,555**	**4,632,278**	**15,701,453**	**2,880,708**
2016-17 Total	90.7%	5,631,650	4,768,339	15,212,465	2,784,731
PERCENTAGE CHANGE (%)[9]	**-0.4%**	**-3.1**	**-2.9**	**3.2**	**3.4**
2015-16 Total	85.2	5,675,482	4,865,590		2,692,838
2014-15 Total	89.0	5,533,491	4,746,307		2,656,302
2013-14 Total	87.8	5,484,364	4,735,991		2,580,878

Note: 1 Data sourced from Health Information Exchange (HIE). The number of separations includes changes to care type. 2 Activity includes services contracted to private sector. Data reported are as at 4/09/2018. 3 Acute average length of stay = (Acute bed days/Acute separations). 4 Daily average of inpatients = Total Bed Days/365. 5 Occupancy rate is based on June data only. 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. Unqualified baby bed days are activity used for babies who are not acute or newborn. Results for Acute separations and bed days for 2017/18 may not be directly comparable to previous years due to the impact of the implementation of the Australian Refined Diagnosis Related Groups classification. 7 Service events measured from aggregate of patient level and summary data submissions for each non admitted service/clinic. Pathology services are not included. 8 Data for 2017/18 years is not comparable to previous years. Source: HIE as at 4/09/2018. Pathology and radiology services performed in emergency departments have been excluded since 2004/05. 9 Percentage change is for day separations and occupancy rates are percentage point variance from 2016/17. 10 Albury Base Hospital transferred on 1 July 2009 to the integrated Albury-Wodonga Health Service managed by Victoria, caution is required when comparing NSW State numbers to previous years.

APPENDIX

MENTAL HEALTH

Section 108 of the *NSW Mental Health Act (2007)*

In accordance with Section 108 of the *NSW Mental Health Act (2007)* the tables presented here provide an overview of mental health activities and performance in mental health public hospitals for 2017-18 in relation to:

a) achievements during the reporting period in mental health service performance;

b) data relating to the utilisation of mental health resources.

Table 1 provides data against a set of measures for hospital activities related to 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 (KPIs). These indicators measure effectiveness (28 day readmission rate), appropriateness (seclusion rate) and continuity (seven day 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

Public Psychiatric Hospitals, Co-located Psychiatric Units in Public and Specialist Mental Health Community Team Activity.

LOCAL HEALTH DISTRICT/ NETWORK/HOSPITAL	SAME-DAY SEPARATIONS[1] 2017-18	OVERNIGHT SEPARATIONS[2] 2017-18	SPECIALIST MENTAL HEALTH COMMUNITY CONTACTS[3] 2017-18
X170 Justice Health	11	574	222,271
X630 Sydney Childrens HN	31	286	54,983
X690 St Vincent HN	60	1461	52,944
X700 Sydney LHD	900	3901	290,191
X710 South Western Sydney LHD	220	4556	422,175
X720 South Eastern Sydney LHD	93	3056	690,596
X730 Illawarra Shoalhaven LHD	41	2211	247,701
X740 Western Sydney LHD	1132	3418	338,705
X750 Nepean Blue Mountain LHD	120	2156	130,579
X760 Northern Sydney LHD	441	4517	809,847
X770 Central Coast LHD	111	1485	532,959
X800 Hunter New England LHD	167	5152	453,252
X810 Northern NSW LHD	18	1655	358,615
X820 Mid North Coast LHD	25	1470	170,785
X830 Southern NSW LHD	75	1206	169,840
X840 Murrumbidgee LHD	34	1246	175,795
X850 Western NSW LHD	26	1660	324,696
X860 Far West LHD	6	244	55,061
NSW TOTAL	**3,511**	**40,254**	**5,500,995**
2016-17 Total	4,056	42,008	5,227,475
2015-16 Total	3,198	38,214	4,637,955
2014-15 Total	3,091	36,868	3,784,408
2013-14 Total	3,899	35,154	3,332,294

Definitions: [1] 'Same-day Separations' are those where the hospital episode begins and ends on the same day. [2] 'Overnight Separations' are episodes of hospital care where the person stays at least one night in hospital, and are concluded by discharged, death, transfer to another hospital or change to a different type of care in the same hospital. [3] 'Specialist mental health community contacts' includes all care provided by specialist mental health services for people who are not inpatients of mental health units at the time of care. Note: 2016-2017 has been revised upwards from 4,989,031 reported in the NSW Health Annual Report, 2016-17 to 5,227,475, due to updating of data in the NSW Health Information Exchange.

Table 2. Rates of 28 day re-admission, seven day post discharge and seclusion rate, duration and frequency in mental health service

LOCAL HEALTH DISTRICT/ NETWORK/HOSPITAL	28 DAY READMISSION RATE 2017-18 (%)[1]	7 DAY POST-DISCHARGE COMMUNITY CARE RATE 2017-18 (%)[2]	SECLUSION RATE 2017-18[3]	SECLUSION AVERAGE DURATION 2017-18	SECLUSION FREQUENCY 2017-18 (%)[5]
X170 Justice Health[6]	**19.9**	**19.2**			
Forensic Hospital	10.5	42.1			
Long Bay	22.9	28.1			
Metropolitan Remand and Reception Centre	20.0	14.2			
Mulawa	18.2	17.0			
X630 Sydney Children's Hospitals Network	**20.2**	**89.7**	**0.7**	**0.3**	**1.0**
Children's Hospital at Westmead	21.7	94.2	0.4	0.1	0.5
Sydney Children's	18.1	83.1	1.5	0.4	1.8
X690 St Vincent's Health Network	**15.7**	**63.4**	**4.4**	**2.3**	**2.7**
St Joseph's	4.9	81.4			
St Vincent's	16.6	61.8	6.1	2.3	2.9
X700 Sydney Local Health District	**17.1**	**74.3**	**9.9**	**5.9**	**6.0**
Concord	18.1	74.8	11.7	6.6	8.0
Royal Prince Alfred	15.9	73.8	6.2	3.2	3.0
X710 South Western Sydney Local Health District	**14.4**	**69.1**	**6.7**	**4.5**	**4.3**
Bankstown	17.3	61.0	8.3	1.6	5.6
Bowral	11.1	66.7			
Braeside	5.0	80.0			
Campbelltown	13.5	70.4	5.4	1.5	3.7
Liverpool	14.5	70.9	9.0	7.8	4.7
X720 South Eastern Sydney Local Health District	**14.9**	**84.4**	**4.2**	**3.3**	**2.6**
Prince Of Wales	15.0	81.1	5.4	3.6	3.3
St George	15.2	87.7	2.3	2.8	1.6
Sutherland	14.3	86.6	2.9	2.2	2.3
X730 Illawarra Shoalhaven Local Health District	**12.4**	**88.2**	**6.5**	**4.6**	**4.9**
Shellharbour	11.6	86.6	8.5	5.4	6.1
Wollongong	13.5	90.8	3.9	2.4	2.9
X740 Western Sydney Local Health District	**16.5**	**76.1**	**6.9**	**9.5**	**5.7**
Blacktown	17.2	80.6	6.3	5.2	4.3
Cumberland	17.6	71.5	9.2	10.6	7.3
Westmead	9.2	81.6	0.0	0.0	0.0
X750 Nepean Blue Mountains Local Health District	**18.5**	**65.2**	**4.6**	**4.5**	**3.1**
Blue Mountains	15.2	57.3	2.5	2.8	1.7
Nepean	19.3	67.0	5.0	4.7	3.4
X760 Northern Sydney Local Health District	**11.3**	**84.2**	**2.7**	**2.8**	**2.3**
Greenwich	7.3	77.4			
Hornsby	10.9	89.5	5.6	2.8	4.8
Macquarie	15.6	86.6	0.8	7.3	1.4
Manly	10.0	81.6	1.2	2.6	1.0
Royal North Shore	12.3	80.8	1.6	2.1	1.4
X770 Central Coast Local Health District	**10.2**	**83.3**	**5.5**	**3.3**	**5.9**
Gosford	8.9	80.4	4.0	1.6	4.0
Wyong	10.9	84.8	6.4	3.9	7.0

LOCAL HEALTH DISTRICT/ NETWORK/HOSPITAL	28-DAY READMISSION RATE 2017-18 (%)[1]	7-DAY POST-DISCHARGE COMMUNITY CARE RATE 2017-18 (%)[2]	SECLUSION RATE 2017-18[3]	SECLUSION AVERAGE DURATION 2017-18[4]	SECLUSION FREQUENCY 2017-18 (‰)[5]
X800 Hunter New England Local Health District	**13.9**	**71.3**	**5.9**	**2.7**	**3.4**
Armidale	14.7	91.6			
Hunter New England Mater	14.1	70.4	3.7	4.1	2.3
John Hunter	14.2	92.3	2.4	1.4	1.7
Maitland	11.9	54.0	13.7	2.0	5.7
Manning	12.6	81.7	12.0	1.2	7.4
Morisset	0.0	75.7	0.6	2.3	1.9
Tamworth	16.6	68.9	9.3	2.5	5.6
X810 Northern NSW Local Health District	**17.0**	**72.5**	**6.1**	**3.4**	**5.3**
Byron Central	6.0	76.9			
Lismore	17.9	71.3	9.2	3.3	7.8
Tweed	18.5	72.9	4.0	3.9	3.1
X820 Mid North Coast Local Health District	**17.4**	**84.7**	**4.7**	**3.9**	**3.8**
Coffs Harbour	16.0	88.6	5.4	4.5	4.7
Kempsey	18.8	85.1			
Port Macquarie	19.3	74.8	6.8	2.7	5.0
X830 Southern NSW Local Health District	**12.1**	**81.4**	**1.4**	**1.0**	**1.1**
Goulburn	13.0	82.1	0.7	0.7	0.6
South East Regional	10.2	79.7	2.9	1.2	2.4
X840 Murrumbidgee Local Health District	**10.3**	**82.8**	**6.5**	**2.0**	**3.8**
Wagga Wagga	10.3	82.8	6.5	2.0	3.8
X850 Western NSW Local Health District	**14.8**	**66.4**	**4.7**	**0.6**	**2.8**
Bathurst	8.6	75.5			
Dubbo	19.3	67.8	2.1	1.3	1.6
Orange Health Service	14.7	61.8	6.4	0.6	3.8
X860 Far West Local Health District	**10.5**	**80.0**	**4.9**	**1.3**	**2.9**
Broken Hill	10.5	80.0	4.9	1.3	2.9
NSW TOTAL	**14.8**	**75.1**	**5.8**	**4.7**	**4.0**
2016-17	14.2	68.9	7.0	5.5	4.9
2015-16	14.8	66.0	8.8	5.3	6.0
2014-15	15.0	63.3	8.3	5.8	5.8
2013-14	14.3	65.6	7.9	6.0	5.5

Definitions: 1 Overnight separations from acute psychiatric inpatient units that are followed by readmission to the same or another acute psychiatric inpatient units for which a community mental health contact, in which the client participated, was recorded in the seven days following the separation. 2 Overnight acute psychiatric separations per 1,000 bed days. 3 Seven-day following episodes. 4 Duration: Average duration of acute seclusion episodes (Hours per episode). 5 Frequency: Rate of acute mental health hospital stays where seclusion occurred.
Notes: 3,4,5 Some facilities with acute mental health beds do not have seclusion rooms: Bowral, Greenwich (Riverglen), Kempsey, Armidale, Bathurst, Byron Central and St Vincent's contribute to the calculation of LHDs/SHNs and State Seclusion figures. Forensic beds are not included in Acute Seclusion, NSW figures. Data for indicators presented in this table will be updated in later reports as updated data becomes available in NSW data warehouses.

COMPLIANCE CHECKLIST & 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 new 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.

Cervical cancer

A cancer of the cervix, often caused by human papillomavirus, which is a sexually transmissible infection.

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 general term chronic diseases is usually confined to non-communicable diseases.

Chronic obstructive pulmonary disease

Collective term for a number of chronic lung conditions that tend to deteriorate, most commonly by emphysema, chronic bronchitis and chronic asthma.

Clinical governance

A term to describe a systematic approach to maintaining and improving the quality of patient care within a health system.

Closing the Gap

The Council of Australian Governments' Closing the Gap initiatives are designed to close the life expectancy gap between Aboriginal and non-Aboriginal Australians within a generation.

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 re-admission to hospital.

Communicable disease

Illnesses caused by micro-organisms and transmitted from an infected person or animal to another person or animal.

CORE Values

The values that underpin all NSW Health activity: Collaboration, Openness, Respect and Empowerment.

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-health

Application of internet and other technologies in healthcare to improve the access, efficiency, effectiveness and quality of clinical and business processes utilised by healthcare organisations, practitioners, patients and consumers.

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.
- Category 4: Patients who are either clinically not yet ready for admission (staged) and those who have deferred admission for personal reasons (deferred).

Emergency Treatment Performance (ETP) Target

Aims to ensure that 81 per cent of patients move through emergency departments within four hours by the year 2019.

eMR – Electronic Medical Record

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 scope to practise, educational preparation and context of care.

Executive Rounding

A process where executives are out in the building with staff and patients, talking with them directly about care and services provided in the organisation.

Go4Fun

NSW Health's overweight and obesity treatment and information program for children above a healthy weight involving children aged 7-13 years and their parents. Go4Fun focuses on developing healthy eating habits, building self-confidence and getting children more active.

Getting on track In Time (Got-It)

A school-based early intervention program that supports children aged 5-8 years in their social and emotional development. The program is delivered by a specialist mental health team, in partnership with the Department of Education.

HealthCare Observer

The Bureau of Health Innovation's interactive health data portal, where users can explore, discover and compare information about the performance of the NSW healthcare system.

HealtheNet

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 disease 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 disease such as cirrhosis, liver failure and liver cancer. Hepatitis C is usually transmitted by parenteral means (such as injection of an illicit drug, 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.

Integrated care

The provision of care and support that is based around the needs of the individual, providing the right care in the right place at the right time in the most effective and efficient manner.

Intensivist

A physician who is accredited by the relevant medical board, and provides special care for critically ill patients.

Junior Medical Officer

Generally a medical graduate with at least two years' post-graduate 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.

LikeMind

A service for adults with mental health concerns, as well as their families and carers. It brings together clinical and psychosocial services, including mental health, drug and alcohol, primary health and social services in collaboration with local health districts and non-government organisations to provide seamless, person-centred care.

Local health districts

Organisations which managing 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.

Memorandum of Understanding

A written but non-contractual agreement between two or more agencies or other parties to take a certain course of action.

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, rural 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.

MyHealth Learning

Statewide learning management system for NSW Health staff, managed by the Health Education and Training Institute.

MyHealth Record

The national digital health record system, providing health care 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.

NSW Patient Survey Program

A NSW Health program of multiple surveys to ask people across the state about their recent experience with the public health care 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 health care professionals, prescribing medications and ordering diagnostic investigations.

Oncology

The study and treatment of cancer and tumours.

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 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.

Pathways to Community Living Initiative (PCLI)

A coordinated statewide approach to supporting people with enduring and serious mental illness who have been in hospital for more than 12 months to, wherever possible, re-establish their lives in the community.

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, Health Education and Training Institute.

Primary care

Provides the patient with a broad spectrum of care, both preventive and curative, over a 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.

Radiation oncology (radiotherapy)

The study and discipline of treating malignant disease with radiation. The treatment is referred to as radiotherapy or radiation therapy.

Respecting the Difference

A unique Aboriginal cultural training package for NSW Health staff, incorporating an e-learning module and face-to-face training components.

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 Australia.

Statewide Outreach Perinatal Service for Mental Health (SwOP-mh)

An initiative that provides statewide tertiary specialist perinatal and infant mental health consultation and treatment on an outreach basis, to build the capacity of the mental health workforce in rural and remote NSW.

Telehealth

The delivery of health services using different forms of communications technology, such as video conferencing, giving access to health care services to people in rural and remote areas.

Transfer of Care

Measures the percentage of patients arriving at a 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.

Viral hepatitis

Inflammation of the liver caused by a virus.

Visiting Medical Officer

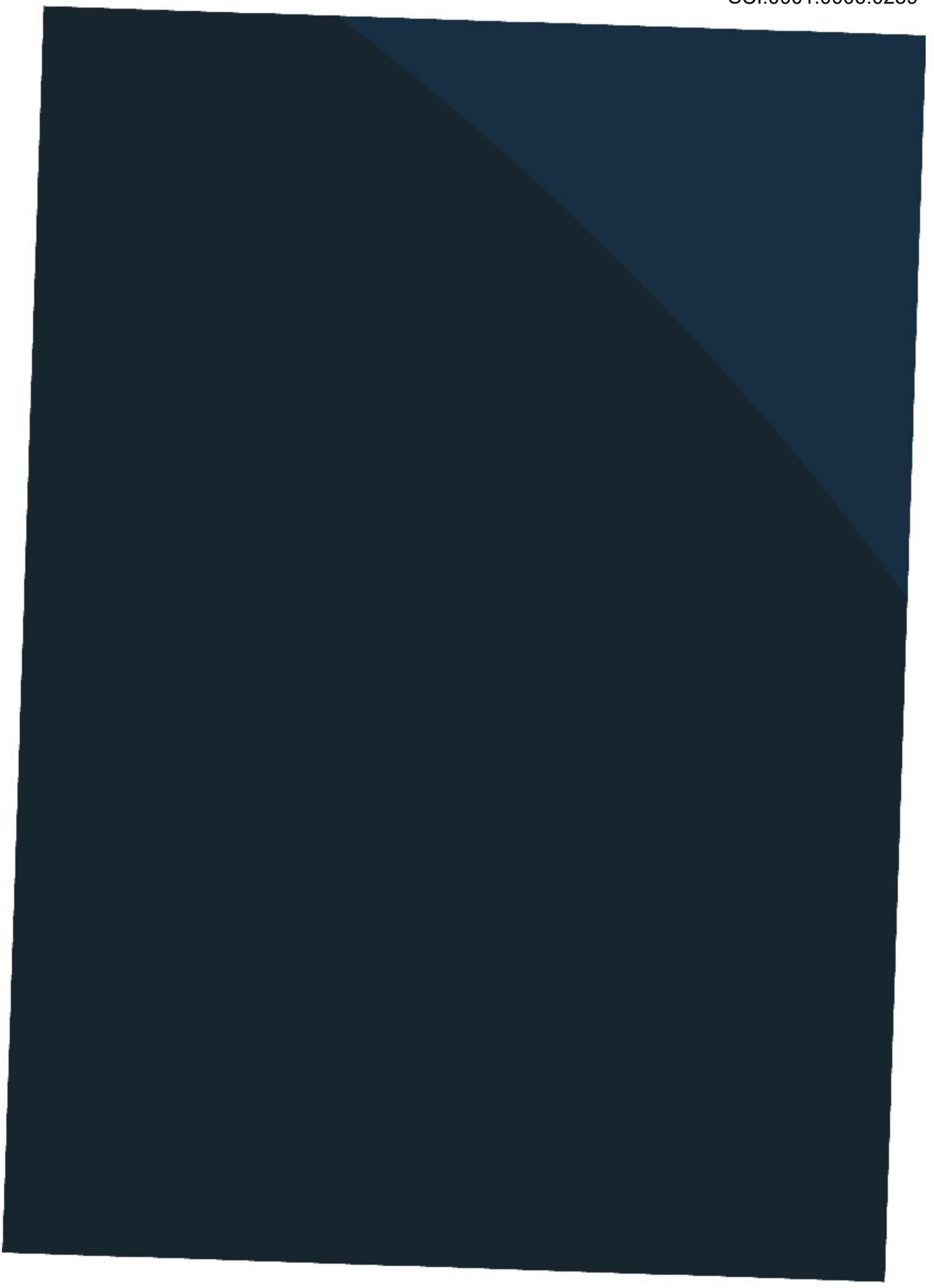
A medical practitioner in private practice who also provides medical services in a public hospital. VMOs are not hospital employees but are contracted by the local health district to provide specific medical services.

Whole Family Team (WFT)

Specialist in-home and community based interventions for children and families with complex mental health and drug and alcohol issues where there has been a substantiated risk of significant harm report about one or more children.

Young People's Outreach Program (Y-POP)

Program aimed at people aged 16-24 who have mental health difficulties. Uses individually tailored support to reconnect clients with the community.



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