

Annual Report

2022-23



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The NSW Health Annual Report 2022-23 was edited, designed, coordinated and printed within the NSW Ministry of Health by the Strategic Communications and Engagement Branch.

Cover images: 1. Jasmine and Penny Stadhams with baby Maverick and Magnolia Stadhams in front of the Bowraville HealthOne mural. 2. Stella Forbes and baby Kiahn at Coffs Harbour Health Campus, Mid North Coast Local Health District. 3. Southern NSW Local Health District Senior Health Promotion Officer Skyan Fernando (left) with Arcadia Fernando (right) and her baby Yilaalu in Queanbeyan. 4. Nadiah Jamaludin helping a respiratory patient at Hunter New England Local Health District. 5. David Lawson from Justice Health and Forensic Mental Health Network at Silverwater Correctional Complex. **Inside cover image:** Keanu Bates conducting a Smoking Ceremony at Mutawintji National Park for the Far West Local Health District Aboriginal Mental Health and Wellbeing Forum cultural walk.

SHPN (SCE) 230665
 ISSN 0815-4961

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November 2023

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

Our vision

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

We acknowledge the Traditional Custodians of the lands on which we live and work and pay respects to Elders past, present and emerging. We also acknowledge all Aboriginal and Torres Strait Islander staff working with the NSW Government.



2022-23

About this report

This annual report describes the performance and operation of NSW Health during 2022–23. It has been prepared according to parliamentary reporting and legislative requirements and is arranged in six sections.

Section 1: Overview

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

Section 2: Strategy

Describes NSW Health's strategic roadmap for the next decade, Future Health.

Section 3: Operations and performance

Summarises performance against the Future Health strategy.

Section 4: Management and accountability

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

Section 5: Sustainability

Outlines NSW Health key sustainability risks, opportunities and performance.

Section 6: Financial performance

Details key financial management reporting and presents NSW Health's audited financial statements for 2022–23.

Section 7: NSW Health organisations

Presents the year in review with reports provided by the NSW Ministry of Health, statutory health corporations, specialty health networks, the Health Administration Corporation and local health districts.

Appendix

Provides additional information and data to supplement the report.

Letter to the Minister

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

Dear Minister

In compliance with the terms of *Government Sector Finance Act 2018*, the *Government Sector Finance Regulation 2018* and the Treasurer's Directions, I submit the annual report and financial statements of NSW Health organisations for the financial year ended 30 June 2023, 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 2022-23. I am also sending a copy of the report to the Treasurer.

Yours sincerely



Susan Pearce AM
Secretary, NSW Health

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Snapshot

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



8 million residents on 809,444 km²



\$34.3 billion in funding for healthcare services in 2023–24*



Approximately **176,000** people (135,786 full-time equivalent staff)



228 public hospitals



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



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



334,368 surgeries performed[†]



1.9 million inpatient episodes[‡]



3.1 million emergency department attendances

The NSW community

People aged **65 and over**

28%

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

3.4%

People **born overseas**

30%

People who live in **regional NSW**

34%

People aged **14 and under**

18.5%

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

26.5%

In NSW public hospitals in 2022–23



67,029 babies were born in a public hospital



1 million overnight admitted patients



101,877 people had unplanned surgery



25 million meals were served to patients



1 million people were admitted



14.5 million non-admitted patient services events



1.2 million Triple Zero (000) calls for an ambulance



220,400 people had planned surgery[†]

223,000 patient transports (non-emergency) completed

13 million clean bed sheets supplied to public hospitals

87 notifiable conditions tracked by Health Protection NSW

159,086 children cared for by the Sydney Children's Hospitals Network

862,241 dental service appointments provided

Source: ABS Population data 2021. 2021-22 NSW Intergenerational Report. Some figures are approximate. *2023-24 budget.

[†]Includes surgeries performed in public hospitals and public patients contracted to private hospitals. [‡]A patient can have multiple episodes in one hospital admission.

Secretary's year in review



Every day, NSW Health delivers world-class care and achieves outstanding outcomes for people across the state. This is made possible by our remarkable staff who provide high-quality, safe, kind and compassionate care.

It is a privilege to lead and work with this diverse team of exceptional people. On behalf of the executive team at NSW Health, thank you for your dedication, passion, and making a positive difference - for patients, their families, your colleagues, and the communities we serve.

Our remarkable people

Great people working together creates great experiences and outcomes of care. We also know that the experiences of our patients, their families, and carers, are closely tied to the experiences of our staff.

We want our diverse workforce to thrive, in an environment where everyone is valued, respected, and empowered to deliver their best. A strong, vibrant culture, underpinned by our values of Collaboration, Openness, Respect and Empowerment takes time and effort to build and sustain.

While we have so much to be proud of, we are committed to evolving. Listening to our staff and acting on their feedback remains a big focus for us. My thanks to the many teams and leaders across NSW Health who have been working hard on initiatives that contribute to making NSW Health an even better place to work.

NSW Health System Advisory Council

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

To achieve our vision, NSW Health has been focused on progressing key objectives within the Future Health Strategic Framework – an ambitious ten-year roadmap launched in 2022 and informed by inputs from thousands of stakeholders to determine and address both current, and anticipated whole of system priorities.

The recently established NSW Health System Advisory Council will play a key role in bringing our vision and strategy to life. The advisory council is a diverse, multidisciplinary group. Its members are a cross-section of NSW Health clinical and allied healthcare professions, along with representatives from the Aboriginal clinical community, and the NSW Health executive team.

Together, the advisory council will provide expert advice to inform frontline healthcare delivery and ensure the views and insights of healthcare professionals working across our system inform key statewide priorities.

Time for care

Our 'Time for Care' initiative aims to reduce and streamline non-clinical and administrative work for frontline staff to free up more time for what matters most – patient care. More than 3,000 people across our local health districts provided a wide array of feedback to help identify opportunities for healthcare staff to spend more time with patients.

These opportunities included practical suggestions to simplify policies and processes, to ideas for how we better use our technology. These will be converted into a series of short, medium and longer-term actions that enable healthcare workers to spend more time with patients, ultimately leading to better outcomes, and achieving tangible progress towards our Future Health strategic priorities.

Planning for the future

Several changes have been made to deliver a more streamlined, integrated and effective structure within the NSW Ministry of Health, as it works to support the whole health system. This included bringing together the Agency for Clinical Innovation and the Office for Health and Medical Research under the leadership of a newly appointed Deputy Secretary, Jean-Frédéric Levesque.

Wayne Jones, formerly Chief Executive of Northern NSW Local Health District, was appointed State Health Services Functional Area Co-ordinator and is working to strengthen our systemwide emergency planning. Matthew Daly was appointed Deputy Secretary, System Sustainability and Performance, and Deb Willcox was appointed Deputy Secretary, Health System Strategy and Patient Experience, with changes to their respective responsibilities to better meet future system needs.

NSW Health is aiming for a smaller, more environmentally sustainable footprint, and we want to achieve 'net zero' by 2050. This year we established a Climate Risk and Net Zero Unit to coordinate and scale up action across NSW Health and help achieve our vision of a sustainable, climate-resilient health system.

We also launched the NSW Health Sustainable Futures Innovation Fund to support staff-led projects that improve patient care and reduce our environmental footprint, and accelerate innovation across NSW Health.

Responsiveness and innovation

COVID-19 was still prevalent in NSW during the last year and continued to impact all aspects of the health service. Although COVID-19 remains with us, last year we reached an inflection point and took time to review and reflect on NSW Health's operational response to the pandemic and inform future responses to public health emergencies. My sincere thanks to everyone who contributed to this work, helping to strengthen future emergency preparedness.

“NSW Health could not have done what it did without the unrelenting efforts, unprecedented collegiality, and flexibility of its staff.”

Source: As one system page v.

The pandemic not only demonstrated the unwavering commitment of NSW Health's staff to the communities it serves, but their ability to quickly respond to an ever-changing environment and implement innovations to advance patient care.

I am excited about continuing to focus on what we can achieve in this area and the growing opportunities presented by technology and its innovative applications, which continue to go from strength to strength.

We are providing virtual care to more people than ever, including in the comfort of their own homes, implementing exciting new models of care and seeing deeper collaboration between metropolitan and regional clinicians and allied health professionals.

In 2022-23, we launched the virtual intensive care service, which links clinicians caring for critically ill patients in the Far West Local Health District, with intensive care specialist nurses and doctors from Sydney Local Health District. There are many examples of this type of service across the state including the very impressive maturation of vCare in Dubbo which supports a huge geography across western NSW.

These services are a great example of how virtual care enhances collaboration, while also boosting access to health services, particularly specialist services, to communities throughout NSW.

Through this work we are building an even more robust, patient-centred health system for the people of NSW.

Regional, rural and remote healthcare

Following the establishment of the Regional Health Division within the NSW Ministry of Health, we delivered the Regional Health Strategic Plan 2022-2032 – a blueprint for the next decade of regional healthcare.

The plan was developed after extensive, statewide stakeholder consultation and identifies outcomes that matter most to regional, rural and remote patients and communities. Focus areas include: strengthening the regional health workforce; improving access to quality, timely healthcare; and building community engagement. It also addresses issues raised in the NSW Parliamentary Inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW.

The Single Employer Model is a great example of how we are investing in regional health, and attracting and retaining healthcare professionals. The program provides pathways for junior doctors to train as rural generalists, enabling them to provide care in both emergency departments and general practice. For regional, rural and remote areas of NSW, this program will help boost their access to specialist skills, while also providing an attractive career opportunity for doctors.

I also want to acknowledge the challenges faced by those regional areas, which in recent years have included multiple natural disasters that have greatly impacted our staff, their families, and communities. Nonetheless, our incredibly dedicated staff continue to deliver outstanding care for their communities. It is no wonder feedback from patients in our rural health facilities remains consistently and overwhelmingly positive.

Our commitment to Closing the Gap

NSW Health continues our commitment to Closing the Gap by supporting truth-telling and the ongoing process of healing for our Aboriginal communities. This is a unifying goal for all of us across the NSW Health System.

We are deeply committed to working in partnership with stolen generations' survivors and their descendants, ensuring that their lived experience guides our strategic planning and service delivery.

In May 2023, one year on from our formal apology to the survivors of the stolen generations, we held a special unveiling ceremony with special guests from the Stolen Generations Organisations, permanently embedding our apology into a sandstone monument and installing it in the Yarning Circle outside the NSW Ministry of Health's building in St Leonards.

Our health family

NSW Health and our outstanding workforce is incredibly rich in its diversity, but we are one big family.

No matter where you are based or what you do in NSW Health, what binds us together is our shared passion and commitment to caring for people.

Thank you, from the bottom of my heart, for all you contribute to each other and the people of NSW.



Susan Pearce AM
Secretary, NSW Health

Overview



About NSW Health

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

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

As the largest and busiest public health system in Australia, NSW Health's 228 public hospitals and more than 135,786 full-time equivalent dedicated staff ensure that NSW citizens have continuous access to an extensive range of physical and mental health services.

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

Our vision

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

Our values

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

Our Health Portfolio Ministers



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



The Hon. Rose Jackson, MLC
Minister for Mental Health



The Hon. David Harris, MP
Minister for Medical Research

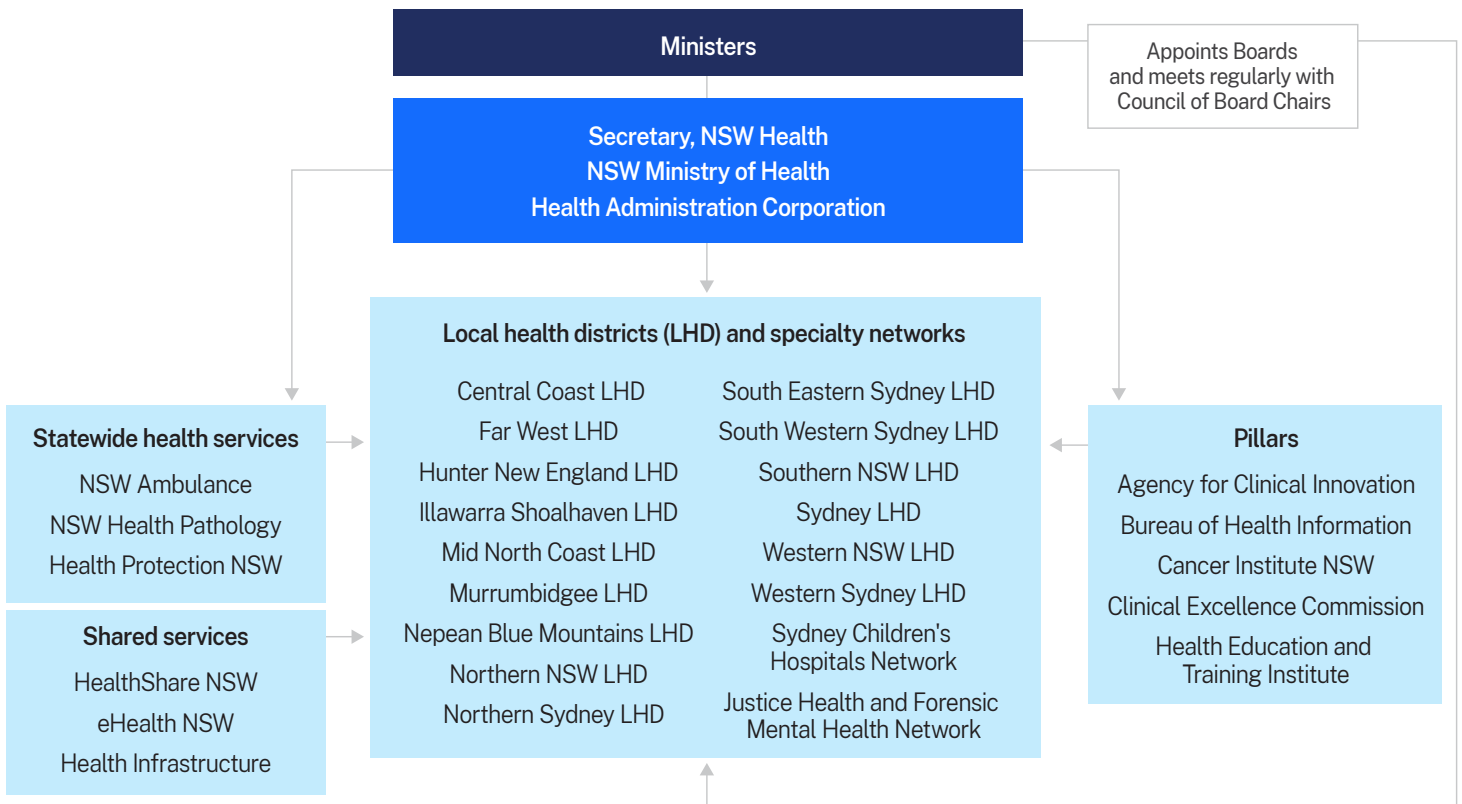
The Hon. Brad Hazzard MP held the office of the Minister for Health from 21 Dec 2021 to 28 March 2023.

The Hon. Bronnie Taylor MLC held the office of the Minister for Mental Health, Regional Health and Women from 21 Dec 2021 to 28 March 2023.

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

Our organisational structure

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



NSW Ministry of Health

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

Role and function of NSW Health organisations

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

Health Administration Corporation

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

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

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

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

Health Protection NSW is responsible for strategy and policy for the surveillance, prevention, control and response to infectious and environmental threats to the community's health. It reports to the Chief Health Officer, and works closely with LHD public health units, other agencies, health care providers and others.

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

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

Local health districts

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

Statutory health corporations

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

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

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

Specialty health networks

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

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

The Sydney Children's Hospitals Network incorporates The Children's Hospital at Westmead, Sydney Children's Hospital, Randwick, Bear Cottage, the Newborn and paediatric Emergency Transport Service (NETS), the Pregnancy and newborn Services Network (PSN) and the Children's Court Clinic. The Sydney Children's Hospitals Network is the largest network of hospital and services for children in Australia. This year the network managed 58,996 inpatient admissions, 105,726 emergency department presentations and over one million outpatient occasions of service. The team of more than 4,000 staff (full-time equivalent) across the network is committed to providing world-class paediatric health care in a family-focused, healing environment.

Pillar organisations

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

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

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

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

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

Affiliated health organisations

At 30 June 2023, there were 13 affiliated health organisations in NSW managed by religious and/or charitable groups as part of the NSW public health system. These organisations are an important part of the public health system, providing a wide range of hospital and other health services.

St Vincent's Health Network

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

NSW Health Executive Team

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

Local health districts

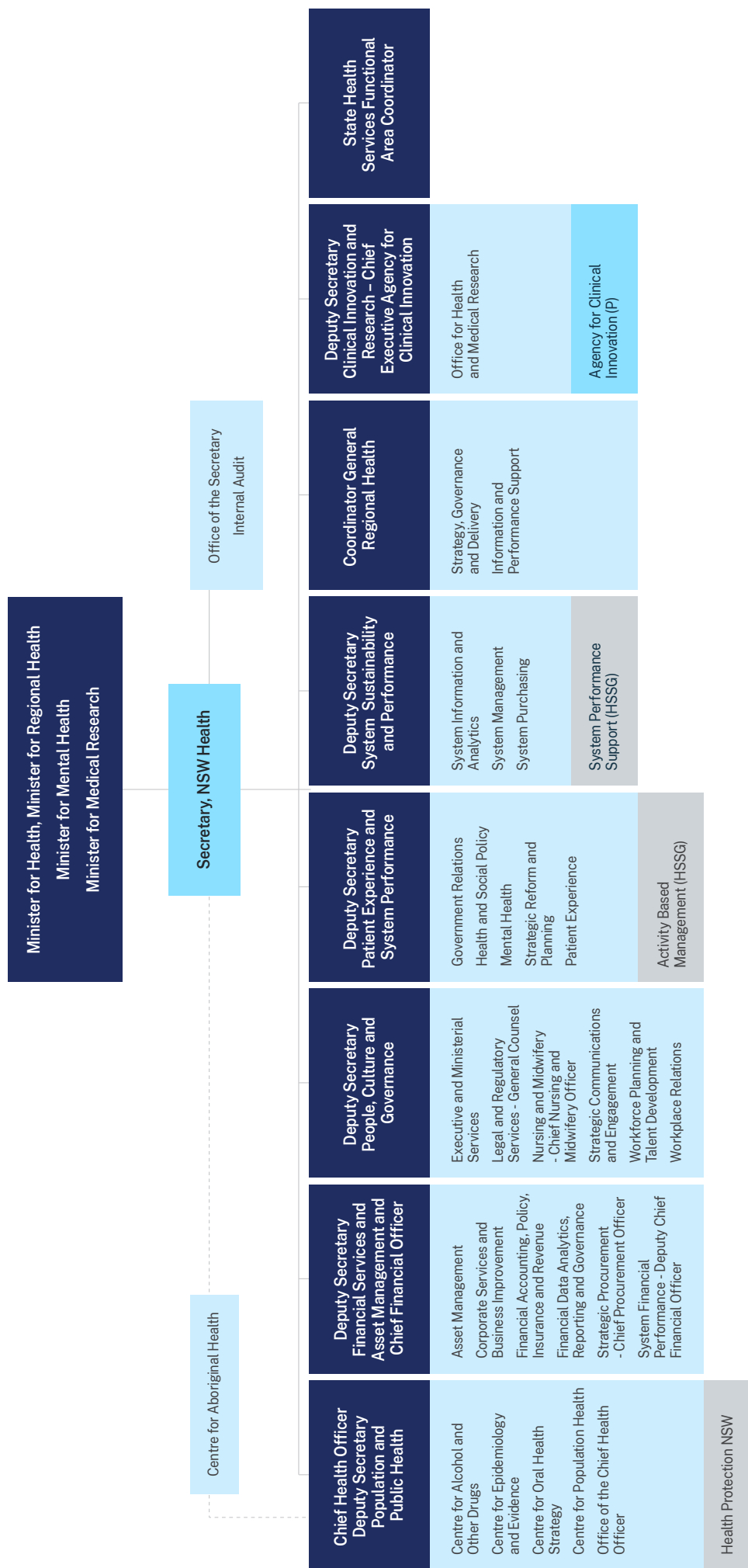
Chief executives of local health districts and specialty health networks are employed by the Health Executive Service (part of NSW Health), through the Secretary, under section 116 of the *Health Services Act*. The role of chief executive is set out in section 24 of the *Health Services Act*.

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

Statutory health corporations

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

Ministry of Health organisational structure



NSW Ministry of Health

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

The NSW Ministry of Health also has the role of ‘system manager’ in relation to the NSW public health system. The networks, services and organisations of the NSW public health system are known as NSW Health. NSW Health provides the NSW community with more than 220 public hospitals, community health and other public health services. These services are provided through local health districts, specialty networks and non-government affiliated health organisations.

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

Executive Team

Secretary

Ms Susan Pearce AM
B App Sci (Nursing) Dip Law
Secretary, NSW Health



Susan Pearce started her career in Far West Local Health District in 1991 as a registered nurse.

She has extensive experience in senior leadership roles at a hospital, district, pillar and ministry level across a range of functions including workforce and operations. She was previously NSW Health’s Chief Nursing and Midwifery Officer and Deputy Secretary for Patient Experience and System Performance for more than six years.

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

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

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

Population and Public Health

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



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

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

Kerry was appointed to the role of Chief Health Officer and Deputy Secretary on 1 February 2009. As Public Health Controller, Kerry led the public health response to the COVID-19 pandemic. In 2020, she was named NSW Public Servant of the Year and was awarded the NSW Premier's Woman of the Year Award and the NSW Woman of Excellence Award in March 2021 for her leadership.

Division overview

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

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

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

Financial Services and Asset Management

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



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

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

Alfa has extensive financial services, financial performance and activity based management experience, including specialist skills in developing and leading innovation and transformation programs. Alfa is Vice-President of the Patient Classification Systems International, a member of CPA Australia and an Adjunct Professor at the University of Technology Sydney Business School.

Division overview

The Financial Services and Asset Management Division leads a range of functions, including financial performance, accounting, insurance, financial data analysis and reporting, strategic procurement, corporate services and business improvement and statewide strategic asset management. The division provides financial leadership including governing, leading and strengthening sustainable resource allocation within the NSW public health system to underpin the delivery of patient care and help health decision-makers access the right information at the right time.

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

People, Culture and Governance

Mr Phil Minns

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



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

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

Division overview

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

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

Health System Strategy and Patient Experience

Ms Deb Willcox AM

Dip Law
Deputy Secretary Health System
Strategy and Patient Experience
NSW Ministry of Health
26 September to present



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

Deb's career has included roles in both government and non-government organisations and her experience spans clinical, corporate services, government departments, the research environment and senior government advisor roles.

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

Prior to NSW Health Deb held senior positions in government, including Chief of Staff in the portfolios of Planning, Housing and Aboriginal Affairs, and Advisor to the Deputy Premier and Minister for Health, overseeing clinical portfolio areas, including planned surgery, critical care and emergency departments.

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

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

Division overview

The Health System Strategy and Patient Experience Division is responsible for government relations, health and social policy, mental health, strategic reform and planning, patient experience, and allied health.

The division manages interjurisdictional negotiations and funding strategies, and supports strategic relationships with the Commonwealth and other jurisdictions, including management of national health reforms.

The division is also responsible for setting the strategic direction in policy areas, including prevention and response to violence, abuse and neglect; aged care; community care and priority populations; disability; youth and paediatric health; refugee health; the National Disability Insurance Scheme; palliative care; and maternity, child and family, including implementation of the First 2000 days.

The Mental Health Branch develops, manages and coordinates policy, strategy and program funding and supports maintenance of the mental health legislative framework.

The Patient Experience team provide statewide guidance on improving the patient experience, and are focused on creating exceptional experiences for patients, carers and staff across NSW Health.

The Chief Allied Health Officer provides system-wide leadership, advice and consultation on allied health services, governance, clinical and professional matters.

The division also supports strategic reform and planning through Future Health, value-based healthcare, improving the quality of service planning and capital developments, and adoption of new health technologies, genomics and precision medicine.

Former Deputy Secretary

Dr Nigel Lyons

BMed (Hons) MHA

Deputy Secretary Health System Strategy and Planning
NSW Ministry of Health

8 May 2019 to 9 September 2022

System Sustainability and Performance

Adjunct Professor Matthew Daly
Deputy Secretary System
Sustainability and Performance
NSW Ministry of Health



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

For over 30 years, Matthew has held operational, executive and strategic health management positions in NSW and Tasmania at Chief Executive, senior executive and head of agency levels in the delivery of acute, primary and community health services. Working in collaboration with Commonwealth and state government departments, he has been responsible for supporting the implementation of programs to improve health outcomes.

Division overview

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

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

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

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

Former Acting Deputy Secretary

Ms Joanne Edwards

Patient Experience and System Performance
NSW Ministry of Health

16 May to 20 July 2022

Regional Health Division

Mr Luke Sloane

BNursing, Dip Mgmt
Deputy Secretary
Regional Health Division
NSW Ministry of Health



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

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

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

Division overview

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

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

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

Luke was the Coordinator General during the 2022-23 financial year and was announced as Deputy Secretary in early July 2023.

Clinical Innovation and Research Division

Dr Jean-Frédéric Levesque

MD PHD FRCP
Deputy Secretary
Clinical Innovation and Research
NSW Ministry of Health
Chief Executive,
Agency for Clinical Innovation
24 February 2023 to present



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

He is an Adjunct Professor at the Centre for Primary Health Care and Equity at the University of New South Wales. He has a medical degree, a Master's in Community Health and a Doctorate in Public Health from the Université de Montréal, Canada. He is a Fellow of the Royal College of Physicians of Canada in Preventive Medicine and Public Health.

Jean-Frédéric brings extensive senior leadership in healthcare systems analysis and improvement, combining experience in clinical practice in refugee health and tropical medicine, in clinical governance and in academic research. He is a member of the HealthShare NSW Board and a member of the Strategic Analytic Advisory Committee of the Canadian Institute of Health Information.

As part of his research portfolio, Jean-Frédéric has published more than 150 peer reviewed publications and his seminal research, producing a conceptual framework on healthcare access and inequity, has been cited more than 2,000 times.

Originally from Canada, Jean-Frédéric has worked in diverse medical, research and public health roles in Canada, India, the United Kingdom and Australia.

Division overview

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

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

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

State Health Services Functional Area Co-ordinator

Mr Wayne Jones

State Health Services
Functional Area Co-ordinator
NSW Ministry of Health
20 February 2023 to present



Wayne has over 40 years' experience in the NSW Public Health system. Wayne graduated as a registered nurse in 1985 and went on to obtain multiple post graduate qualifications in clinical nursing including intensive care and cardiology. He obtained a degree in health management as he transitioned from clinical to general management roles.

Wayne has held a range of clinical and general management roles in Sydney and the Northern Rivers including Chief Executive of Northern NSW Local Health District from 2016–2023. In 2021, Wayne was seconded to the NSW Ministry of Health as the Deputy Secretary Patient Experience and System Performance to support the NSW response to the COVID-19 Pandemic. During this period Wayne was also the State Health Services Functional Area Co-ordinator and responsible for leading the NSW Health response to the major flooding in communities across NSW, particularly Northern Rivers and Hawkesbury regions. On 20 February 2023, Wayne was appointed into the role of State Health Service Functional Area Co-ordinator on a full-time basis for an 18-month period.

Overview

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

The State Health Services Functional Area Co-ordinator also represents all health services on the State Emergency Management Committee and is the key liaison between NSW Health and partner agencies in delivering whole of government emergency management. The State Health Services Functional Area Co-ordinator also holds responsibility for leading the implementation of recommendations on a number of key statewide reviews.

Strategy



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

Future Health is NSW Health's strategic roadmap.

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

Our NSW Health vision, as well as the strategic outcomes and key objectives of Future Health (see page 3), has been informed by the experiences and viewpoints of the people who work in, and who interact with, our health system.

Throughout the 2022-23 financial year, we have focused on implementing Future Health by developing action plans and a measurement and governance framework to guide our approach.



Our system's challenges

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

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

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

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

Strategic outcomes and key objectives



Patients and carers have positive experiences and outcomes that matter

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

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



Our staff are engaged and well supported

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

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



Safe care is delivered across all settings

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

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



Research and innovation, and digital advances inform service delivery

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

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



People are healthy and well

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

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



The health system is managed sustainably

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

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

NSW Regional Health Strategic Plan 2022-2032



Guiding health services that understand, and celebrate, the diverse and unique nature of regional communities

The NSW Regional Health Strategic Plan was developed to align with and support the whole of NSW Health strategy Future Health 2022-2032, while addressing issues that are specific to regional, rural and remote communities.

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

As a blueprint for the provision of health services over the next decade, the NSW Regional Health Strategic Plan 2022-2032 outlines key priority areas for action including strengthening our regional health workforce, enabling better access to health services, fostering improved partnerships and harnessing innovation to support a sustainable health system.

The plan aims to deliver improved outcomes for people living in regional, rural, and remote NSW through the effective use of the resources and networks of NSW Health and through collaboration with our communities and all our partners in care.

Regional NSW encompasses all regional, rural and remote areas of NSW. It includes areas within the regional and rural local health districts:

- Central Coast
- Far West
- Hunter New England
- Illawarra Shoalhaven
- Mid North Coast
- Murrumbidgee
- Northern NSW
- Southern NSW
- Western NSW

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

Operations and performance

A large, dark blue, stylized number '3' is positioned in the lower right quadrant of the page. The number is composed of two thick, curved strokes. The top stroke starts from the left, curves upwards and to the right, then downwards and to the left, ending in a small horizontal tail. The bottom stroke starts from the left, curves downwards and to the right, then upwards and to the left, ending in a small horizontal tail. The overall appearance is that of a bold, modern, sans-serif numeral.

Priority 1

Patients and carers have positive experiences and outcomes that matter

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

Key objectives

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

Key achievements

- Patient and carer feedback on non-emergency patient transport shows an overall satisfaction rating of nine out of 10.
- Consumer experience of Community Managed Organisations saw 92% of survey respondents rating it excellent or very good.
- Launched the Integrated Trauma Informed Care Framework – *My story, my health my future* - to ensure that children, young people, their families and carers, as well as staff within NSW Health, experience trauma-informed, integrated care.

- The Agency for Clinical Innovation published guidance for clinicians and their community partners on *Delivering healthcare to refugee communities in regional NSW*, supporting the establishment of trauma-informed and culturally safe health services for refugee communities.
- On behalf of the NSW Government, NSW Health has led the development of Children First 2022-31, a multi-agency public health framework for the prevention and response to problematic and harmful sexual behaviours by children and young people.
- Cancer Institute NSW supported access to high-quality, evidence-based cancer information through web-based resources, with 22,093 users accessing online patient information more than 24,913 sessions.

Understanding the patient experience

Elevating the Human Experience

Delivering on initiatives in Elevating the Human Experience – Our Guide to Action continues to be a priority for NSW Health. Establishing collaborative partnerships has been identified as a priority area and in 2022, over 200 consumers, staff and representatives from peak agencies were involved in the co-design of All of Us – A guide to engaging consumers, carers, and communities. Published in May 2023, All of Us is a set of core principles for respectful engagement.

Bureau of Health Information

The Bureau of Health Information (BHI) continued to provide the most reliable and comprehensive statewide picture of patient experience in NSW public hospitals. Regular reporting provides transparency for patients about healthcare performance, while delivering analyses and insights to support accountability and improvement.

In 2022-23, BHI enhanced the timeliness of its reporting, supported health staff to make more effective use of survey results, focused on high-priority issues, such as virtual care and experiences of elective surgery, and deployed more advanced analytics in new short-form reports in the Insights Series.

Experiences of service

The Your Experience of Service (YES) survey and Mental Health Carer Experience (CES) Survey continue to be routinely collected to inform improvement initiatives.

In 2022-23, more than 22,400 YES, 2,900 CES and 1,400 Your Experience of Service- Community Managed Organisations (YES-CMO) surveys were completed. Services receive regular reports to assist them in identifying what they are doing well and areas for improvement.

In 2022-23, 75% of consumers reported an excellent or very good experience, an increase from the previous year, and 67% of carers reported an excellent or very good experience. Positive consumer experience of CMO services continued to be rated highly, with 92% of respondents rating it excellent or very good.

The Centre for Alcohol and Other Drugs also conducted a small pilot of an Alcohol and Other Drugs Your Experience of Service Survey to measure patient experience in local health district and non-government organisation services.

Patient Transport Service

HealthShare NSW launched the dedicated patient and carer feedback survey in September 2022. The survey captures feedback on NSW Health Patient Transport Service crews and partner providers, and measures overall satisfaction, timeliness and in-vehicle experience. For carers, the survey also measures the extent to which they feel supported in the provision of care for the patient. Results in 2022-23 show an overall satisfaction rating of nine out of 10.

Driving improvements in patient-centred cancer care

Cancer Institute NSW drove improvements in patient-centred care through its patient-reported measures program, which collects feedback about cancer patients' experiences and outcomes. In 2022-23, the program reached 14,500 electronic patient information surveys. Results were available to clinicians in real time, supporting discussions with patients and the provision of tailored information and support.

The Institute funded implementation of in-language surveys at existing sites in eight community languages and supported cancer services to employ multicultural support staff to establish links to local services and referral pathways. In 2022-23, the program expanded to an additional three local health districts, with the system implemented and in use in 24 cancer centres across 10 local health districts.

As part of this program, the Cancer Institute NSW funded South Western Sydney Local Health District to embed the patient-reported measures program for Arabic and Vietnamese speaking people accessing cancer services.

There is also a tailored, evidence-based supportive care needs assessment tool for Aboriginal people, which accommodates the language, customs and culture-specific needs of Aboriginal people with cancer.

Patient-reported measures

The Agency for Clinical Innovation (ACI) is committed to ensuring that patient-reported measures are culturally safe, and give Aboriginal people the opportunity to provide direct, timely feedback about their experiences and outcomes of care.

This year, ACI partnered with the Kowa Collaboration and local health districts for the implementation, collection and use of patient-reported measures for the Aunty Jean program. It is a community orientated program to support Aboriginal people with or at risk of chronic illness. This included the development of a data sovereignty framework.

Patient-reported measures are captured using the Health Outcomes and Patient Experience platform for 25 different patient cohorts. In 2022-23, new patient surveys were integrated into the platform to help capture the impact of Long COVID on patients.

Recipes for success

HealthShare NSW provides around 25 million quality and nutritious meals each year for patients. In 2022-23, the Food Services Reform program focused on expanding meals and menus to meet the needs of every patient.

As part of the program, HealthShare NSW has engaged mental health consumers in the development and design of a new menu; commenced the staged implementation of KidsCHEF for paediatric patients; rolled out new texture modified foods to improve the experience of patients and residents on a pureed diet; and introduced a new, award-winning meal service model for the Adolescent and Young Adult Hospice at Manly, giving patients and families the opportunity to experience nourishing, home-style food.

Safety Fundamentals

Safety Fundamentals for patient-centred care were developed in recognition of the importance of teamwork to achieve a culture of safety and a shared goal of delivering safe, reliable, patient-centred care.

These practical tools were formed by clinician and consumer consultation and cumulative evidence and have the potential to bring quick and measurable gains. Health workers can use these tools as part of day-to-day practice to strengthen the focus on partnering with patients, their families and carers and support improved patient and staff experience.

Designing our spaces well

Health Infrastructure collaborated with the Government Architect NSW to develop and release the *Design Guide for Health: Spaces, Places and Precincts*. It sets principles and design criteria to support government and industry to deliver functional, welcoming and inclusive health facilities.

The Guide, together with capital project objectives and sustainability principles, supports Health Infrastructure's decision making, and enables a whole-of-lifecycle approach to ensure facilities are sustainable, efficient and affordable to operate, while providing a legacy for future generations.

Informed cancer decisions

Evidence-based cancer information

Cancer Institute NSW supported people to access high-quality, evidence-based cancer information online. Resources supported people diagnosed with cancer to make informed decisions and self-manage. A total of 22,093 users accessed online patient information during 2022-23.

Supporting multicultural communities

In 2022, more than 14,200 users accessed online in-language patient information, including resources on diagnosis and treatment in eight community languages to support improved cancer literacy in multicultural communities.

A total of 42 new online and print-on-demand resources in 24 languages were developed to support patients and carers from culturally and linguistically diverse backgrounds to make informed decisions. In total, the Cancer Institute now has at least one resource in 38 community languages. All of the Cancer Institute NSW public awareness campaigns have been translated into community languages.

Culturally safe and trauma-informed care

Aboriginal cancer care

Cancer Institute NSW appointed Aboriginal Care Coordinators in four local health district cancer services to provide culturally appropriate and safe care.

BreastScreen NSW commenced the Putuwa project, which aims to increase breast screening participation of Aboriginal women aged 40 years and over. To encourage more Aboriginal women to feel welcome at screening and assessment services, BreastScreen NSW engaged an Aboriginal artist to create artwork used for modesty shawls and promotional material, including a mobile screening site on the NSW north coast.

Providing care to sexually and gender diverse people with cancer

Cancer Institute NSW enhanced cancer service workers' knowledge, confidence and skills in providing care to sexually and gender diverse people with cancer. In partnership with ACON, the Institute developed eLearning modules about the unique health and wellbeing issues and health disparities faced by LGBTIQ+ people.

Since publication in January 2023, more than 200 people have enrolled in the training. An internal staff training course has also been completed by more than 220 Cancer Institute NSW and BreastScreen NSW staff.

Safe environments for rehabilitation

The Agency for Clinical Innovation supported the adoption of *Gadjigadji – my rehab, my journey*, a digital resource to support clinicians to create a culturally safe environment for Aboriginal people in their rehabilitation service.

The resource encourages clinical yarning, videos, stories, templates, quizzes, a self-assessment tool and artwork. *Gadjigadji* is being used in 35 locations across NSW, representing half the state's rehabilitation sites. Clinicians have reported improved relationships with Aboriginal patients, improved engagement with rehabilitation services, and improved health outcomes.

Integrated Trauma Informed Care Framework

In February 2023, the *Integrated Trauma Informed Care Framework – My story, my health, my future* was launched to address the need for trauma-informed, integrated care for children, young people, their families and carers. The Framework has been published on the NSW Health website along with a range of resources to support implementation.

Delivering healthcare to refugee communities in regional NSW

The Agency for Clinical Innovation published guidance for clinicians and their community partners on *Delivering healthcare to refugee communities in regional NSW*. The guidance supports the establishment of trauma-informed and culturally safe health services for refugee communities. Health professionals and regional local health districts use this resource to effectively engage with vulnerable people with refugee backgrounds and improve experiences of healthcare.

Making Visible: Preventing and responding to violence, abuse and neglect

In 2022-23, the Agency for Clinical Innovation launched its first ever podcast series, *Making Visible: Preventing and responding to violence, abuse and neglect*. Each episode shared practitioner perspectives and advice to support social workers, psychologists and health professionals deliver trauma-informed, best practice therapeutic care. The series proved successful with more than 1,000 downloads within a month of launch.

Alcohol and other drugs

The NSW Ministry of Health Centre for Alcohol and Other Drugs funded two sites to establish a Safe Assessment Unit. The units provide integrated care, and respond to the needs of people presenting with, or at risk of, behavioural disturbances associated with substance use, mental health and/or social crisis. The Centre also incorporated principles of trauma-informed care into Special Commission of Inquiry into the Drug Ice initiatives, prioritising populations with specific needs.

Making informed decisions about surgery

The Surgical Services team published online patient resources to provide public information about elective surgery access in NSW public hospitals and answer frequently asked questions from the community. From their release in September 2022 until 30 June 2023, the resources have had more than 16,000 page views with more than 10,000 visits to the [How to join an elective surgery waitlist at an NSW public hospital webpage](#).

In 2022-23, the Surgery Access Line responded to 934 calls from patients, carers and general practitioners and provided information on access to surgery. This was an increase of 236 more calls from the previous year.

The Agency for Clinical Innovation published shared decision-making resources for older people living with frailty considering surgery. These resources aim to help older people living with frailty, their families and health staff make informed decisions about surgery.

Communicating effectively with families and carers

The Agency for Clinical Innovation published a new digital guide to support effective communication in neonatal services and improve experience and outcomes for patients, families and health staff. The guide was created in consultation with consumers and staff, and includes advice, tools and resources to help clinicians communicate effectively with families and carers, in person and through using virtual care.

Excellence in Aboriginal Healthcare Award

South Western Sydney Local Health District

Aboriginal GOT IT!

The Aboriginal Getting On Track In Time (GOT IT!) program is a cultural adaptation program designed and led by local Aboriginal people from the South West Sydney area, aimed to improve the capacity of caregivers and schools to identify and respond to the social and emotional needs of children between three and nine years in a culturally responsive way.

The cultural adaptations reflected the localised need and showed that the program had significant positive impacts on the emotional regulation of children, parenting practices, and responses of school staff to emotion-based behaviours.



Jemma Milloy, proud representative from the Aboriginal Getting On Track In Time Pilot Program team, winners of the 24th Annual NSW Health Awards 2022 Excellence in Aboriginal Healthcare category.

Enhancing our pathology services

NSW Health Pathology progressed work on the Fusion program which will standardise technologies, processes and workflows and deliver a new statewide laboratory information management system, an integral part of the ambitious Single Digital Patient Record program.

Its laboratories provided specialist testing for outbreaks and emerging notifiable diseases, including Japanese encephalitis, Mpox.

NSW Health Pathology undertook a review of collection services to better understand consumer and referrer needs, the physical environment of collection centres and the needs of collectors.

Forensic Medicine Newcastle collaborated with local Aboriginal community members and used handmade quilts to cover the deceased for family viewings. Leaves painted by Aboriginal artists were offered to Aboriginal families to place with loved ones.

Working to keep people safe from harm

Royal Commission into Institutional Responses to Child Sexual Abuse

NSW Health has now delivered on all its public commitments under the NSW Government's response to the Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission). The *2022 NSW Annual Report on Progress* is the final report and covers NSW Health's activities over 2022.

NSW Health will continue the work to keep children and young people in NSW safe from harm.

Children First 2022-2031, Talking About It and Safety in Action 2022-2024

On behalf of the NSW Government, NSW Health has led the development of *Children First 2022-2031*, a multiagency public health framework for the prevention and response to problematic and harmful sexual behaviours by children and young people.

Children First is a world-first whole of government and community public health framework. It is supported by *Talking About It*, the NSW prevention action strategy, which outlines the evidence for preventing problematic and harmful sexual behaviours in children and young people.

Together, these documents set the vision and priorities for how NSW government agencies and the community, can and will work together to support children and young people who have displayed, or been affected by, problematic and harmful sexual behaviours.

Safety in Action 2022-2024 is our NSW multiagency first action plan for the prevention and responding to problematic and harmful sexual behaviours by children and young people. Safety in Action outlines our collective actions in the first implementation phase of Children First and Talking About It.

Children First 2022-2031, *Talking About It* and *Safety in Action 2022-2024* are the culmination of a significant and complex program of work across government that responds to the findings and recommendations of the 2017 Royal Commission into Institutional Responses to Child Sexual Abuse. More than 2,500 workforce and community stakeholders across NSW contributed to the work, including children and families with lived experiences and representatives from our priority populations.

Working in partnership

During 2022-23, Education Centre Against Violence established a statewide, multiagency workforce development committee that has, together with the time-limited co-design advisory committee, guided implementation activities. This included the development and delivery of evidence-based, best practice training in partnership with People with Disability Australia and the NSW Council for Intellectual Disability in 2022; and the development of accessible information resources anticipated to be released in late 2023.

National Redress Scheme

NSW Health participates in the National Redress Scheme for Survivors of Institutional Child Sexual Abuse. Through the Redress Scheme, successful applicants are eligible for a monetary payment, counselling, and a Direct Personal Response, which is a formal apology delivered to survivors by the institution found responsible for the abuse they have suffered. The purpose of these formal apologies is to contribute to healing and justice, and to provide an opportunity for survivors' personal experiences to be heard and acknowledged.

Regional connections

A comprehensive review was undertaken of local health councils and advisory committees across NSW. In February 2022, a report was published, outlining the development of new guiding principles to support the reinvigoration of local health committees across NSW. Extensive stakeholder consultation was integral to the development of the report.

Implementation and monitoring of the guiding principles is ongoing across all regional local health districts to strengthen local health committees.

The Regional Health Division continued to support local health districts to strengthen their committees by building connections, sharing insights and partnering for capability development across the system.

Communicating on priority health issues

Health Protection NSW worked closely with the NSW Ministry of Health's Strategic Communications and Engagement team on opportunities to share key messages to the NSW public.

A Behavioural Science and Communications Advisory Group was convened to bring together experts to discuss relevant public health topics. Improving influenza vaccination coverage in children under five years was the first topic. Actions from the meeting included updating the NSW Immunisation Schedule, liaising with Aboriginal Medical Services and contributing to Yarn Up, a question and answer session with, and for, Aboriginal communities with experts hosted on the NSW Health Facebook.

In partnership with the Aboriginal Health and Medical Research Council, the Agency for Clinical Innovation hosted an Aboriginal Chronic Conditions Conference on 14 June 2023. More than half of the 450 attendees identified as an Aboriginal peoples. Attendees heard from 28 speakers and expert panel members showcasing key learnings on the theme Aboriginal Workforce and Chronic Care Models.

The Winter Respiratory public health communications campaign launched on 9 May and ran until 31 August 2023.

The campaign targeted parents and carers of children six months to under five years (including culturally and linguistically diverse and Aboriginal communities), pregnant women, and all Aboriginal people from six months. These audience groups were entitled to the Commonwealth-funded influenza vaccine. The general population between 16 and 39 years were also targeted with hygiene and 'stay at home if unwell' messaging.

The campaign used the results of focus testing (with pregnant women and parents, including culturally and linguistically diverse communities and Aboriginal people) to inform the creative.

By mid-August, the campaign had generated 20 million impressions. The campaign was also supported by organic social media and stakeholder engagement.

A clinician working group was created to identify new strategies to support clinicians in sharing public health messaging. A range of materials and resources were developed with the working group including:

- influenza vaccination safety data resources
- the NSW weekly respiratory report for COVID-19 and influenza
- hard copy promotional material for pharmacies and GPs to promote influenza vaccination.

Transforming Patient Experience Award

The Sydney Children's Hospitals Network

The Last Days of Life: Paediatric and Neonatal Toolkit

The death of a child is tragic and challenging. The Last Days of Life: Paediatric and Neonatal Toolkit is a best practice guide for healthcare professionals to ensure the patient and family remain the central focus leading up to a death of a child.

The toolkit empowers clinicians to adopt a proactive approach and equips them with the tools to work in partnership with families to transform the experience of a child dying.



Sandy Coombs, Clinical Nurse Consultant, Palliative Care Quality and Project Officer, one of people behind The Last Days of Life: Paediatric and Neonatal Toolkit at the Sydney Children's Hospitals Network. Winners of the Transforming Patient Experience Award in the 24th Annual NSW Health Awards 2022.

Priority 2

Safe care is delivered across all settings

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

Key objectives

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

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

2.3 Connect with partners to deliver integrated care services

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

2.5 Align infrastructure and service planning around the future care needs

Key achievements

- In August 2022, the Urgent Care Services program commenced in partnership with Local Health Districts, Primary Health Networks, Healthdirect and multiple divisions across the NSW Ministry of Health. The program works to reduce pressure on emergency departments and increase the capacity to provide urgent care services to the community.
- In December 2022, the NSW Telestroke Service program rollout was completed and scaled to 23 rural and regional hospitals across NSW.

- The Community Single Front Door service has been functional over the last 12 months, and has helped connect over 321,218 callers with clinical advice and alternate service providers. More than 39,000 people were referred to Virtual GP and Virtual KIDS consultations, and approximately 65% of people who were intending to present to an emergency department were assessed and triaged to appropriate non-emergency department care.
- In 2022, approximately nine out of 10 patients rated their virtual outpatient care as very good or good.
- Canrefer, the Cancer Institute's online directory of cancer specialists, multidisciplinary cancer care teams and treatment centres, was accessed by 155,439 users seeking referrals.
- The Virtual Clinical Care Centre supported more than 46,000 secondary triage incidents to help manage high Triple Zero (000) call volumes. More than 20% of these were successfully referred to other healthcare services, helping to reduce the burden on NSW Ambulance and improve patient safety and operational performance.
- The launch of the Forensic Medicine Information System provided an integrated single-source-of-truth for coronial and non-coronial referrals, giving Forensic Medicine teams and the Coroner secure, timely access to information.
- Cancer Institute NSW expanded eviQ, an online resource providing evidence-based, peer-reviewed cancer treatment protocols and information. In 2022-23, uptake increased by 36% to more than 1.2 million users.
- In 2022-23, the Isolated Patients Travel and Accommodation Scheme helped 32,700 patients - which is an additional 9,500 patients compared to the previous financial year.

Virtual care

Progressing the NSW Virtual Care Strategy

The *NSW Virtual Care Strategy 2021-2026* supports timely access to care by increasing capacity and expanding virtual care, such as telehealth, video conferencing and remote patient monitoring. This will deliver service benefits that increase effective and efficient care delivery, reduce potentially preventable hospitalisations, reduce length of hospital stays and improve system integration between primary care and acute care.

The NSW Ministry of Health worked with partners across the system to embed sustainable, safe, effective and efficient models of care to further support the delivery of the NSW Virtual Care Strategy.

A Virtual Care Services Implementation Guide was developed to provide consistent statewide guidance about best practice principles and enable a coordinated, consistent and integrated approach to implementing virtual care services.

A six-month pilot was commenced to expand the existing Virtual Rural Generalist Service into selected sites across Southern New South Wales Local Health District. The highly successful model provides specialist advice and 24/7 rural medical support.

The virtualKIDS Urgent Care Service was launched to help prevent children having to attend an emergency department and to support providing care closer to home. The service provides care through videoconferencing and a 24/7 hotline, connecting families with a clinical nurse to provide an assessment before they get to hospital and to determine the best care pathway and care provider based on each child's needs. The service is accessed by calling HealthDirect.

Sharing the message

NSW Health continues to raise awareness, address misconceptions, and promote the benefits of virtual care amongst patients, carers, families and communities across NSW, as well as the staff and clinicians working in or with NSW Health.

To build on the consistent messaging and resources developed in previous years, the NSW Ministry of Health collaborated with partners across the system and externally to develop targeted communications for priority populations, including culturally and linguistically diverse and Aboriginal and Torres Strait Islander communities. The Ministry continues to work closely with local health districts and specialty health networks to address their communication needs and have developed materials for local adaptation.

More than 19,000 people visited the NSW Health virtual care website in 2022-23, with more than 42,000 visiting the site since it launched in January 2021. The website includes information about virtual care, such as how it works and the benefits, plus more than 25 patient, carer and clinician stories about their experiences of virtual care.

Projects to build support for virtual care with local health districts and clinicians have focused on streamlined and consistent communications and engagement. To support this, a virtual care newsletter was developed and sent to more than 500 partners across NSW Health.

Understanding the virtual experience

The Bureau of Health Information continued to survey patients about their experiences of virtual care, resulting in datasets and insights that are unique in Australia. This provided clinicians and health system managers with the second year of Virtual Care Survey results, as well as new modules in other surveys covering adult admitted patients and outpatient cancer clinics.

The resulting insights, for example, that approximately 9 out of 10 patients rated their virtual outpatient care in 2022 as very good or good, have played a key role in communicating the value of new care models among both patients and clinicians, as well as informing the evaluation of the *NSW Virtual Care Strategy 2021-2026*.

Referring patients to care

Initially established in response to the COVID-19 pandemic, the Virtual Clinical Care Centre has continued to evolve to meet community needs, particularly for non-emergency responses. There were more than 46,000 secondary triage incidents in 2022-23 with more than 20% successfully referred. This equates to freeing up 917 paramedic crews over their 12-hour shift to respond to emergency incidents, ultimately improving patient safety and operational performance.

Telestroke

The NSW Telestroke Service provided specialist stroke care to patients in rural and regional NSW, connecting local emergency physicians with 24/7 access to expert stroke clinicians using virtual care.

The program rollout was completed in December 2022 and was scaled to 23 rural and regional hospitals in NSW. The service supported communication across hospital and local health district boundaries, and its screen-sharing and collaboration functions enable remote viewing of electronic medical records, real time scanning review of images and live patient assessment.

The service has improved health outcomes and provided lifesaving consultations for more than 4,000 stroke patients in regional and rural NSW. The NSW Telestroke Service won two 2022 NSW Health Awards, in the Patient Safety First category, and won the Secretary's Award for Integrated Value Based Care, along with key partners: the Agency for Clinical Innovation, South Eastern Sydney Local Health District, eHealth NSW and the NSW Ministry of Health.

Community Single Front Door helps patients

NSW Health has partnered with Healthdirect to launch the Community Single Front Door initiative, a program that aims to healthcare services more accessible and easier to navigate, by providing a single, dedicated, 24/7 point of contact for non-life-threatening healthcare needs. For cases requiring immediate attention, the nurse triage team connects patients to statewide virtual care services, including Virtual GP and Virtual KIDS. The service has been functional over the last 12 months, and has helped connect over 321,218 callers with clinical advice and alternate service providers. More than 39,000 people were referred to Virtual GP and Virtual KIDS consultations, and approximately 65% of people who were intending to present to an emergency department were assessed and triaged to appropriate non-emergency department care. It has led to an 8% decrease in Healthdirect callers being referred to emergency departments, amounting to approximately between 80-120 patients a day across NSW. The Service was also a critical support initiative for healthcare access during the NSW flood crises.

myVirtualCare

The myVirtualCare videoconferencing platform provided patients in NSW with a seamless and convenient way to access their clinical and social care providers using one web link on any internet-enabled device. myVirtualCare supported patients to access a variety of services from anywhere in the state, including cancer care, palliative care, nutrition and dietetics, pain, mental health, chronic and complex care, and speech and rehabilitation services.

At the end of the 2022-23 financial year, more than 121,100 clinicians had been trained to use myVirtualCare and more than 30,700 clinicians provided care using the platform. This resulted in more than 395,000 virtual consultations occurring across 129 established virtual consultation rooms.

A survey of more than 25,000 consumers who have experienced virtual care and the myVirtualCare platform showed very positive responses.

This included 96% of respondents saying the virtual care they received was very good or good, and 79% saying their virtual care experience was better or the same as an in-person appointment.

Strengthening access for rural, regional and remote NSW

NSW Regional Health Strategic Plan 2022-2032

The Regional Health Division developed the *NSW Regional Health Strategic Plan 2022-2032*, a blueprint for the future provision of health services that understands and celebrates, the diverse and unique nature of regional communities.

The plan, published in February 2023, aligns closely with Future Health. Extensive consultation was undertaken at every stage of the plan's development and included face-to-face and virtual workshops, a survey, written submissions and responses from the NSW Government's Have Your Say platform.

Response to the NSW Parliamentary Inquiry

The Regional Health Division coordinated the government response to the NSW Parliamentary Inquiry into health outcomes and access to health and hospital services in rural, regional and remote NSW. The response was tabled in parliament on 1 September 2022.

NSW Health branches, pillars and agencies are responsible for delivering on the actions to implement each recommendation.

The Regional Health Division coordinates the monitoring and reporting on the actions against the Inquiry recommendations and an Independent Review to assess progress.

Reducing the financial burden

The Isolated Patients Travel and Accommodation Assistance Scheme, known as IPTAAS, can help to reduce the financial burden on people who need to travel long distances to access specialist healthcare.

On 1 August 2022, enhancements were made to the scheme, including the expansion of the eligibility criteria to include high-risk foot services, non-commercial clinical trials, ocularists and publicly funded oral health clinics. In 2022-23, IPTAAS helped 32,700 patients, which is an additional 9,500 patients compared to the previous financial year.

Subsidy rates for private vehicle travel also increased from 22 to 40 cents per kilometre and reimbursement for accommodation has almost doubled.

NSW Health is continuing to promote the scheme and streamline the IPTAAS application process to make it easier for patients to lodge claims.

Support nursing practice in rural and regional areas

NSW Health published *Rural Nurse Practitioners*, a framework for service and training. The framework provides guidance for the delivery of accessible, person-centred care that addresses the needs of rural communities.

In 2022-23, 45 nurse practitioner positions, including 20 rural generalist nurse practitioner positions, were funded across rural local health districts.

Rural Nursing Pathways in Practice is a statewide framework launched in 2022 to support rural nursing practice. The pathway is a collection of customised professional development opportunities and has been implemented in six rural local health districts. In 2022-23, nurses completed more than 14,000 rural nursing e-learning modules.

Remote Hepatitis C Prescribing Program

The Centre for Population Health partnered with the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine to deliver the Remote Hepatitis C Prescribing Program. The Program links Hepatitis C prescribers in rural, remote, and regional areas and other settings where access to treatment may be limited. Medications that can be supplied by registered nurses in publicly funded sexual health services were expanded in February 2023 to include post and pre-exposure prophylaxis (PEP/PrEP) HIV medications and syphilis treatments.

Albury Wodonga Health Intergovernmental Agreement 2022-2035

NSW Health signed a new Intergovernmental Agreement with the Victorian Department of Health regarding the operation of Albury Wodonga Health. While the unique cross-border service is operated by Victoria, under the new agreement, both states now have strategic oversight to ensure representation on behalf of all local residents.

The agreement ensures financial arrangements are fit for purpose and initiates work to improve performance reporting and monitoring and supporting data systems. The agreement also enables NSW to drive infrastructure improvements at Albury Base Hospital.

Excellence in the Provision of Mental Health Services Award

Hunter New England Local Health District

Mental Health Virtual Clinical Pharmacy Project

Mental Health Pharmacists face many challenges and are tasked with a multitude of duties to ensure safe and best practices in medication management.

The Mental Health Virtual Clinical Pharmacy Project was developed to provide three mental health units in Tamworth, Manning and Maitland hospitals, without onsite mental health clinical pharmacists, access to virtual clinical pharmacy services.

The project provides beneficial healthcare interventions for mental health patients and acknowledges the crucial role of pharmacists in patient care.



Cecilia Bjorksten, Rory Curtis, Leana Wong and Rosa Baleato representing the Mental Health Virtual Clinical Pharmacy Project team. Award winners at the 24th Annual NSW Health Awards 2022.

Pharmacy

Supporting pharmacies to improve patient access in the primary care setting

In November 2022, the NSW Government announced pharmacy reforms to increase the community's access to primary care services, including an increase to the vaccines available at local pharmacies from 6 to 12.

Following an expression of interest process in early 2023, a University of Newcastle-led research consortium was awarded a \$3 million grant to design, implement and evaluate a clinical trial to assess the effectiveness of pharmacy management of uncomplicated urinary tract infections.

In February 2023, the NSW Government announced an expansion of the clinical trial to include the provision of oral contraception and the management of mild skin conditions. An additional grant for \$3 million was awarded to the University of Newcastle to incorporate these components into the existing trial framework.

In May 2023, a small feasibility study commenced with 94 randomly selected pharmacies to test the processes and systems in place for pharmacy management of uncomplicated urinary tract infections, prior to the full rollout to more than 1,000 pharmacies across NSW in July 2023. The NSW Government also announced patients would not need to pay to see a pharmacist participating in the trial and \$20 would be paid per consultation to participating pharmacies to support administration associated with the trial. The feasibility study demonstrated significant community interest in the trial, with nearly 939 consultations in nine weeks.

The NSW Government also partnered with the ACT Government to allow up to five pharmacies located in the ACT to participate in the NSW clinical trial, to provide convenience and consistency for residents of NSW located in areas close to the ACT border.

Keeping medication safe

SafeScript NSW continued to provide NSW Health prescribers and pharmacists with access to real-time information about a patient's prescribing and dispensing history for certain high-risk medicines, from anywhere in the state. This information helps prescribers and pharmacists to make safer clinical decisions and reduces the incidence of harm, including death, from the unsafe use of monitored medicines.

Delivered by eHealth NSW in partnership with the NSW Ministry of Health, SafeScript NSW's uptake was strong and health practitioners reported finding it to be a helpful clinical tool. More than 22,000 health practitioners registered for the system in the 2022-23 financial year.

Reducing hospitalisations

Urgent Care Services

The Urgent Care Services Program commenced in August 2022 to reduce pressure on emergency departments and to increase capacity to provide urgent care services to the community.

An Urgent Care Service is a health service that provides short-term, one-off episodes of care for urgent but non-life-threatening health care needs and is not an emergency department.

In partnership with local health districts, primary health networks, Healthdirect and multiple divisions across the NSW Ministry of Health, the NSW Government is continuing the investment to deliver 25 Urgent Care Services by 2025.

Out of Hospital Care Program

This strategy is also effective for freeing up acute and sub-acute beds to assist with patient flow. The program delivers packages of case management and home supports including ComPacks (non clinical packages of case management and home care services for patients being discharged from a NSW public hospital), Safe and Supported at Home, and End of Life packages. These can provide eligible patients with immediate access to care when being discharged from NSW public hospitals or when a person is identified at risk of an avoidable admission.

In the 2022-23 financial year the program used the more than \$50 million budget to deliver 25,005 packages, including:

- 14,317 ComPacks
- 5,733 Safe and Supported at Home packages
- 4,955 End of Life packages

Reducing the risk of hospitalisation

The risk of hospitalisation algorithm helps to predict whether a person is likely to have an unplanned admission to hospital in the next 12 months. This is then used to identify people who would benefit from care coordination through Planned Care for Better Health to help prevent hospitalisation.

Planned Care for Better Health provides care coordination to people with chronic conditions who are at risk of further hospitalisation. In the 2022-23 financial year, 10,255 people were enrolled in a Planned Care for Better Health service across all local health districts and speciality health networks in NSW.

Emergency Department to Community Initiative

The Emergency Department to Community Initiative provides tailored intensive case management and multidisciplinary case review to support patients under the age of 70 who have been identified as frequent presenters to emergency departments.

The initiative has been implemented across the NSW Health System and more than 741 people received care from the Emergency Department to Community team in 2022-23.

Statewide Referral Criteria

The Statewide Referral Criteria are clinical decision-support tools that give health professionals the criteria they need to refer their patients to public specialist outpatient services across NSW. The first series of criteria were developed in 2022-23 for selected ophthalmology and gastroenterology conditions.

Improving patient flow

Onboarding more paramedics

In 2022-23, NSW Ambulance successfully onboarded more than 500 additional paramedics, in line with the State-wide Infrastructure Team recruitment targets. This has led to a permanent enhancement to the rosters for 30 stations and improved ambulance response times, staff wellbeing and created a positive change to the critical care landscape.

The onboarding of more paramedics and construction of new ambulance stations will further improve these outcomes.

Getting real time information

Patient Transport Service real time dashboards are currently being used by service operational teams to enhance real time decision capabilities and address patient flow priorities across the system. The dashboard provides a real-time depiction of capacity and vehicles remaining on scene to enable better resource utilisation, improved transparency, timely escalation and mitigation of risk to reduce strain on NSW Ambulance and local health districts.

Working together

Established in 2022-23, the Patient Flow Portal working group provides oversight, strategic direction and advice around all matters relating to the Patient Flow Portal and the Patient Flow Systems Framework. The working group ensures NSW Health has the best enterprise solutions to manage care coordination and patient flow across the system.

Establishment of statewide system flow function

In June 2023, NSW Ministry of Health System Flow Officers were permanently recruited to monitor ambulance arrivals at hospitals and assist with the coordination of whole-of-system patient flow. These

roles are supported by the NSW Health executive to ensure 24/7 support is available for the health system, providing a liaison point between the NSW Ministry of Health, NSW Ambulance, local health districts and networks. The system flow function monitors and escalates transfer of care delays and capacity of neonatal intensive care units across NSW, and actions ambulance adjustment requests in periods of peak demand.

Keeping patients safe

NSW Ambulance delivers initiatives to aid the delivery of safe, high quality and reliable care for patients in the home, community and virtual settings, including a virtual secondary triage model and streamlined and integrated referral pathways.

Mechanical CPR devices were rolled out to all NSW Ambulance frontline units to improve clinical outcomes for out-of-hospital cardiac arrests.

The Clinical Device and Notification Platform pilot was implemented in partnership with eHealth NSW, NSW Ambulance, the Agency for Clinical Innovation and the NSW Ministry of Health at Illawarra Shoalhaven Local Health District. The program replaces existing transmitting monitor/defibrillators and the notification platform that sends electrocardiograms (ECGs) from ambulances and smaller hospitals to specialists. This will improve patient care at the point of treatment and provide better outcomes and access to specialist advice for regional patients.

NSW Health Pathology continued to improve and promote its Akuna Electronic Specimen Tracking System which provides real-time tracking of specimens between NSW Health Pathology laboratory locations across NSW to help keep every precious sample safe. Akuna shows users where all specimens are at any time, provides alerts for overdue items and uses other extensive reporting capabilities to troubleshoot and manage workload and resourcing.

Patient data

Integrated Care Outcomes Database

To support the ongoing monitoring and evaluation of integrated care initiatives, the Integrated Care Outcomes Database is linked to hospital, emergency, ambulance, perinatal and births, deaths and marriages data.

In early 2023, the definition of the enrolled cohort linked in the database was expanded to capture a range of value-based healthcare initiatives in addition to the NSW Integrated Care Strategy. This has reduced the data collection and linkage burden and maximised the utility of the linked data.

This information is used to support continuous quality improvement to improve the engagement of patients who require integrated care services. To support local services and the NSW Ministry of Health monitor the performance of the Planned Care for Better Health Initiative, an operational dashboard in the Patient Flow Portal was launched. It includes information about enrolments and performance trends, and is being rolled out across all local health districts and speciality health networks.

Clinical Health Information Exchange

The Clinical Health Information Exchange is a patient centric clinical repository that provides clinicians with access to aggregated information about their patient's health history. In 2022-23, the exchange continued to be successfully implemented across the state's local health districts.

It was viewed 326,287 times by NSW Health staff throughout the 2022-23 financial year and is one of the key enablers for the upcoming healthcare transformation program, the Single Digital Patient Record.

MedSync

eHealth NSW developed the MedSync platform to help clinicians securely share clinical information, upload images and collaborate easily on the go. The platform was made available to more than 110,000 clinical staff, supporting the delivery of virtual clinical collaboration across multiple settings statewide.

Reporting for Better Cancer Outcomes

Through the *Reporting for Better Cancer Outcomes* program, Cancer Institute NSW provided actionable data insights to the NSW Health system to support service planning, design and care delivery.

The program focused on reducing variation of clinical care, improving patient experience, better responding to emerging issues, and reducing inequalities in access and outcomes for priority populations.

In the 2022-23 financial year, 86 reports were delivered, including the inaugural patient-reported measures for people affected by cancer and lung optimal care pathway reports, and the second Reporting for Better Cancer Outcomes for Aboriginal People report.

Using data to support patients with severe trauma

The Agency for Clinical Innovation partnered with eHealth NSW to co-design a prototype for a single state level electronic Clinical Quality Registry for trauma, connected to existing electronic medical records.

This will assist in the identification of areas of trauma care that could be improved for future patients. The partnership saw the development of a prototype with conceptual wireframes and modules to enable automated data extraction, intended to minimise the burden of manual data entry on clinicians and teams.

Electronic Record for Intensive Care

The Electronic Record for Intensive Care is a state-of-the-art clinical information system which improves the safety and quality of care offered to critically ill patients in intensive care units. It replaces almost all paper charts and forms for adult, neonatal and paediatric intensive care units across NSW. More than 65,000 patients have benefitted from better quality and safer care.

In 2022-23, the Electronic Record for Intensive Care Neonatal Intensive Care Unit implementation was completed by eHealth NSW at the Nepean Hospital pilot site. The system was also implemented at an additional four sites: Royal North Shore Hospital, Royal Hospital for Women, Liverpool Hospital and John Hunter Hospital. The electronic record integrates patient data every minute from multiple systems and devices, supporting better clinical decision-making.

Statewide Initiative for Diabetes Management

Diabetes represents a significant and complex public health challenge in NSW and Australia. The condition is associated with a range of health complications, affecting approximately 1 in 11 individuals aged over 16 years in NSW. Moreover, the prevalence of diabetes is increasing, necessitating a concerted effort to address this issue through an integrated and coordinated approach.

In response, NSW Health partnered with NSW Primary Health Networks to develop the *Statewide Initiative for Diabetes Management*. Throughout 2022-23, local health districts worked together with their respective primary health networks and other partners to adopt a one health system approach. This led to identifying priority areas and population groups within each region and collaboratively developing, implementing and monitoring locally relevant strategies to address these priorities which will continue into future years.

In addition to local efforts, a statewide governance structure was established to oversee four workstreams that will develop, implement and scale systemwide enablers and solutions to address key areas of the initiative. It has brought together healthcare professionals from various sectors, alongside individuals with lived experience of diabetes.

By aligning efforts at both the local and statewide levels, NSW Health strives to address the diabetes challenge, improve patient outcomes and experience, and deliver better value care.

Preparing for future care needs

Effective and sustainable solutions

A Guide for Early Options Development and Analysis in Service Planning was approved and released to NSW Health organisations as part of the 2023 capital investment planning process. The guide aims to improve the rigour, approach, consistency and documentation of options analysis by local health districts and specialty health networks earlier in the planning process. This will ensure the most effective and sustainable solutions are proposed for funding consideration. In 2023, districts and networks were required to demonstrate that they have investigated, consulted on and analysed a range of options before recommending their preferred option.

To uplift system capability to perform early options analysis, health economics experts were engaged to co-design a training workshop for health service planners across NSW Health. The training was delivered in April 2023 to participants from across 20 health organisations and received positive feedback.

The revised capital investment proposal template was issued in March 2023. The updated template aimed to assist health entities to develop proposals and included revised sections on service planning and recurrent cost impacts to improve the quality of submissions.

Enhancing our capital works program

Health Infrastructure established a new Program Performance and Assurance function to centralise and enhance its capital works program assurance, governance, support and reporting. Project governance for the capital program has been updated for implementation in 2023-24.

Implementation of a new project data analytics platform is providing improved real-time reporting on capital program performance to drive more informed and data-driven decision making across the program. The reporting, together with continued development of Project Toolkit guidance and documentation, is working to facilitate more strategic, efficient and consistent delivery of the capital program and embed NSW Health's Facility Planning Process.

Secretary's Award – Integrated Value Based Care

South Eastern Sydney Local Health District

NSW Statewide Telestroke Service

The NSW Telestroke Service is a Statewide 24/7 hyper-acute stroke service aimed at saving lives and reducing disability from stroke by providing time critical care to patients of regional and remote NSW.

The implementation was a collaboration between the NSW Ministry of Health, South Eastern Sydney Local Health District, the Agency for Clinical Innovation, and eHealth, and connects 23 regional and remote hospitals with a stroke Specialist Neurologist via video conferencing.

The service keeps patients closer to home while ensuring they can access best practice stroke care.



Winners of the Secretary's Award for Integrated Value Based Care at the 24th Annual NSW Health Awards.

Sharing our learnings across the system

The System Management Branch collaborates with a range of stakeholders, including the Clinical Excellence Commission, NSW Ministry of Health, NSW Coroner's Office, Health Care Complaints Commission and local health districts and specialty health networks to ensure emerging risks are identified and mitigated.

In collaboration with the Ministry's Legal Branch and the Clinical Excellence Commission, the System Management Branch coordinated NSW Health's response to the NSW Attorney General for Coronial Recommendations directed to NSW Health organisations and considered potential statewide learnings from Coronial findings for the NSW Health System.

Keeping cancer care safe

Value-based cancer care

Cancer Institute NSW supported improved access to colonoscopy for people with positive bowel screening results by expanding localised direct access colonoscopy services in public hospitals. There are now 19 services in NSW, an increase of six over the previous year.

The Institute worked alongside key stakeholders to support increased access to hypofractionated radiotherapy for women with early-stage breast cancer. This supports patients' improved quality of life and health outcomes by reducing side effects for patients. More than 90% of radiation therapy courses delivered in NSW public facilities are hypofractionated.

Supporting access to cancer multidisciplinary teams

Cancer Institute NSW supported people to access high-quality cancer care services through Canrefer, an online directory of cancer specialists, multidisciplinary cancer care teams and treatment centres. This year, Canrefer was accessed by 155,439 users seeking referrals to specialists working in multidisciplinary cancer care teams.

Building skills and capabilities of cancer care professionals

Cancer Institute NSW supported best practice cancer care through the expansion of eviQ, an online resource providing evidence-based, peer-reviewed cancer treatment protocols and information. In 2022-23, eviQ users increased by 36% to more than 1.2 million users.

In October 2022, the eviQ program published the *International Consensus Guideline for Anticancer Drug Dosing in Kidney Dysfunction*, a supportive decision-making tool for clinicians.

The guideline provides a transparent and standardised global approach to manage dosing in a complex patient population. eviQ also developed several complementary clinical resources to assist users in adopting the guideline recommendations, including calculators and eLearning, and is updating related information and treatment protocols to reflect the guideline recommendations.

eviQ Education supports the rapid uptake of emerging evidence into clinical practice and provides online education for oncology professionals. In the 2022-23 financial year, the platform had more than 143,000 users, an increase of 14% from 2021-22.

Supporting communities affected by cancer

In 2022-23, Cancer Institute NSW grants supported 2,500 community members from 29 different language and cultural groups to receive education about cervical, breast and bowel cancer screening and healthy modifiable behaviours to prevent cancers. More than 125 community education sessions were delivered over this time.

Cancer Institute NSW also provided training to 37 bilingual community educators and cultural support workers to deliver ongoing training sessions. These aimed to increase multicultural communities' awareness and uptake of the three national screening programs, and healthy lifestyle habits to help prevent cancer.

Fifteen new multicultural community education grants were awarded to government and non-government agencies to deliver future community education sessions.

Cancer Institute NSW also undertook the Refugee Cancer Screening Project, which aims to improve cancer screening awareness in refugee communities from the Middle East and Sub-Saharan Africa through capacity-building, research and community engagement. This year, 17 community consultations were held involving more than 160 people who provided feedback on barriers, including systemic and cultural issues, impacting community participation in cancer screening.

Ongoing funding was provided by Cancer Institute NSW to cover pathology costs of cervical screening tests undertaken by women's health nurses, who generally work in publicly funded clinics in rural and regional areas. These nurses use innovative outreach models to help to engage women experiencing barriers to cervical screening.

Supporting sexuality and gender diverse communities at risk of and affected by cancer

Cancer Institute NSW and ACON have a multi-year partnership to improve cancer screening participation, and reduce cancer risk for sexuality and gender diverse (LGBTIQ+) people in NSW through community engagement, targeted health promotion and inclusive practice training for the cancer sector.

In 2022-23, this collaboration delivered targeted cervical screening and smoking cessation campaigns and tailored eLearning on inclusive practice for BreastScreen NSW, Quitline, Cancer Institute NSW staff and cancer service workers.

Supporting people impacted by Violence, Abuse and Neglect

Standardising our approach to early evidence collection

NSW Health provides 24/7 integrated psychosocial, medical and forensic crisis responses to adult and child victims of sexual assault through a network of specialist Sexual Assault Services, delivered in more than 60 locations in metropolitan, regional and rural sites. In 2022-23, NSW Health finalised and implemented a statewide standardised approach to Early Evidence Collection, which is the process of self-collecting forensic or toxicology samples when a comprehensive medical and forensic examination is delayed or not appropriate. The new Early Evidence Kits, guidelines and accompanying training program are now operational in all 15 local health districts.

Pathways to providing trauma-informed care

Development of a suite of Violence, Abuse and Neglect Health Pathways to support general practitioners to provide trauma-informed, integrated responses and referral to people experiencing sexual assault, domestic and family violence, and child abuse and neglect. The NSW Ministry of Health and South West Sydney Primary Health Network have partnered to deliver the project. All 10 NSW primary health network regions will be able to upload or adapt these HealthPathways for their local contexts. Three Pathways are now live, including domestic and family violence, perpetrators of domestic violence and physical assault and injury recording.

NSW Health Pathology

NSW Health Pathology began work on a 10-year statewide service blueprint, Pathology 2035, which examines long-term sustainable approaches to delivering public pathology services.

It partnered with five regional local health districts to begin adding a new point of care testing device, the PixCell Hemoscreen, to 30 hospitals without on-site pathology labs. It expanded point of care testing to support hospital in the home, emergency department in the home and geriatric flying squads.

It also supported health screening programs including the Hunter New England Local Health District medibus clinic-on-wheels that brings diabetes care to vulnerable communities and the Pasifika Preventing Diabetes Program.

NSW Health Pathology assembled a team to design its new statewide laboratory information management system. It also launched the Pathworks mobile app for clinicians at Northern Sydney and Port Macquarie. The app lets clinicians reliably, securely and conveniently access patient test results when they are on the move.

Telematics were installed in pathology courier vehicles to monitor vehicle location, driver behaviour, engine diagnostics and activity, and route efficiency was enhanced and driver safety improved with the use of personal duress alarms.

Agency for Clinical Innovation

Standardising care for people with Long COVID

The Agency for Clinical Innovation published the *Long COVID Model of Care* outlining a standardised approach to caring for people with Long COVID across care settings. The model was developed in consultation with the Long COVID Clinical Expert Reference Taskforce and describes the different stages of care and the different settings where care can be delivered, depending on a person's needs.

Improving paediatric rehabilitation in NSW

The Agency for Clinical Innovation published the *Paediatric Rehabilitation: Minimum Standards and Toolkit* to improve the coordination of paediatric rehabilitation, in response to recommendation 50 of the review of health services for children, young people and families within the NSW Health system. The toolkit has been developed for use by clinicians in paediatric rehabilitation services and local health districts, as well as families who access these services.

Standardising nurse-initiated emergency care

Emergency Care Assessment and Treatment is a statewide, co-designed project that aims to standardise nurse-initiated emergency care. The Agency for Clinical Innovation collaborated with system leaders and clinicians to develop 73 clinical protocols, an education pathway to enable nurses with the relevant knowledge and skills to transition to using the protocols, and an implementation toolkit to support local health districts and specialty health networks implement the protocols.

Priority 3

People are healthy and well

Investment is made to keep people healthy, prevent ill health and tackle health inequality in our communities

Key objectives

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

Key achievements

- The Building on Aboriginal Community Resilience initiative expanded the Towards Zero Suicide program to 25 sites across NSW, with 12 new grant recipients commencing in 2023.
- The Mother and Baby Unit at the Westmead Health Precinct was completed, providing new mothers experiencing mental illness access to specialist care alongside their babies.
- In 2022-23, a total of 3,733 or 89% of centre-based early childhood services participated in the Munch & Move program.
- Traditional paper-based parental vaccination consent moved online in January 2023 and within six months 85% of consent for school vaccinations was provided online.
- Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW was published in March 2023 and aims to ensure all women in NSW receive respectful, evidence-based and equitable maternity care that improves experiences and health and wellbeing outcomes.
- Implemented a statewide Adult Survivors Program to improve outcomes for adult survivors of childhood sexual abuseMental health and towards zero suicides

Closing the Gap – Aboriginal health

In 2022-23 the Centre for Aboriginal Health continued to lead NSW Health planning responses on Closing the Gap Priority Reforms.

NSW Health continued to make strong progress examining how to enable improved access by the Aboriginal community to better data to inform decision-making and improve transparency on service performance. This included two dedicated ‘Data Connector’ staff in the Closing the Gap Data and Information Team reviewing all community data requests received by NSW Health and considering how it can respond more efficiently.

Health planning

During 2022-23, the Centre for Aboriginal Health worked in collaboration with the Centre for Epidemiology and Evidence and the Aboriginal Health and Medical Research Council of NSW, to review the *NSW Aboriginal Health Plan 2013-2023* ahead of a new Aboriginal Health Plan being prepared for 2024.

Stolen Generations

In May 2023, NSW Health brought together representatives from Stolen Generations Organisations, along with Survivors and key stakeholders from NSW Health to identify and prioritise Survivor health needs and key areas for action planning.

Improving cancer outcomes for Aboriginal people

Cancer Institute NSW prioritised improving cancer outcomes for Aboriginal people and supporting culturally safe and tailored care in 2022-23 by:

- Recruiting Aboriginal Care Coordinators into cancer services to support Aboriginal patients as they receive care
- Funding local community cancer control initiatives, such as grants to support education sessions and pop-up clinics for Aboriginal women
- Pre-testing public education campaigns to ensure cultural appropriateness
- Delivering the Aboriginal Quitline service
- Co-designing a guide for Aboriginal health workers to assist them to plan local activities to increase cervical screening in Aboriginal communities and training Aboriginal health workers to promote cervical screening to Aboriginal women
- Partnering with the Aboriginal Health and Medical Research Council to deliver an Aboriginal Cancer Primary Care Pathway Program and working with Aboriginal providers to develop a model of care and health promotion strategy to improve uptake of annual comprehensive health assessments
- Working in partnership with stakeholders on programs and resources.

Centre for Alcohol and Other Drugs

As part of NSW Health's commitment to Close the gap for Aboriginal people, in 2022-23 the NSW Ministry of Health Centre for Alcohol and Other Drugs established collaborative arrangements with key Aboriginal stakeholders to assist in the design of new alcohol and other drugs services, including post-custodial support, multidisciplinary hubs and initiatives to enhance and expand the Aboriginal alcohol and other drugs workforce.



Stella Forbes and baby.
Mid North Coast Local Health District.

In addition, the centre has quarantined grant funding for Aboriginal Community Controlled Organisations to deliver post-custodial support services and new multidisciplinary hub services, prioritising rural and regional areas.

The centre has also partnered with the Department of Communities and Justice to deliver diversion programs. Sites for the statewide expansion of the Magistrate's Early Referral into Treatment and the expansion of the Drug Court Program into Dubbo this year were prioritised based on rural and regional locations and high Aboriginal populations. As part of the Dubbo Drug Court expansion, NSW Health joined the Cultural Safety Framework committee and participated in a community education and question and answer session hosted by the Wellington Aboriginal Corporation Health Service.

The centre continued to work with the broader alcohol and other drug sector to establish outcome measures across their services which will incorporate these measures for Aboriginal people.

Throughout 2022-23, the centre also collaborated with the Aboriginal Health and Medical Research Council on priorities to reduce the incidence of fetal alcohol spectrum disorder. In particular, it worked to support the Council in growing confidence within the workforce around conversations with Aboriginal women about alcohol use in pregnancy and raising awareness of fetal alcohol spectrum disorder within the Aboriginal community.

The YourRoom website has been updated to include fact sheets, videos, podcasts and other resources about fetal alcohol spectrum disorder.

Dashboards and Insights

The annual NSW Aboriginal Health Dashboard aims to report on and drive improvements across Aboriginal health outcomes. In 2023 separate regional and metropolitan area reporting was introduced.

Cultural safety

The Agency for Clinical Innovation continued to scale the *Finding Your Way - Shared Decision Making Model*, a holistic two-way process that helps guide shared decision making between Aboriginal people and their healthcare providers, so Aboriginal people can feel safe and trusted to make informed decisions based on their values and beliefs. The agency identified ten capabilities required to use the shared decision-making resources for Aboriginal people in Australia and developed a learning map to reflect the Aboriginal eight Ways of Learning.

Aboriginal Family Wellbeing and Violence Prevention Program

The Aboriginal Family Wellbeing and Violence Prevention Program seeks to prevent and respond to violence, abuse and neglect through a range of prevention, early intervention, tertiary and recovery services. Through the National Partnership Agreement on Family, Domestic and Sexual Violence Responses 2021-23, additional funding was provided to program workers to organise men's and women's camps to raise awareness of family and sexual violence and to contribute to healing, develop local resources for men's and women's groups and to implement community development activities. This has supported and built further capacity for Aboriginal communities to prevent and respond to violence, abuse and neglect.

Towards Zero Suicides

As part of the Zero Suicides in Care initiative, the Agency for Clinical Innovation published a guide for developing a local suicide care pathway to support local health districts and specialty health networks to review current approaches and align to best practice. The Agency for Clinical Innovation partnered with Illawarra Shoalhaven Local Health District to develop and implement a local adult suicide care pathway.

Mental Health and suicide prevention

NSW Ambulance is committed to actively contributing towards the zero suicides goal. The service is collaborating with the NSW Ministry of Health Mental Health Branch and local health districts to formalise a referral pathway to the Mental Health Line and pilot innovative service delivery models. An example of one of those models is the Mental Health First Responder, a collaboration with Hunter New England Local Health District, to deliver patient-centred care to patients experiencing a mental health crisis who call Triple Zero (000).

NSW Ambulance also undertook a comprehensive review of protocols and clinical practice guidelines relating to mental health management, including strengthening suicide risk assessment tools.

Safeguards

Safeguard Teams provide a mental health rapid response service for children and young people in crisis, and their families. New Safeguards Teams have been established across NSW, with the Agency for Clinical Innovation providing redesign and change capability to support successful implementation of Safeguard models of care in local health districts.

Aboriginal Community Resilience

The Aboriginal Mental Health Models of Care initiative provided 12 grants to local health districts and Aboriginal Community Controlled Health Services. The grant recipients represent rural, remote and metropolitan based services in NSW. Proposals included projects with shared employment models, workforce development, clinical service delivery and care navigation. Evaluation of the program began in July 2023, with the preference for an Aboriginal-led evaluator or organisation to undertake the work.

The Building on Aboriginal Community Resilience initiative has expanded the Towards Zero Suicide program to 25 sites across NSW, with 12 new grant recipients commencing in 2023. The new sites provide suicide prevention programs, workshops and workforce initiatives to local Aboriginal communities

The *NSW Aboriginal Mental Health and Wellbeing Strategy 2020-25* implementation continues, with local health district and specialty health networks completing implementation plans and submitting annual reports in 2023. The endorsement of the monitoring and reporting framework was completed in 2022 with the establishment of the NSW Aboriginal Mental Health and Wellbeing Steering Committee. Yulang Indigenous Evaluation is undertaking the evaluation of the Strategy with a mid-term report completed in 2023.

Mother and Baby Unit

Health Infrastructure continued to progress the \$669.8 million Statewide Mental Health Infrastructure Program to support delivery of mental healthcare reform across NSW.

In 2022-23, the Mother and Baby Unit at the Westmead Health Precinct was completed. Facilities were co-designed with women with lived experiences of mental illness, their families and clinicians, and are designed to keep families together while women receive the care they need.

1. Data from [NSW Suicide Monitoring System Report 32](#) and may be revised with future updates.

Co-design and consulting

Extensive consultation was also undertaken with staff, consumers and their families to help create clinical spaces that feel safe, inviting and home-like, as part of co-designing the new Acute Mental Health Inpatient Unit at Broken Hill, the Tamworth Mental Health Unit, and a Child and Adolescent Unit at Nepean Hospital.

NSW Suicide Monitoring System

The NSW Suicide Monitoring System has commenced a suite of regular reporting and system engagement activities for local health districts and partner organisations to support monitoring trends and timely identification of possible at-risk groups or regions.

In 2022, the system reported 965 suicide deaths in NSW¹. This is more suicide deaths than any of the preceding three years. The system identified that possible at-risk groups in 2022 were people residing in the Greater Sydney region and males aged 35-44 and 55-74 across NSW.

Screening reports are now shared monthly with local health districts and their local partner agencies to provide information on localised suicide data based on age group, gender and locality with the aim to support targeted suicide prevention and planning activities across NSW.

NSW Health continues to work collaboratively with the NSW Department of Communities and Justice and NSW Police to expand the foundations of the system to better support communities, local organisations and government agencies in developing and implementing targeted strategies and responses.

Care pathways

In June 2022, the Agency for Clinical Innovation delivered the *NSW Health Suicide Care Pathway: A Framework for Clinicians*, which provides guidance on the provision of comprehensive identification, assessment, intervention and transition of care for all individuals who enter NSW Health facilities with suicidal ideation and suicidal behaviours.

Postvention services are now available to all people in NSW impacted or bereaved by suicide, including family and friends, witnesses, service providers and first responders. The Post Suicide Support initiative provides a range of services, including bereavement counselling, peer support and support dealing with police and coroners, and is jointly funded by the Australian and NSW Governments.

Keeping People Healthy Award (COVID-19 category)

NSW Ministry of Health

State ODS Program and COVID-19 care in the Community

The massive surge in COVID-19 cases in December 2021 meant pathology testing centres, hospitals, emergency departments and Ambulance services were overwhelmed.

To support the mandatory reporting of RAT results, the State Operational Data Store Program and COVID-19 Care in the Community Teams collaborated with Service NSW to deliver a digital solution using the Patient Flow Portal and Service NSW's website.

The program was implemented in a record time of two weeks. It allowed people to self-register positive tests, screen themselves at home and easily be linked to appropriate care providers. It also immediately relieved pressure on the system.



Winners of the Keeping People Healthy Award (COVID-19) at the 24th Annual NSW Health Awards 2022. Pictured is the State ODS Program and COVID-19 Care in the Community teams together.

LivingWorks Australia is delivering training in suicide intervention skills to up to 25,000 people, who work with and support young people primarily within the NSW education sector, including high school, parents and carers, and targeted community suicide first responders. The training equips key community touchpoints with the skills to develop safe conversations around suicide, identify the early signs of distress and suicidal crisis and enable people in the community to support those in distress to connect with appropriate supports or services.

The Zero Suicides in Care initiative aims to reduce suicides among people in inpatient and community-based local health district mental health services through promoting service leadership that embeds a just and restorative culture. This involves changes to NSW Health policies and models of care and enhanced suicide prevention training for staff in the mental health system. Zero Suicides in Care is being implemented across all local health districts in NSW and is a collaboration between the Mental Health Branch, the Agency for Clinical Innovation, the Health Education and Training Institute and the Clinical Excellence Commission.

As part of the Zero Suicides in Care initiative, the Health Education and Training Institute has developed the Older Persons Suicide Prevention Workshop to support NSW Health staff who work with older people to be better prepared to identify warning signs, provide initial support and guide individuals towards appropriate resources and services.

Anglicare is delivering the Suicide Prevention for Seniors Program to up to 2,800 NSW aged care, allied health and mental health staff who work with older people. The program provides key frontline workers suicide prevention training skills specific to older people and aims to ensure early identification and warm referrals to support.

ACON

NSW Health provided funding of \$1.3 million over three years to ACON, who established a Trans Mental Health and Wellbeing support service model accessible across NSW. Two counsellors work with four peer workers to provide care coordination, including up to 12 counselling sessions and up to 12 peer support sessions.

The Mental Health Branch provided funding for BEING Mental Health Consumer Group and Mental Health Carers NSW to co-design and develop online and physical information resources. The resources were designed to assist consumers and carers in understanding and navigating the *NSW Mental Health Act 2007* and the *NSW Mental Health and Cognitive Impairment Forensic Provisions Act 2020*. These resources have been distributed to local health districts and specialty networks and put on the NSW Health website.

Housing and Accommodation Support Initiative

The Mental Health Branch published longitudinal evaluations for the Housing and Accommodation Support Initiative (HASI), Community Living Supports and HASI Plus programs which provide community based psychosocial support to over 1,800 people in NSW. The evaluation findings demonstrated that the programs are making a real difference to people's lives including significant reductions in hospital admissions and length of stay.

Skill building

The Whole Family Team clinical service received comprehensive training throughout 2022-23 to build skills and capacity to integrate considerations of family domestic violence, child protection, mental health and alcohol and other drug issues. Invitations to the training have been extended to Child Protection Counselling Services to support networking and provide an opportunity for a shared understanding between the two programs.

Sydney Children's Hospitals Network

A suite of resources addressing the impact of climate change on mental health has been launched by the Sydney Children's Hospitals Network in partnership with NSW Health. Developed by a team of clinicians, who noticed the effect climate change was having on patients they were treating for mental health conditions, the resources address coping strategies, emotional and trauma support, understanding anxiety and climate change, and supporting children's wellbeing. They feature content tailored specifically for health professionals, children and young people, parents, carers and teachers. The resources also bring awareness to the complex underlying causes contributing to declining mental health.

Preventing, preparing, responding to threats to population health

COVID-19 monitoring

The 2022-23 annual period experienced fewer pronounced COVID-19 epidemic waves than 2021-22. Health Protection NSW continued to regularly gather, analyse, interpret and report on the surveillance of COVID-19 and other respiratory infections. The System Information and Analytics branch continued to partner with experts from the University of New South Wales to provide fortnightly projections on the general ward and intensive care unit bed demand to monitor the situation and assess the need for interventions to manage excess demands if required.

Emergency response

NSW Ambulance is working on the development of the Emergency Management Strategy and advancement of the dedicated Emergency Management Unit to address and mitigate the impact of future pandemics and other health threats.

The State Health Emergency Operations Centre (SHEOC)

The System Management Branch is responsible for 'Whole of Health' state-level preparedness and response to major incidents and emergencies arising from a range of hazards. The State Preparedness and Response Unit within the System Management Branch maintains equipment and technology to rapidly activate the State Health Emergency Operations Centre when required. The State Health Emergency Operations Centre was operational from September through November 2022 to support the response to severe weather events and major flooding across the state.

Support a coordinated state-led approach for NSW Health's response to major events

During 2022-23 the NSW Health System Management Branch and NSW Ambulance continued to support whole of government event planning for major events and mass gatherings, such as: City2Surf (August 2022), Sydney World Pride (February-March 2023), HOKA Runaway Sydney Half Marathon (May 2023), VIVID (May-June 2023). For City2Surf, local health districts provided over 50 NSW Health medical, nursing assistance staff to provide medical care to event participants in Bondi.

Referral pathways

In 2022-23, NSW Ambulance continued to invest in wellness, prevention and early detection through the advancement of the *Alternate referral pathways: Improving patient experience and system efficiency* program, using co-commissioning as a guiding principle. This has streamlined clinician access to integrated referral pathways, allowing them to refer patients to appropriate established local health district and specialty health network services avoiding transports to emergency departments.

Ongoing investment in the Extended Care Paramedic workforce has improved access to appropriate care, increasing the clinical role of a small group of selected paramedics in patient assessment, recognition and management of minor illness and minor injury presentations; the provision of definitive care; and referral to community-based health services for a range of presentations.

Extended Care Paramedics have additional training and qualifications that enable them to play an enhanced clinical role in medical and clinical examination; the recognition and management of chronic and complex care; and injury presentations. They play an important role in treating people in a non-hospital setting and help improve patient care.

Pathogens

The Clinical Excellence Commission developed infection prevention and control policies, guidelines and implementation resources to prevent and respond to existing and emerging pathogens. The Clinical Excellence Commission continued to refine the response and escalation framework for COVID-19 and other respiratory infections in NSW.

Healthy ageing

The Clinical Excellence Commission collaborated with Neuroscience Research Australia, NSW Fall Prevention and Healthy Ageing Network to deliver four workshops on Exercise to Prevent Falls Training, three videos for residential aged care on safe exercise and the Annual Network Forum for hospital, community and residential aged care settings.

The Clinical Excellence Commission collaborated with NSW Health agencies to develop evidence-based fall prevention exercise and multidisciplinary interventions in community settings and is progressing a draft falls white paper. For the Older Persons' Patient Safety Program's Comprehensive Care – Minimising Harm model, the commission continued working with local health district and specialty health networks to support quality improvement initiatives.

The Centre for Oral Health also produced oral health resources for older people available in hard copies or via the Centre for Oral Health Strategy website. These resources are designed to help to prevent unnecessary hospital visits resulting from deteriorating oral health.

Surveillance and investigation

NSW Health Pathology's Forensic and Analytical Science Service's Clinical and Environmental Toxicology Laboratory tested e-cigarettes (or vapes) to determine their contents and assist the NSW Ministry of Health with its surveillance and public health investigation activities. Most of the devices tested were found to contain nicotine, although many made no reference to this on their labels.

The service also analysed seized drugs to alert the NSW Ministry of Health and provide vital information to clinicians treating patients in critical care units.

Development of the new SIGNAL disease notification program was further progressed by Health Protection NSW and eHealth NSW to eventually replace the Notifiable Conditions Information Management System to capture statewide reporting of notifiable medical conditions.

Five public drug warnings were published to alert the community to drugs in circulation in NSW with the potential to cause serious harm.

The Centre for Alcohol and Other Drugs worked with other government agencies to promote the Australian Alcohol Guidelines highlighting the importance of reducing access by minors and the health impacts associated with alcohol. An eight-month awareness campaign also ran across NSW Health channels.

Public health information

Health campaigns

Teams across the system including Health Protection NSW, the Centre for Population Health, and the Centre for Alcohol and Other Drugs worked on a variety of statewide campaigns across channels to share public health information and promote behaviour change across a range of topics. Campaigns included messaging about mosquito-borne diseases (e.g. Japanese Encephalitis Virus), mpox, hand hygiene, and respiratory viruses.

The winter respiratory campaign targeted people at higher risk of severe illness particularly: children under five years of age; pregnant women; Aboriginal people; and culturally and linguistically diverse groups. Messaging aimed to increase the public's awareness of the risks of respiratory illness such as COVID-19, influenza and respiratory syncytial virus, and promoted vaccination and safe behaviours including hand hygiene and staying at home if unwell.

NSW Health content had a reach of over 336 million on social media during the 12 months to June 2023, achieving over 3.6 million engagements.

Sexually Transmissible Infections (STI) Strategy

The *NSW Sexually Transmissible Infections (STI) Strategy 2022-2026* was released in September 2022 and aims to reduce the prevalence and impacts of STIs, with a new focus on equity and access to testing and treatment to safeguard the sexual health and wellbeing of everyone living in NSW.

NSW Health has introduced ambitious targets to track progress towards the vision set by the strategy, which include a 5% reduction in notification rates of infectious syphilis by 2026, and a 5% increase each year in comprehensive STI testing in priority populations, including men who have sex with men, sex workers, trans and gender diverse people, and Aboriginal people.

HIV and Hepatitis

Dried Blood Spot (DBS) testing is an innovative finger stick test for HIV and hepatitis C accessible for eligible people either by registering for a test online or in receiving one approved settings. Both DBS and point of care testing increased in 2022-23 so that 7,186 DBS and 8,863 RNA point of care hepatitis C tests were completed in key settings such as the Needle and Syringe Program, alcohol and other drug services and prisons.

Getting the best start in life

From conception

In 2022-23, a total of 11,313 women were referred to the Get Healthy in Pregnancy coaching service which supports women to eat healthily, be active, abstain from drinking alcohol, and achieve healthy weight gain during pregnancy, in line with the Institute of Medicine guidelines.

First statewide guideline on Nausea and Vomiting in Pregnancy and Hyperemesis Gravidarum

The Hyperemesis Gravidarum Initiative is a \$17 million investment over four years (2020-2024) to provide education and research into this condition and offer women and their families more practical support.

The first NSW Health statewide Guideline for Nausea and Vomiting in Pregnancy and Hyperemesis Gravidarum was released in July 2022. It was developed in response to consultation with clinicians, consumers, key associations and organisations. It provides evidence-based guidance to support consistency of practice, decision-making, and care coordination for the diagnosis and management of the condition.

NSW Health also raised awareness about the impact of hyperemesis gravidarum and promoted the care, support and treatment options available through resources for consumers and clinicians, education activities for NSW Health staff, community pharmacists and general practitioners and a communication strategy for consumers and clinicians.

Maternity care

Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW (the Blueprint) was published in March 2023. The Blueprint reflects the extensive consultation undertaken to inform the revision of the NSW Health Policy Directive Towards Normal Birth.

It followed face-to-face consultations with 1,000 stakeholders spanning health professionals and consumers, two online consumer surveys for women and partners with more than 18,000 responses, and 513 submissions from the public.

The Blueprint aims to ensure all women in NSW receive respectful, evidence-based and equitable maternity care that improves experiences and health and wellbeing outcomes.

Maternal Transfers Redesign

The Maternal Transfers Redesign ensures that pregnant women and their babies receive the right care, in the right place, at the right time. While the majority of transfers of pregnant women and their babies for higher-level care occur efficiently and effectively, NSW Health, in collaboration with midwifery redesign leads, obstetric leads and tiered perinatal networks, identified opportunities to improve the pathways when higher-level care is required.

The initiative resulted in a reduction of clinical variation and improved decision making with more women being cared for closer to home, enhancing the experience for women and clinicians without compromising safety.

Brighter Beginnings and First 2000 Days Summit

Some 845 delegates across NSW government and the non-Government sector registered for the Brighter Beginnings Summit. The Brighter Beginnings initiative aims to drive transformational change in early childhood development in the first 2,000 days of a child's life which is an important time for their development. The Summit included renowned national and international speakers and panel discussions with NSW Government Ministers and senior executives supporting the initiative. Focus areas included progress to date, disseminated learnings and driving momentum within NSW Health and across government.

Keeping People Healthy Award

Hunter New England Local Health District

PACE (Physically Active Children in Education)

Physical inactivity is the fourth leading cause of death worldwide. By ensuring children are physically active, it could prevent 8,000 deaths each year in Australia.

The Physically Active Children in Education (PACE) was rigorously tested and shown to be an effective model of service to support schools to deliver 150 minutes of weekly physical activity, as mandated by the NSW Department of Education.

PACE helps children develop healthy habits early in life and is helping leading to better children's health outcomes.



Winners of the Keeping People Healthy Award in the 24th Annual NSW Health Awards 2022 – Hunter New England PACE Program team

Brighter Beginnings: the first 2000 days of life accelerator initiatives

NSW Health has implemented several initiatives to improve support to families in the first 2000 days (pregnancy to age five) of their children's lives.

NSW Health and the Department of Education co-designed a program to provide health and development checks to four-year-old children in NSW preschool settings, to begin in the 2023-24 financial year.

Demand modelling and a targeted expression of interest process identified eight new Sustaining NSW Families sustained health home visiting sites in local government areas in Nepean Blue Mountains, Hunter New England, Northern Sydney, Western NSW, Murrumbidgee, Mid North Coast and Southern NSW Local Health Districts. These sites will start delivering services in the 2023-24 financial year.

The Digital Baby Book is currently in development, led by eHealth NSW in collaboration with the NSW Ministry of Health and other NSW Government partners.

NSW Health and the Department of Communities and Justice progressed expansion of Pregnancy Family Conferencing to make it available to more parents across NSW.

The Building Brains and Bodies video series for parents promotes the importance of early interactions to support child development. The resources can be found on the NSW Health website, Child Health and Development page, and have been translated into Arabic, Bangla, Mandarin and Vietnamese, with more to come.

First 2000 Days HETI module on My Health Learning

The learning module provides an overview of the research and evidence behind a child's first 2000 days - from conception to age five, as well as strategies to work collaboratively and identify pathways for additional support.

Newborns

In 2022-23, the Agency for Clinical Innovation published a clinical practice guide on recognition, monitoring and early management of newborns with hypoxic ischaemic encephalopathy who may benefit from therapeutic hypothermia (cooling) and a supplementary patient information sheet.

Effects of smoking and vaping

A new Policy Directive, Reducing the effects of smoking and vaping on pregnancy and newborn outcomes, was released in October 2022. The Directive establishes minimum requirements for NSW Health staff to provide evidence-based smoking and vaping cessation support to women before, during and after pregnancy. The Centre for Population Health coordinated implementation with local health districts and speciality health networks.

Syphilis screening

Over the past five years, there has been an increase in infectious syphilis and confirmed and probable congenital syphilis notifications in NSW.

A second universal syphilis screen was introduced at 28 weeks pregnancy to improve detection and treatment rates, reducing adverse outcomes for mothers and babies. Syphilis is a nationally notifiable sexually transmissible infection that can be safely treated with antibiotics.

Healthy behaviours

In partnership with local health districts, the Centre for Population Health delivers the Munch & Move program. This supports the healthy development of children from birth to five years by modelling and promoting healthy eating and physical activity. In 2022-23, a total of 3,733 or 89% of centre-based early childhood services participated in the program.

NSW Health, led by the Centre for Population Health partnered with the NSW Department of Education to strengthen student mental and physical health and wellbeing through the Supporting Student Wellbeing Memorandum of Understanding and annual workplan. Over 95% of government primary and secondary schools with a canteen are meeting the NSW Healthy School Canteen Strategy.

NSW Health continued to offer the Go4Fun program for children above a healthy weight, and their families, to support them to adopt healthier lifestyles. The program is available online, face-to-face and as a culturally adapted program for Aboriginal families.

Improving treatment access

The Centre for Alcohol and Other Drugs opened Alcohol and Other Drug Treatment Access Expansion Grants in April 2023. Two new funding packages were made available to non-government organisations specifically to promote access to residential and community-based alcohol and other drugs treatment for women and families with dependent children.

It also expanded the Substance Use in Pregnancy and Parenting Service across eight local health districts and established the service in a local health district where it was not previously available.

Pathology improvements

Collections

NSW Health Pathology introduced a standard procedure for risk assessments to help improve home collections and aged care testing. It published a statewide positive patient identification procedure that clarified how to meet identification requirements in all settings, including complex environments such as aged care facilities, thereby minimising risk to patients.

Paediatric pathology

NSW Health Pathology partnered with the Sydney Children's Hospitals Network to explore best practice in providing pathology services for paediatric patients across NSW. In late 2022, more than 400 health practitioners, stakeholders and families across NSW participated in consultation sessions providing more than 1,700 individual comments. Over 110 health practitioners helped to prioritise short, medium and longer-term priorities in key areas including access, collections, research, technology, testing and workforce.

Prevention and wellness

Preventable cancer risk factors

Cancer is a major cause of illness and threat to population health, with a substantial social and economic impact on individuals, families and the community. Nearly half of the cancer deaths worldwide are attributable to preventable risk factors, such as tobacco use, sun exposure, alcohol consumption, diet and physical activity.

In 2022-23, Cancer Institute NSW delivered public education campaigns to drive change in public behaviour across NSW and prevent cancers.

This Could Be the One, a tobacco control campaign, was developed in consultation with ACON and targeted LGBTIQ+ people aged 18 and older who smoke or have recently quit.

NSW Health delivered phase two of the Do You Know What You're Vaping? campaign, targeting young people and aiming to debunk common myths about vaping. Parent and carer resources have been translated into 10 languages, promoted through engagement with multicultural communities and supported by a tailored communication strategy. NSW Health has provided licencing for the campaign and a resource toolkit to five other jurisdictions.

The If You Could See UV skin cancer prevention campaign encouraged 18-24-year-olds to protect their skin from harmful ultraviolet (UV) radiation, with the objective of reducing their lifetime risk of developing skin cancer.

The Change Your Routine, skin cancer prevention campaign aimed to increase sun protection behaviours among outdoor workers to reduce their lifetime risk of developing skin cancer.

Smoking cessation

In 2022-23 there were more than 4,900 inbound calls to Quitline and 9,000 outbound calls. During the same period about 364,010 people accessed the iCanQuit website for smoking cessation advice.

A Quitting Smoking in Pregnancy campaign aimed to provide support for pregnant women aged 18-34 in NSW who smoke, helping them to quit by using available support services. The campaign included a specific focus on Aboriginal women, given the higher proportion of smokers among this group during pregnancy.

Compliance

In 2022-23, NSW Health continued its comprehensive compliance and enforcement program for illegal tobacco and e-cigarettes containing nicotine. NSW Health undertook seven successful prosecutions against retailers for the sale of e-cigarettes containing nicotine; and seized more than 310,000 e-cigarette products containing nicotine or labelled as containing nicotine. Inspectors also conducted more than 240 seizures of illegal tobacco and seized and destroyed more than 2,500,000 cigarettes and 1,000 kilograms of other tobacco.

Sun safety

Cancer Institute NSW provided advice to local councils about how to increase the quality and quantity of shade through public policy and planning provisions. Quality shade can provide 75% protection from UV radiation from the sun, which causes over half of all skin cancer cases. As a result, over 20 councils updated their shade policy provisions.

Consultation on strategy development

Development of a statewide Alcohol and Other Drugs Strategy has commenced. NSW Health has participated in consultation to inform the Strategy development and participated in the Cross Agency Advisory Group.

NSW Health has engaged the National Drug and Alcohol Research Centre to develop a Whole of Community Prevention Framework for Alcohol and Other Drugs.

Healthy lifestyles

The *Healthy Eating & Active Living Strategy 2022-2032* launched in September 2022 and outlines an approach to addressing overweight and obesity by enabling healthy eating and active living across the community with a particular focus on priority populations. The strategy provides the foundation for collaboration between NSW Health, partner organisations and other government agencies to support keeping people healthy and well. An Implementation Plan for the first years of the strategy has been established to support the delivery of key outcomes.

The Get Healthy Service provides coaching support for people over the age of 16 to make healthy lifestyle improvements with the support of university qualified health coaches. In 2022-23, there were 15,497 referrals made to the service with 6,643 enrolments.

Opportunistic immunisation

Children with chronic illnesses or frequent hospital attendances are at increased risk of severe illness and have substantially lower immunisation coverage rates compared to their peers without chronic illness. Opportunistic immunisation services were established in the Sydney Children's Hospitals Network and HNEKids Health in the Hunter New England Local Health District.

From January to June 2023, 300 children, parents and siblings were vaccinated for influenza and National Immunisation Program vaccines by HNEKids Health; and a further 1,187 via the Sydney Children's Hospitals Network.

Mpox

eHealth NSW developed the mpox virus vaccination administration management platform in 40 days to support 22 clinics. There were 10,593 mpox vaccine doses administered from the platform launch in October 2022 up until its closure in April 2023.

Mosquito-borne diseases

NSW Health continued measures to reduce the risk of severe mosquito-borne diseases in 2022-23, with key activities spanning:

- The development of state and national guidance on mosquito population control
- Expansion of the NSW Arbovirus and Mosquito Monitoring Program
- Distribution of mosquito repellent to high-risk areas
- Provision of financial support and training to local councils to implement signage and vector control measures
- The launch of a public awareness campaign.

Japanese Encephalitis vaccines costing over \$20 million were purchased. Legislative changes allowing pharmacists and nurse immunisers supported the roll out.

Immunisation - online consent

NSW Health launched an online Consent and Records Management for Immunisation system for parents in February 2023. This digital solution was delivered by eHealth NSW in partnership with Health Protection NSW and enables online consent, clinic management and operational reporting for the NSW School Vaccination Program. The system enables real-time recording of vaccination details, resulting in a faster upload to the Australian Immunisation Register.

For parents, it makes it quick and easy for them to provide consent to help keep NSW children healthy and well. Parents also receive SMS notifications when vaccinations are given. This program supports better data quality and security and improved access to vaccination records. Up to 30 June 2023, there were 106,503 online parent/carer consent forms completed.

Domestic Violence Routine Screening

The NSW Health Domestic Violence Routine Screening Policy Directive was released in April 2023. It establishes a new streamlined process for services outside the four mandated screening settings to opt into routine screening, including services such as women's health, emergency departments, dental services and refugee health services. The Policy Directive also provides a new screening flowchart and intranet support page to support screening delivery, and mandates that all staff who conduct routine screening must receive targeted training.

From pilot to rollout

Adult survivors of childhood sexual abuse often have multiple and complex health and wellbeing needs and can experience many barriers to accessing trauma-informed and culturally safe health services.

In 2022-23, NSW Health implemented a statewide Adult Survivors Program to improve outcomes for this highly vulnerable population group following a successful pilot project delivered in 2019-2022.

Clinical innovation and intelligence

The Critical Intelligence Unit provided rapid, evidenced-based insights that informed decisions on the pandemic response, producing over 1,800 evidence-based products. The unit engaged with around 2,000 direct subscribers to *Daily Digest* and more than 300,000 visits to webpages.

The Critical Intelligence Unit has been recognised as having value beyond COVID-19, offering systems intelligence, clinical intelligence and evidence integration. This led to the launch of the new *Evidence Digest* covering innovations that have the potential to change clinical practice and care delivery.

Oral Health

In February 2023, the Centre for Oral Health Strategy published the *NSW Oral Health Strategic Plan 2022 – 2032* which guides coordinated action for the future of oral health care. The plan outlines NSW Health's commitment to reducing dental disease and providing equitable access to oral health care for our patients, while focusing on providing care for priority populations.

Early Childhood Oral Health online training is available for internal and external organisations and agencies to access to help improve oral health outcomes for young people.

The Primary School Mobile Dental Program and Mobile Dental Outreach Program are designed to target children in the most need and improve equity of access to care through a child's developmental years.

Oral Health content is now included in the TAFE NSW Children's Services Certificate III in Early Childhood Education and Care to spread awareness of children's oral health through various childcare settings.

In addition, the NSW Health Centre for Oral Health has collaborated with multiple agencies to include and disseminate oral health information on the NSW Health Parent Portal.

Priority 4

Our staff are engaged and well supported

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

Key objectives

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

Key achievements

- NSW Health provided more than 8.4 million student placement hours to 31,442 students across 31 disciplines.
- In 2022-23, more than 640 nurses and midwives took up postgraduate scholarships offered by NSW Health.
- NSW Health supported 128 Aboriginal nursing and midwifery cadets, with more than half located in rural and regional areas.
- In 2022, 20 rural postgraduate midwifery student scholarships were provided to small rural maternity units.
- Staff experience leads were appointed in 21 health organisations for six months to improve the wellbeing of our workforce.
- Workforce modelling maps for 21 Allied Health specialities were completed, to ensure the workforce has the capacity and capability to meet health service demand now and in the future.

Supporting the professional development of nurses and midwives

Strengthening the midwifery workforce

In NSW Health registered nurses train to be midwives through the MidStart program. There were 201 MidStart training positions recruited across NSW Health in the 2022-23 financial year.

In 2022, 20 rural postgraduate midwifery student scholarships were provided to small rural maternity units. The initiative promotes a sustainable midwifery workforce in rural NSW through the 'grow your own' approach, funding local registered nurses to train as midwives.

Postgraduate scholarships

More than 640 nurses and midwives took up postgraduate scholarships offered by NSW Health in 2022-23.

In addition, NSW Health increased the monetary value of postgraduate scholarships with the maximum scholarship now at \$10,000.

Clinical placements

More than 450 clinical placement grants were awarded to nursing and midwifery students to support diverse clinical experiences across rural and metropolitan areas.

Developing effective nursing and midwifery leaders

NSW Health provides programs and workshops to nursing and midwifery leaders at all levels to promote leadership development and provide support. A customised foundational leadership program, Take the Lead, was commenced by 47 nursing and midwifery unit managers in 2022. The program is designed to equip and empower participants to lead change and foster cultures that underpin safe, quality care.

A leadership development series for 30 facility Directors of Nursing and Midwifery commenced in April 2023.

Mentoring in Midwifery program

The Mentoring in Midwifery program supports the attraction and retention of current and future midwives. Over 500 midwives have joined the program and are currently mentoring midwifery students, new to practice midwives and other midwives across NSW.

Aboriginal midwifery and nursing

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

In 2023 NSW Health supported 128 Aboriginal nursing and midwifery cadets, with more than half located in rural and regional areas. In addition, 55 undergraduate, 17 postgraduate and 20 enrolled nurse to registered nurse scholarships were awarded to support nursing and midwifery studies for Aboriginal people in 2023.

Sydney Children's Hospitals network

The Sydney Children's Hospitals Network has invested in comprehensive leadership development programs, including a bespoke development pathway for Nursing Unit Managers. It provides a structured development pathway, incorporating educational and training opportunities, as well as a support system of mentorship and coaching, promoting leadership and management capabilities.

A twice-yearly Development Pathway Masterclass also offers an opportunity for Nursing Unit Managers to share their experiences and knowledge, build peer networks, reflect and support each other.

Student placements

NSW Health provided more than 8.4 million student placement hours to 31,442 students across 31 disciplines.

Aboriginal Health Practitioners

Growing the Aboriginal Health Practitioner workforce

NSW Health maintains its commitment to growing the Aboriginal Health Practitioner registered clinical workforce, through workforce targets in the annual service agreements with local health districts and specialty health networks. This workforce has a relative equivalence in clinical skills to an enrolled nurse and supports the Aboriginal patient journey in a culturally safe and supportive manner. The project to grow the Aboriginal Health Practitioner workforce also builds the knowledge and capability of clinical supervisors and clinical placement supervisors of the role scope. This enables the establishment of the positions in clinical multi-disciplinary teams and supports the appropriate alignment of the role within teams and services for Aboriginal people. The role scope can include virtual care models and has the potential for use in programs such as Hospital in the Home, men's and women's health, sexual health, diabetes and dialysis, rehabilitation and ambulatory and urgent care.

Embedding training into clinical placements

To support Aboriginal Health Practitioners and Allied Health Assistants, NSW Health has embedded registered training organisations and training programs into Student Placement Agreements. This supports students to effectively complete their clinical placement hours and their course of study. Students are then ready to work and practice in their role and have the relevant Aboriginal Health Practitioner program registration.

Healthy Deadly Feet

Aboriginal Health Practitioner roles support high risk foot disease services under the Healthy Deadly Feet model and as part of the overall effort to improve foot health and reduce the burden of lower limb amputations.

Respecting the Difference training

Respecting the Difference aims to significantly improve the health status of Aboriginal people and reverse the impact of racism as there is an immediate and ongoing need for organisations to provide more respectful, responsive and culturally sensitive services.

The purpose of this training is to motivate NSW Health staff to build positive and meaningful relationships with Aboriginal people who may be clients, visitors or staff, and to improve their confidence in establishing appropriate and sustainable connections.

The Respecting the Difference Aboriginal cultural training eLearning and face-to-face mandatory training program was refreshed in July 2022. The program was relaunched and agencies remain committed to 90% completion targets.

Junior Medical Officers

In May 2023, the Junior Medical Officer (JMO) Workforce Management Forum was held, with over 200 delegates attending in-person from across local health districts and specialty networks. The one-day forum was designed to enable JMO workforce managers and education support officers an opportunity to collaborate on emerging workforce issues, share best practice and network with their peers.

The event is consistent with the NSW Health Workforce plan 2021-2031, to build positive work environments and the Future Health Plan, to attract and retain skilled people who put patients first. Future annual forums are planned for medical workforce managers to provide ongoing opportunities to foster collaboration and ensure they are equipped to manage the changing needs and environment of the JMO Workforce.

Our regional workforce

Single Employer Model

NSW Health, with the support of the Federal Government, has expanded the Single Employer Model, which allows local health districts to employ rural generalist trainees to work in local hospitals and general practices while completing their training.

Rural generalists are general practitioners who provide primary care services, emergency medicine and have training in additional skills like obstetrics, anaesthetics or mental health services.

The innovative model, initially piloted in Murrumbidgee Local Health District, helps attract doctors to work in regional, rural and remote hospitals to improve access to primary care and essential medical services in regional communities.

Rural Health Workforce Incentive Scheme

The Rural Health Workforce Incentive Scheme recruits and retains staff in eligible positions at health services across rural and regional NSW. In addition to standard employment entitlements, the scheme also offers packages of up to \$20,000. In 2022-23, the scheme recruited more than 800 staff with new recruits receiving more than \$4.3 million in incentive payments. More than 7,000 existing staff were also retained with incentives valued at over \$37 million.

NSW Rural and Regional Health Allied Health Career Scholarships

The NSW Rural and Regional Health Career Scholarships program supports new entrants, as well as existing rural health staff into health careers and early career development. The program addresses priorities outlined in the NSW Health Workforce Plan that include the building of a pipeline of future job ready graduates, particularly in rural and remote areas.

The program, which has already awarded more than \$675,000 in scholarships, also strengthens diversity and equips our people with skills and capabilities as part of a future, locally-connected, agile workforce.

September 2022 saw new scholarships approved with a focus on workforce development and the retention of Allied Health professionals in areas of critical need, specifically rural and remote regions.

As part of the scholarships, eligible Allied Health assistants and Allied Health professionals received financial assistance to complete ongoing study while working and attaining further qualifications. Since its launch in February 2023, a total of 29 Allied Health Scholarships have been taken up across the Rural Allied Health Assistant Scholarship, the Allied Health Rural Generalist Program Scholarship and the Allied Health Rural Generalist Diploma Rural Practice Scholarship.

Regional staff accommodation

Health staff accommodation is an important consideration in the recruitment and retention of health staff in regional areas.

The Regional Health Division commissioned a feasibility study to determine future strategies for the management and delivery of health staff accommodation in NSW.

The division is exploring opportunities to work collaboratively across the system, including alignment with the wider NSW Government key worker accommodation initiatives.

A number of health worker accommodation projects have been completed, and others are under construction or in the planning stages across regional NSW.

Allied Health

Governance

In February 2023, the NSW Principles of Allied Health Governance Report was delivered. The report provides a foundation to guide best practice strategic, operational, professional, and clinical Allied Health governance, which are essential for safe and high-quality service delivery. The report provides value to local health districts and specialty health networks by outlining the approach, drivers and opportunities to strengthen Allied Health governance that can be considered for local customisation and implementation. A toolkit to support district and network assessment and implementation in alignment with the principles is included as part of the report.

Graduate Pipeline

An Allied Health Graduate Workforce Pipeline project was undertaken to explore barriers facing the recruitment of new graduate Allied Health professionals and identify the specific opportunities to improve the new graduate pipeline. Early findings highlight the need for more investment in student placement and early graduate experience to positively impact attraction and retention to NSW Health.

Cadetships

In 2022-23, the Aboriginal Workforce team refreshed the program for the Aboriginal Allied Health Cadetship. The work expanded the supported pathways to now include all 23 Allied Health professions, including those requiring a post-graduate qualification. This new scope enables the organisational response to recruiting and retaining skilled, qualified and capable professionals in areas of critical need.

The program resources have been updated to support promotion of the cadetship in the Aboriginal community and Aboriginal university student sectors. A community of practice has been established statewide to provide support, with the goal of establishing minimum standard practices for positive cadetship outcomes and a peer network to enable a responsive program to meet the needs of NSW Health.

People and Culture Award

Mid North Coast Local Health District

Words Matter

The Words Matter team identified the integral role of language in reducing stigma, creating a safe work environment and improving collaboration.

The team developed a patient-centred and trauma-informed approach for staff that improves patient experience by using non-judgemental words in discussions, notes and handovers. This improved staff awareness and understanding of the impact of words, especially when describing patients, and ensured respectful and dignified communication.



Winners of the People and Culture award at the 24th Annual NSW Health Awards. Making words matter is key for the team at Mid North Coast Local Health District.

Innovation

An evaluation of Allied Health workforce innovations during the COVID-19 pandemic was undertaken. The evaluation highlighted opportunities for sustained innovations into the future, including new models of care.

Future requirements

To ensure the NSW Health workforce has the capacity and capability to meet health service demand now and in the future, workforce modelling maps were created for 21 Allied Health specialities. This work informs the requirements for future training and recruitment to the system. The Allied Health Workforce Modelling project published 23 factsheets to the NSW Health Allied Health webpage.

This project marks a significant milestone as it delivers future forecasting of NSW Health growth demand scenarios for the Allied Health professions. The factsheets can be used to support state and local workforce planning, inform potential career seekers on job opportunities within NSW Health and support partnerships with universities to optimise course attraction and student to workforce pipelines.

The Allied Health team along with the Workforce Operational Strategic Unit implemented a strategy to provide the NSW Health system surge capacity through a centralised Exercise Physiologist pool. Six professionals were employed under the strategy in 2022-23.

A student pipeline dashboard proof of concept was also developed for podiatry. The dashboard will increase visibility of the higher education enrolment to employment pathway to improve workforce planning.

NSW Allied Health Deans Forum

The NSW Allied Health Deans Forum has been re-established to align NSW Health and Higher Education strategic directions, as well as to provide a forum for information sharing, collaboration, partnership and solution design. An initial forum was held in May 2023, with future forums planned. These will explore opportunities to improve the attraction of students into Allied Health degrees and further strengthen the student to workforce pipeline.

Improving the wellbeing of our workforce

In December 2021, the Workforce Planning and Talent Development branch established the Workforce Wellbeing Collaborative to address the impact of COVID-19 on the wellbeing of our workforce. The objective was to proactively design approaches to enhance workforce wellbeing that could be shared and promoted across the state.

Staff experience leads were appointed in 21 health organisations for six months. These positions were shared between health organisations and implemented a statewide project to reduce duplication, drive consistency and reduce gaps in workforce wellbeing approaches.

Working groups focused on initiatives in support of the eight workplace contributors to wellbeing that include purpose, health, happiness, clarity, connection, growth, achievement and security.

As of June 2023, the project had delivered a range of recommendations spanning a diversity and inclusion checklist, a statewide employee listening approach, a wellbeing index tool, a critical moments toolkit, an identifying psychosocial risks tool and mapping current programs.

Award reform

The Ministry of Health and public health unions recognise the need for award reform. The Ministry has established an internal award reform team in the Workplace Relations Branch to progress reforming the NSW Health industrial awards. Award reform presents an opportunity for NSW Health and the public health unions to work collaboratively to modernise the industrial instruments that establish wages and conditions for the workforce to enhance workplace productivity and resolve current workforce challenges.

NSW People Matter Employee Survey

In August and September 2022, more than 76,000 NSW Health staff participated in the NSW People Matter Employee Survey. Conducted by the NSW Public Service Commission in collaboration with public sector agencies, the survey provides an opportunity for staff to share feedback about their experiences of working.

NSW Health achieved an overall employee engagement score of 62 with small improvements achieved in areas including job purpose, feedback and performance management, decision making and accountability, and learning and development.

Recruitment and onboarding

During 2022-23, there were more than 250 million recruitment transactions performed, more than 570,000 applications processed, and more than 63,000 job postings managed for NSW Health through the Recruitment and Onboarding system.

Recognising excellence in our workforce

Across the health system are extraordinary people who go above and beyond. NSW Health has established and continues to run awards programs to engage, motivate and recognise staff and volunteers.

These awards are vital in acknowledging excellence, motivating staff, sharing best practices and challenging the status quo. Recognising these efforts allows NSW Health to continue to deliver great experiences of care and outcomes that matter most to patients and the community. More importantly, the awards also highlight the exceptional people behind the work. Some of these award programs include the NSW Health Awards, Excellence in Nursing and Midwifery Awards, and Excellence in Allied Health Awards.

The 24th Annual NSW Health Awards recognised innovative and sustainable health programs that invest in the wellness of the NSW community and deliver outcomes that matter to patients. In 2022, more than 170 nominations from across the health system were received with 12 winners recognised across 11 categories.

NSW Health staff were also recognised in the NSW Premier's Awards for 2022, which celebrate outstanding achievements and recognise the world class public services delivered to the NSW community. NSW Health received an impressive 15 nominations across the nine categories. NSW Health was a winner in three categories and a partner in a fourth award.

Collaborative Staff Member of the Year Award

Hunter New England Local Health District

Julie Smith

As a proud Wiradjuri woman and Manager of Aboriginal Employment, Julie Smith supported the future of Aboriginal colleagues across the Hunter New England Local Health District, making it the district with the highest rate of Aboriginal employment in NSW Health.

Julie has channelled her passion for improving the futures of Aboriginal people and their families to increase the number of Aboriginal people employed in diverse roles.

Her ability to develop strong trusted relationships allowed her to advocate for Aboriginal people and support the growth of the Aboriginal workforce to address health disparities in the community.



Julie Smith, winner of the 24th Annual NSW Health Award 2022, Collaborative Staff Member of the Year.

Priority 5

Research and innovation, and digital advances inform service delivery

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

Key objectives

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

Key achievements

- In August 2022, NSW Health Pathology’s Forensic and Analytical Science Service launched its Forensic Medicine Information System.
- The Centre for Health Record Linkage linked more than five billion records from health and human services data collections and supported more than 100 data linkage projects.
- Dr Sudarshini Ramanathan at the Sydney Children’s Hospitals Network was awarded a Premier’s Award for Science and Engineering for leading research into and changing treatment outcomes for patients with a rare autoimmune condition.
- Cancer Institute NSW launched an online cancer research education portal.
- There was significant investment in education and research, including 50 genomics scholarships for the University of NSW’s Practical Medical Genomics short course and 15 Cancer Institute NSW fellowships awarded.
- The NSW Health Office for Health and Medical Research invested \$3.5 million to ensure domestic manufacture of phage therapy in NSW.
- eHealth NSW launched the clinical pilot for the Sepsis Risk Tool Dashboard at Westmead Hospital in September 2022.
- The Infrastructure Refresh Program saved 120,000 clinical productivity hours, achieved a 70% reduction in unplanned outages and a 50% reduction in maintenance windows.

Health outcomes and performance

Customer dashboards

HealthShare's introduction and rollout of operational, strategic and customer dashboards across Payroll, Patient Transport Service, Financial Shared Services, Linen Services and EnableNSW have enabled improved monitoring and management of key performance indicators across services and people metrics.

GoodSAM platform

A NSW Ambulance pilot of the GoodSAM volunteer responder platform was launched to improve the clinical outcomes of out-of-hospital cardiac arrests, enabling community members to respond to someone in cardiac arrest, find a nearby defibrillator and commence CPR before handing over to paramedics.

Health Outcomes and Patient Experience (HOPE)

The Patient Reported Measures, Health Outcomes and Patient Experience (HOPE) IT platform rollout continued in partnership with eHealth NSW and the Agency for Clinical Innovation.

There were 802 live sites, 525 active service users and 26,141 active patient users in the 2022-23 financial year. Functionality was enhanced with new surveys, survey and reporting improvements and user interface and usability enhancements. The HOPE portals were translated into nine community languages to support culturally safe and inclusive care for patients.

Outcome measures

The Agency for Clinical Innovation developed decision support guides for all patient-reported outcome measures in the Health Outcomes and Patient Experience platform with clinicians and health staff. A *Patient Reported Measures Methods for Analysis and Reporting Framework* was also developed to support individual, service and system level analysis of patient reported outcome measure data.

Advancing health research

Sequencing

NSW Health Pathology continued to engage with partners and stakeholders to grow capability to deliver sequencing services for rare disorders, cancer and infectious diseases.

It progressed plans for its Genomics Cloud and Pathogen Genomics programs.

Genomics

To support health care professionals who have emerging responsibilities in genomics, 50 scholarships for the University of NSW's Practical Medical Genomics short course have been funded.

To address the gap between genomics research and clinical practice and facilitate the translation of genomics technologies, a resource map identifying the available people, skills and infrastructure has been developed.

Supporting cancer research

In 2022-23, Cancer Institute NSW awarded three key grants to support multidisciplinary approaches to cancer research and world-class infrastructure to accelerate cancer research.

To build cancer research capacity, Cancer Institute NSW provided 15 fellowships to support early and mid-career researchers and 44 travel grants. A research fellows' forum event was held to support collaboration, and the Institute sponsored an inaugural cancer research conference to showcase existing and emerging strengths in cancer research across NSW and beyond.

The Institute launched an online cancer research education portal to coordinate and share cancer research education resources and events. This platform enables cancer researchers, clinicians, research administrators and consumers involved in cancer research across the state to access information and resources.

Developing new research

The NSW Health Drug and Alcohol Clinical Research and Improvement Network brings alcohol and other drug services together to improve clinical research and to build their capacity to undertake research and evaluation activities and translate findings into practice.

Research applications

The NSW Health Pathology Research Office developed a new eAccess Request Form for all research service applications. This streamlined processes by requesting only necessary information from researchers, allowing research coordinators to make more accurate quotes tailored to customer needs.

Investing in collaborative research

To inform future clinical care, the Office for Health and Medical Research provided funding of \$371,183 for a study to determine the effectiveness of bivalent vaccines against current and emergent COVID-19 variants within the NSW population.

Led by the Vaccine, Infection and Immunology Collaborative Research Group, a statewide vaccine research collaboration, this work also contributes to global efforts to understand tailored bivalent vaccines.

Provide communication and education on the updated Intellectual Property arising from Research Policy

The Office for Health and Medical Research updated and published the Intellectual Property arising from Health Research policy directive in February 2023. The Office has presented on the policy directive to key stakeholders in a range of forums, including the Health Precincts Community of Practice, the Strategic and Commercial Partnerships Steering Committee, and the NSW Health and CSIRO Strategic Cooperation Meeting. The Office has also provided communication and education to individual local health districts, specialty networks, pillars and shared services on specific queries covered by the policy directive.

Supporting business planning for high potential research programs

The Office for Health and Medical Research delivered business planning support to Nepean Blue Mountains Local Health District, Sydney Children's Hospitals Network, St Vincent's Hospital Network and Western Sydney Local Health District from 2022 to 2023. The pilot program provided each district and network with structured commercialisation business development support for early-stage research projects with commercial potential.

Health Protection NSW

Health Protection NSW has collaborated with researchers and helped provide policy-driven analysis, including modelling of respiratory viruses to prepare for increased disease transmission, COVID-19 variant characterisation evaluation of COVID-19 antiviral access, application of wastewater surveillance to monitor for incursions and case burden, and genomic characterisation for key pathogens.

Support the targeting of early career researcher funding towards areas of strength and system priorities

Six promising researchers were awarded \$3 million by the Office for Health and Medical Research to build health and medical research talent in NSW. The NSW Health Early-Mid Career Researcher Grant program supports outstanding researchers in the early stages of their careers to further strengthen their research and development.

This year's grants were funded in the fast-growing field of microbiomics, which involves the investigation of a group of microorganisms together, such as in the mouth or gut, and how changes to them impact health. This focus on microbiomics builds on existing NSW leadership in genomics and proteomics.

Education and employment

Training and education

NSW Health Pathology established a clinical scientist training program with 11 people in funded training, and another six undertaking the Royal College of Pathologists Australasia FSc Fellowship.

Deliver an education framework for clinical triallists and researchers

The Australian Clinical Trials Education Centre (A-CTEC) system, a national education framework, was rolled out across NSW on 1 March 2023, with 404 individual training modules completed during the year. The Office for Health and Medical Research has membership in the education sub-committee and plays a key role in reviewing content submitted by contributors, for future training courses.

Boosting the number of Aboriginal people working in public health

The Centre for Epidemiology and Evidence offers three-year workplace-based traineeships aimed at increasing the number of Aboriginal people working in population health. In 2022-23, five trainees were recruited and three people graduated with a Master of Public Health.

The Centre for Oral Health Strategy has continued collaboration with the University of Sydney to encourage Aboriginal people to pursue an oral health career. This is through the Dental Assisting Traineeship Program and the development of new pathways to progress from this program to clinical degrees.

Utilising data

Statistics and insights on the health of the NSW population

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

NSW Mothers and Babies report

The Centre for Epidemiology and Evidence published the NSW Mothers and Babies 2021 report, which provides information on the number of births across NSW in 2021, recent trends in the health of mothers and babies in NSW, maternity services provided by hospitals and the health of Aboriginal mothers and babies.

The report also examines stillbirth, and neonatal and maternal deaths, including causes, maternal characteristics, timing and investigations. Understanding these issues helps to improve outcomes for mothers and babies.

NSW Population Health Survey

In 2022, 13,000 people participated in the NSW Population Health Survey. Data collected via the survey are used to monitor key health risk factors in the community. The data are made available to the community via HealthStats NSW.

Cancer data

In March 2023, Cancer Institute NSW published CancerStats NSW, an interactive dashboard providing public access to data on cancer incidence, mortality and survival, treatment and screening participation.

The Institute undertook a project to streamline reporting indicators, storage and management of cancer data. Indicator data pipelines were developed for incidence and mortality, surgical treatments and clinical trials indicators. All data related to cancer data projects was collected and stored centrally, to ensure strategic oversight of projects and to maximise collaboration opportunities and the effective use by the system. This framework is sustainable and can be scaled to other health domains.

Data quality statements were developed for high-value data assets, which provide in-depth information about using cancer data effectively for research.

Preparing for the next pandemic – developing statistics and data skills

The Centre for Epidemiology and Evidence coordinates workplace-based training programs to build public health and biostatistical capacity within NSW Health. In 2022-23, 57 public health and biostatistics trainees were supported to achieve workplace competencies; 17 new trainees were recruited and 11 people completed their training, including six trainee biostatisticians who graduated with a Master of Biostatistics.

Data linkages

In 2022-23, the Centre for Health Record Linkage (CHeReL) linked more than five billion records from health and human services data collections and supported more than 100 data linkage projects across NSW Health, other state government agencies and the research sector. Data released by the CHeReL this financial year enabled a wide range of projects aligned with NSW Government strategic priorities. Data linked by the CHeReL supported the evaluation of NSW Health programs, such as Towards Zero Suicide, which will improve the design and delivery of suicide prevention initiatives

The CHeReL also:

- supported the annual refresh of the NSW government's Human Services Dataset
- enabled the completion of NSW Health evaluations by providing linked data to projects such as Leading Better Value Care
- enhanced the scale-up of primary care linkage
- continued to enable biospecimen data linkage.

The CHeReL also applied to the Office of the National Data Commissioner to become an Accredited Data Service Provider under the Data Availability and Transparency Act 2022.

Medical devices reform

The Clinical Excellence Commission led the oversight and coordination of the Therapeutic Goods Administration medical devices reform, including establishing the Medical Device Governance Program Steering Committee to provide strategic direction, strengthen the governance and operational structures of medical devices, monitor emerging medical device technologies and provide oversight of the Medical Device Governance Program workplan.

Activity Based Management

The Activity Based Management team lead the development and implementation of Activity Based Management activities in NSW Health. ABM is an evidence-based management approach that focuses on patient level data to inform strategic decision making. The team continues to update the ABM Portal and Clinical Variation App with cost data to allow clinicians and managers to review their activity and clinical costing data, and in 2023 the Quarterly Costing App was launched.

Innovation

Health Prototyping Centre

eHealth NSW, HealthShare NSW, Health Infrastructure and NSW Health Pathology partnered to form the Health Prototyping Centre, which opened in August 2022. The centre is NSW Health's first dedicated facility for the rapid testing of ideas, designs and concepts to support healthcare innovation, services and solution improvements. The centre provides a warehouse space that is highly configurable to a range of clinical scenarios. It is a built-for-purpose, dedicated facility of over 1,000 square meters to support rapid prototyping and simulation-based testing.

Rural Innovation

The Agency for Clinical Innovation Rural Health Network held its annual Rural Innovations Changing Healthcare Forum in June 2023, to bring together rural, regional and remote practitioners from across NSW.

Lumos program recognition

The Lumos program links de-identified general practice data to NSW Health data, helping to improve patient care by bridging the information gap between primary and acute health care settings. The Lumos program continues to attract strong GP enrolment, with nearly 700 GPs participating in the program.

The inaugural Lumos Symposium was held in 2022, with over 150 delegates sharing ideas, innovations and exploring the impact of connected data to support system change. The symposium brought together general practitioners, system enablers, consumer representatives, program managers and other health professionals and supported collaborative opportunities to deliver improved health services. The Lumos program was a joint winner of the Health Research and Innovation Award at the 2022 NSW Health Awards.

Cutting edge therapy

The Agency for Clinical Innovation (ACI) worked with clinicians and key partners to implement immune effector cell treatments for people with certain blood diseases such as cancer. The cutting-edge therapy uses an individual's own immune effector cells to target and treat their disease. ACI supported centres to become accredited and ensure they have the appropriate technology, procedures and skills in place to implement immune effector cell therapies into clinical practice. The standard frontline therapies available for children and adults with B cell haematological cancers are generally successful, resulting in a 5-year relative survival rate of up to 90%, particularly in Australians up to 39 years of age.

CAR T-cell

NSW Immune Effector Cell Therapy services continue to deliver commercial CAR T-cell therapies for certain blood cancers. In 2022-23 over 60 people with very late-stage cancer were able to access this innovative therapy.

A state-wide evaluation of the experience of adult and paediatric patients and carers who have received CAR T-cell therapy in NSW has informed service delivery enhancements. NSW continues to be a global leader in the gene-based treatment of spinal muscular atrophy and nationally in the provision of gene therapy for blinding eye disease.

Collaboration and partnerships

Internationally connected

The Office for Health and Medical Research continued to collaborate with Investment NSW to showcase, promote and attract international investment in the state's leading health and medical research sector. The Office has also led international delegations and showcased our outstanding health system and medical research achievements.

In February 2023, NSW Ministry of Health and Sheba Medical Centre, Israel, signed a Memorandum of Understanding to strengthen collaboration in the fields of health and medical research, development, translation and commercialisation.

In June 2023, the Office for Health and Medical Research was part of a delegation led by Investment NSW at the BIO International Convention in Boston USA. Delegates at the convention comprised of international senior government representatives, key opinion leaders and life sciences

companies. It was an opportunity to showcase the strengths and opportunities in NSW, including the state's dynamic health and medical research ecosystem and a focus on the state's leadership in bio-preparedness, including diagnostic, therapeutic and vaccine pipelines.

Cross-agency collaboration

The Centre for Epidemiology and Evidence represents NSW Health in cross-agency collaborations such as the Stronger Communities Data Partnership and NSW Better Outcomes Lab. The Centre helps to ensure that health and human services data is being used safely and effectively to enhance service delivery, guide investment and drive policy reform across NSW.

Clinical guidance

In 2022-23, the Agency for Clinical Innovation coordinated a tri-state group involving New South Wales, Queensland and Victoria to explore ways to streamline the production and maintenance of state and territory repositories of clinical guidance. The group meets bi-monthly under the designation of the Interstate Collaboration on Clinical Guidance.

Project ESTIE

The NSW Ministry of Health and the University of Melbourne successfully completed the *Evidence to Support Safe & Together Implementation and Evaluation Project*. The project involved multidisciplinary staff from four local health districts and examined collaborative and holistic services for children and families living with domestic and family violence, where parental issues of mental health or alcohol and other drug use co-occur.

Clinical trials

Improved mapping and reporting on clinical trial activity through the Clinical Trial Management System

To support clinical trials management, the Office for Health and Medical Research has introduced a Clinical Trial Management System for use in all NSW public hospitals and health services, which streamlines clinical trial operations and finance and enables detailed reporting. Over the previous year the system has been rolled out progressively and is now live in all districts.

Health Research and Innovation Award

Hunter New England Local Health District

SWAP-IT

Everyday across the Hunter New England Local Health District, 95,718 children consume on average 3.5 serves of unhealthy food in their school lunchbox.

Aimed at supporting parents and caregivers to make simple swaps to improve the nutritional value of lunchboxes for their children, the innovative digital school-lunchbox program has significantly improved student dietary intake.

SWAP-IT has been co-designed, piloted, evaluated via gold standard research trials and shown to be effective at improving the nutritional value of the food consumed both at school and outside of school, improve child weight status, in a cost-effective and scalable model.



Joint winner of the Health Research and Innovation Award. The SWAP-It Health Lunchbox Program team with NSW Health Secretary, Susan Pearce AM, at the 24th Annual NSW Health Awards 2022.

National Clinical Trials Governance Framework Working Group

The National Clinical Trials Governance Framework Working Group has completed preparatory activities for the first round of accreditation, which commenced 30 May 2023. All local health districts and specialty networks in collaboration with the Office for Health and Medical Research have developed complete evidence banks for national and statewide policies. Districts and networks are reviewing internal procedures to compile local evidence banks.

Investing in new technologies

The Office for Health and Medical Research contributed to establishing the adeno-associated viral vector serological service within the Children's Hospital at Westmead and is investing \$524,420 over three years.

The service helps specialists identify patients who may benefit from gene therapy trials.

Supporting local manufacturing of precision medicines

NSW is a world leader in the development of phage therapy for patients suffering from hard-to-treat bacterial infections, providing access to limb and life saving therapy. The Office for Health and Medical Research provided funding of \$3,597,960 to ensure domestic manufacture of phage therapy in NSW, helping build local capacity to overcome the global manufacturing bottleneck.

Establishing Dynamic Simulation Modelling

In 2022-23, Dynamic Simulation Modelling (DSM) capability was established in NSW Health. This was used to test the impact of new models of care and inform the case for change, optimise the placement of new services, measure the potential system impacts and inform contract and funding negotiations. This has supported an evidence-based approach to joint primary health network and local health district planning and service delivery.

Patient flow

Patient management

In 2022-23, System Performance Support commenced the statewide rollout of the Patient Flow Portal Incoming Patient Allocations module. The module is used to manage patients incoming from other hospitals, admitted from the emergency department or from planned surgical and medical waitlists. The team also enhanced predictive modelling of hospital bed demand and supply to better manage patient flow throughout a hospital.

The team also implemented discharge bed cleaning management functions to allow faster bed turnaround times and developed the Planned Care for Better Health Operational Dashboard for consistent integrated care for all patients.

Modern, safe and innovative IT

Cyber security

The Essential Eight Maturity Uplift Program remained on track with eHealth NSW to develop important capabilities around the eight essential controls, as recommended by the Australian Cyber Security Centre.

New mandatory Cyber Security Awareness training for NSW Health Staff was rolled out by eHealth NSW and the NSW Ministry of Health in March 2023. The module helps staff learn more about how they can protect personal, health or other sensitive information from cyber-attacks.

In the cloud

The Infrastructure Refresh Program continued to transition IT infrastructure from on-premises to the cloud. As of 30 June 2023, 35% of critical eHealth NSW ICT services were hosted on NSW Health's public cloud platform. As a result, the program saved 120,000 clinical productivity hours, achieved a 70% reduction in unplanned outages and a 50% reduction in maintenance windows.

eHealth NSW's Statewide Data Centre Reform Program continued to work with NSW Health organisations to migrate locally managed in-scope applications and related on-premise infrastructure to the NSW Health cloud platform. As of 30 June 2023, 72% of applications and 62% of supporting infrastructure were migrated to the cloud. The 15 NSW Health organisations can now maximise the benefits of public cloud with local ICT teams upskilled to leverage the latest cloud services.

Removing legacy ICT

eHealth NSW remained on track with the decommissioning of ICT legacy systems. The criteria, targets and roadmap were defined and an ICT decommissioning strategy was drafted.

Progressing our digital innovation

Single Digital Patient Record Program

eHealth NSW completed the statewide rollout of the electronic Medical Record connect program, to support a digitally enabled health system. The new Single Digital Patient Record Program will evolve electronic medical records further in the coming years and provide a single platform where clinicians can access patient records from across the state, regardless of location.

MotherSafe

South Eastern Sydney Local Health District launched a new cloud-based contact centre for their MotherSafe telephone service, with support from eHealth NSW. This enables MotherSafe clinicians and counsellors to answer calls from any workplace location and provide additional support such as public announcement messages and call backs, making it easier for consumers to access this counselling service.

myVirtualCare

The myVirtualCare video conferencing platform provided patients in NSW with a seamless and convenient way to access their clinical and social care providers using any internet-enabled device. myVirtualCare supported patients to access a variety of services including cancer care, palliative care, nutrition and dietetics, pain, mental health, chronic and complex care and speech and rehabilitation services. There have been 300,000+ virtual consultations conducted to 30 June 2023.

eHealth NSW and the Cancer Institute NSW worked together on the development of an Oncology Information Systems Strategy in partnership with local health districts, specialty health networks and NSW Health pillar organisations. The strategy's key objective is to provide a consistent, standardised and more holistic cancer patient view. This will improve the effectiveness, efficiency and safety of cancer care.

Identifying Sepsis risk

eHealth NSW launched the clinical pilot for the Sepsis Risk Tool Dashboard at Westmead Hospital in September 2022. The tool was developed in collaboration with the Clinical Excellence Commission, Western Sydney Local Health District, Sydney Health Partners, the University of Sydney and NSW Health Pathology. It will be used in emergency departments to identify a patient's risk of sepsis, a life threatening condition.

Health Research and Innovation Award

NSW Ministry of Health Awards

Lumos: Connected data, healthier NSW

The Lumos program delivers new opportunities for data-driven evidence to positively inform health decisions and increase collaboration between researchers, policy makers, service users, health managers, and clinicians.

Lumos helps address important health system research questions by providing data from NSW general practices linked to data held by NSW Health. Lumos has nearly 700 general practices in all 10 Primary Health Networks and provides highly valued data and analytics to support patient care services across the health system.



Joint winner of the Health Research and Innovation Award – The Lumos team

Communications and Technology

NSW Ambulance has progressed an organisation-wide Information Communication and Technology Strategy which focuses on using digital advancements to enhance service delivery.

Performance data

The Bureau of Health Information continued to make healthcare performance information accessible to the public and health system, and ensure information is used to inform improvements to services. As part of the Bureau of Health Information's digital-first focus, further data was migrated to its Data Portal as part of the staged implementation with 20,211 visits to the portal in 2022-23, up almost 30% on 2021-22.

Streamlining payment processes

NSW Health has continued modernising payment processes. Cheque payments have largely switched to digital payments with shorter average days to pay, while the number of cheques drawn per month reduced to less than 10% of previous volumes. NSW Health has streamlined and modernised its banking supporting improved reporting.

Priority 6

The health system is managed sustainably

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

Key objectives

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

Key achievements

- NSW Health Pathology's Forensic and Analytical Science Service Drug Toxicology Unit reduced waste by 8.4 tonnes, equivalent to 9.7 tonnes of carbon dioxide
- The Sustainable Futures Innovation Fund funded 17 high-impact innovation staff projects that improve patient care while reducing emissions or waste
- The launch of the Payments Portal across NSW Health provides standardised, simplified, online payment functionality for patients and customers paying invoices.
- Eight rounds of the Stroke Rural and Regional Mentorship Program were completed to support rural-based stroke clinicians' skill development.
- The Regional Health Ministerial Advisory Panel was established in September 2022 to strengthen community engagement and foster genuine co-design principles in the development of healthcare in regional NSW.

Environmental sustainability

Assessing carbon footprints

The Climate Risk & Net Zero Unit, in partnership with the Office of Energy and Climate Change, completed carbon footprint assessments to baseline carbon emissions at Nepean and Lismore Base Hospitals, across Northern Sydney and Central Coast Local Health Districts and the Sydney Children's Hospitals Network.

Sustainable Futures Innovation Fund

The NSW Ministry of Health launched the Sustainable Futures Innovation Fund providing funding to 17 high-impact innovation staff projects that improve patient care while reducing the environmental footprint.

Energy management

NSW Health is committed to environmental sustainability and energy management. The Ministry leads the NSW Health Resource Efficiency and Energy Management Forum, which brings together energy management and sustainability professionals across NSW Health organisations. The forum allows stakeholders to share information about renewable energy, energy efficiency and other sustainability initiatives that have been implemented and shares progress towards sustainability targets in line with government policy such as the Government Resources Efficiency Policy and the NSW Net Zero Plan 2023-2030.

The NSW Ministry of Health has established a governance structure, facilitated engagement and cooperation with local health districts and speciality health networks and enabled access to funding to facilitate the implementation of adaptive charging technologies.

Sustainable asset management

NSW Health is focused on delivering an asset management program that provides safe, reliable and high-quality healthcare delivery and patient outcomes. In 2022-23, NSW Health achieved the following initiatives to support asset management optimisation, sustainability and maturity:

- commenced and continued to a centralised management model within the Ministry for key focus areas
- development of an Asset Management Benefits Framework to link the asset management outcomes and benefits to the NSW Future Health Strategy and enhance patient and community outcomes
- development of an Asset Information Strategy and Asset Data Standard for buildings and facilities to help ensure stakeholders have access to key enablers in data and information to achieve asset management objectives
- improving data consistency and enhancing the data available in the online asset register to provide greater visibility and inform proactive management of assets across the state via statewide initiatives to support local adoption
- completed annual maturity assessments to enable continual improvement and to prioritise initiatives under policy requirements.

Supply Chain and UN Sustainability Goals

Of NSW Health's top 20 suppliers, 14 are now reporting against one or more of the UN Sustainability Goals, resulting in monitoring against climate action and carbon emission goals for medical equipment and pharmaceutical suppliers. Work with the remaining suppliers is ongoing to develop their reporting.

NSW Health Pathology

In 2022-23, NSW Health Pathology developed its Climate Change Adaptation Plan including the Climate Change Risk Assessment. Amongst the subsequent achievements, the Forensic and Analytical Science Service Drug Toxicology Unit reduced waste by 8.4 tonnes, equivalent to 9.7 tonnes of carbon dioxide; solvent use fell by 76%; new test methods reduced single use plastics, cutting clinical waste by 40%; a new laboratory information management system reduced A4 paper use by 68%; and outdated instruments were sold rather than disposed.

Five new performance indicators

To improve sustainability, NSW Health developed five new key performance indicators to be included in the annual Service Agreements between the NSW Ministry of Health, local health districts, specialty networks, NSW Ambulance and support organisations. The focus areas span two anaesthetic gases (nitrous oxide and desflurane), waste, energy and fleet.

Anaesthetic gases account for approximately 5% of a hospital's carbon footprint. Desflurane and nitrous oxide have a global warming impact 2,500 and 298 times greater than CO₂ respectively. Closer tracking of their use and raising awareness of this environmental issue help to reduce emissions whilst improving patient care.

Using data to inform decision making

Data-enabled

The Bureau of Health Information continued to maximise the value and use of data through data linkage and sharing. This included creating a linked dataset, bringing together admission information with previous survey responses. The bureau also continued to monitor and support the workspace in the Secure Unified Research Environment. This allows appropriately skilled experts to access unit record data to produce high-value insights on approved projects. It will also ultimately provide a safe platform for linked data access once available.

Data informed decision making

NSW Health supports public health organisations in applying activity-based management. This evidence-based management approach focuses on patient data to inform strategic decision making. Ensuring that robust and reliable costing information is available in a timely manner is a key focus area to provide a better understanding of service delivery costs and inform local decision making.

Food services transformation

At Royal North Shore Hospital, 95% of cleaning tasks and locations have transitioned into the Task Allocation System, with improved communications made available on hand-held devices. A strategic business case for food services transformation has been developed to inform a further 15 month food service program pilot, with a focus on patient-centred and sustainable models of care.

Infrastructure for the future

Health Infrastructure

Health Infrastructure progressed an \$11.9 billion capital pipeline, delivering critical new and upgraded health facilities and services on time and budget at a time when the construction sector is facing unprecedented global challenges. Forty projects were completed in 2022-23, including the first dedicated Adolescent and Young Adult Hospice in Australia, the Coffs Harbour Hospital Expansion, and Tumut Hospital Redevelopment.

New pathology infrastructure

NSW Health Pathology collaborated with local health districts to review clinical service plans, service models and business cases to recommend pathology services and meet evolving hospital, patient and community needs. It also provided analytical support for medical equipment rollouts to inform improved laboratory throughput and workflow. Laboratories undergoing operational commissioning to open in the next 12 months include Nepean, Cooma, RPA Anatomical Pathology, Tweed Heads, Liverpool and Griffith.

Capital works at Randwick and Westmead

Major capital works have continued at the Sydney Children's Hospital Network at Randwick and Westmead. Following the completion of the detailed design phase, involving extensive consultation with staff, patients, community groups and Aboriginal community members, contractors have now been procured for the principal works at both sites. The project team worked on several projects to improve the experience of patients and staff at the hospitals, including consultation on the single-patient bedroom model, ensuring the design accommodates patient needs while supporting safety and best medical practice.

Safe, quality healthcare

To help align our governance and leaders to support the system and deliver the outcomes of Future Health, the Chief Executive of the Clinical Excellence Commission represented NSW at the quarterly Inter-Jurisdictional Committee. The committee is coordinated by the Australian Commission on Safety and Quality in Health Care which leads national safety and quality improvements in healthcare.

Joint Replacement Pathways

The NSW Health Joint Replacement Pathways Framework was published in 2023 to help optimise local orthopaedic services.

The NSW Ministry of Health, in partnership with the Agency for Clinical Innovation, commenced a redesign program to provide onsite support to seven hospitals, including Prince of Wales, Sutherland, Nepean, Gosford, Fairfield, Coffs Harbour and Royal Prince Alfred. The hospitals implemented a same day or short stay joint replacement surgery, and the resources developed in the program are being shared to encourage statewide implementation.

Regional Health

The Regional Health Ministerial Advisory Panel was established in September 2022 to strengthen community engagement and foster co-design principles in regional healthcare. The panel met five times in 2022-23.

A steering committee to oversee the development, implementation and evaluation of the Regional Health Strategic Plan 2022-2023 was formed in July 2022. The steering committee consists of consumers, local health district representatives, staff from the Aboriginal health sector and key health partners.

In December 2022, the NSW and Commonwealth governments recommenced the Bilateral Regional Health Forum, which provides an opportunity to discuss regional, rural and remote health issues and monitor progress on Commonwealth and NSW Governments' commitments, to ensure a collaborative approach to improving health outcomes.

Progressing our strategy

Implementation and evaluation

Following the release of the *Future Health Strategic Framework* in May 2022, NSW Health commenced implementation in 2022-23.

Future Health is an ambitious strategy that looks to position our health system to meet the needs of our patients, community and workforce over the coming years. To ensure its successful implementation, a set of roadmaps and action plans have been created to outline clear milestones to guide us over the next ten years. The Future Health Key Objectives have been embedded in service agreements, annual business plans and local strategic planning to ensure alignment across NSW Health.

Reporting processes to monitor and evaluate our progress were established, and a new governance structure that will support implementation across NSW Health was introduced. The governance approach features steering committees with members from across NSW Health agencies, pillars and local health districts.

Driving strategic alignment

In 2022-23 the NSW Ministry of Health established an internal committee, the Strategic Investment Committee, to implement a framework to prioritise New Policy Proposals, competing priorities and NSW Treasury funding requirements. The Committee comprises senior Ministry Executive along with health policy and subject matter experts. It works toward ensuring strategic alignment of new policy measures with NSW Health Government priorities and NSW Health Future Health strategy.

Value based healthcare

Collaborative Commissioning

Collaborative Commissioning is a statewide initiative that enables organisations to establish partnerships to deliver local, integrated, value-based health care. NSW Health has developed a structured approach to support the establishment of partnerships and care pathways and provided support including funding, subject matter expertise, information sharing, data collection and monitoring and evaluation of care pathways.

Across NSW, four partnerships between local health districts, primary health networks and the Rural Doctors Network are implementing care pathways for vulnerable populations. These partnerships focus on value-based urgent care including: cardiology in community; frail older persons; poorly managed diabetes and chronic obstructive pulmonary disease; and congestive heart failure. Each pathway has a tailored monitoring and evaluation plan and each care pathway provides opportunities to assess the feasibility and scalability of a state-wide approach.

Value based models

The Agency for Clinical Innovation (ACI) published the *3Ci Model of Care* that aims to improve outcomes and reduce unnecessary hospitalisations for people with chronic heart failure (CHF) and chronic obstructive pulmonary disease (COPD) in NSW. The model builds upon the CHF and COPD clinical initiatives of the NSW Health Leading Better Value Care program and supports the management of people living with these conditions across the continuum of care in acute and community settings.

Patient Safety First Award

Agency for Clinical Innovation, eHealth NSW, NSW Ministry of Health, South Eastern Local Health District, and Sydney Local Health District

NSW Telestroke Service

Saving lives, keeping patients close to home and reducing disability for stroke patients in rural and regional NSW are the key aims for the NSW Telestroke Service.

The virtual service connects local Emergency Department clinicians to stroke specialists 24/7 via video consultations, providing access to groundbreaking time-critical treatments for patients.



The NSW Telestroke Service team at the 24th Annual NSW Health Awards 2022.

In partnership with the NSW Ministry of Health and the Surgical Services Taskforce, ACI has developed evidence-based guidance, tools and resources to support clinicians and health services to improve elective surgery in NSW. The guidance has a specific focus on value-based surgery, enhanced recovery after surgery, prehabilitation and same-day joint replacement surgery. ACI identified and shared local innovative models of care for improving elective surgery that represented high potential for scaling across NSW Health.

The ACI published a wound self-assessment tool to support health services across NSW to understand their current service capacity and capability around chronic wound management and take action towards meeting the NSW Health Leading Better Value Care standards for chronic wound management.

ACI completed eight rounds of the Stroke Rural and Regional Mentorship Program, which supported the skill development of rural-based stroke clinicians.

The program provided clinicians with rotations through high-volume metropolitan stroke centres and peer support from senior stroke clinicians. Evaluations indicate that the program contributed to an enhanced skill and knowledge base that will translate to improved service provision in rural settings.

ACI's Intensive Care NSW, in collaboration with Health Education and Training Institute, launched Intensive Care Unit Transition to Practice education modules. Intensive Care NSW engaged clinical groups to develop, review and test the content, and to create a new approach to address variation in practice and sustainability for clinicians and their work environment.

Procurement

Procurement workstreams

The Procurement Reform program aims to deliver a state-wide procurement system that maximises value for money and supports better value care. There are five workstreams, including Operating Model; Pharma – Medicines Formulary; DeliverEase; SmartChain; and IT Systems and Technology.

SmartChain

The SmartChain program is a collaboration between eHealth NSW and HealthShare NSW to deliver a new statewide digital solution for NSW Health supply chain and procurement systems. The Traceability solution pilot at Nepean Blue Mountains Local Health District was launched to track and assess product usage across the supply chain at department, facility, local health district or statewide level. Traceability provides improved catalogue and contract compliance, easier ordering, usage and product tracking, improved stock management and enhanced reporting capabilities, visibility of stock, usage and cost. It is integrated with electronic Medical Record, and Patient Administration System, statewide Catalogues and Contracts, Billing and Stafflink. The digitisation of procurement and supply chain processes is making it easier and more efficient for a range of users.

DeliverEASE

South Eastern Sydney Local Health District was the first local health district in the state to complete its upgrade of medical consumables storerooms and treatment rooms in hospitals using the DeliverEASE stock inventory system. Together with HealthShare NSW, the system has expanded to more than 28 hospitals, providing improved stock-management practices, principles, tools and training for staff.

Medicines Formulary

Instead of using paper forms, changes to the NSW Medicines Formulary are now able to be received and approved digitally. This improvement is part of the Pharmaceutical Procurement Reform initiative and was developed by eHealth NSW in partnership with the Clinical Excellence Commission.

Driving continuous improvement

NSW Health is committed to whole of Government initiatives to drive continuous improvement in procurement, including participation in the NSW Treasury Procurement Professionals Community of Practice; the Aboriginal Procurement Community of Practice; and the Modern Slavery Working Group.

The Ministry also participates in whole of Government working groups driving improvement and savings on contingent labour and professional services.

Key procurement focus areas have included increasing the capability and capacity of the system and developing key performance indicator dashboards to enhance data transparency and best practice.

The Ministry has increased staff procurement knowledge and run education programs across the NSW Health System, including training more than 700 staff on the NSW Health (Goods and Services) Procurement Policy.

Through the NSW Ministry of Health's Procurement Reform Program, local health districts, HealthShare NSW and eHealth NSW have collaborated to develop and implement Procurement KPI Dashboards. These cover on and off-contract spend, contract price compliance and catalogue compliance for medical-related procurements.

Dashboards provide insights and data analytics to improve procurement management capability across the system including for medical consumables and prosthesis, medical equipment consumables and pathology procurement.

Standardising procurement processes

In 2022-23, Health Infrastructure continued its focus on standardising procurement processes and contracts for capital delivery, as part of a whole-of-government commitment to more collaborative and sustainable capital procurement.

Tender schedules and assessment criteria have been updated and implemented in all construction tenders to leverage industry expertise and innovation, helping to drive sustainable design and delivery outcomes that address the whole-of-life impacts of capital investments.

Health Infrastructure's Statement of Participation process is providing visibility of the procurement pipeline and enhancing transparency of tendering processes, enabling industry to adequately plan and nominate preferences for work package tendering opportunities.

Early Contractor Involvement procurement processes on construction projects such as the John Hunter Health and Innovation Precinct, is yielding tangible design and commercial benefits for the capital program.

Payment and revenue portals

Payment Portal

A new NSW Health Payment Portal was delivered by eHealth NSW to manage sundry debtor invoices across 29 NSW Health entities. The portal provides a consistent, secure and user-friendly digital experience. The portal was part of the Cash Transformation Program which is a collaboration with eHealth NSW, NSW Ministry of Health, NSW Treasury, HealthShare NSW and local health districts to simplify banking structures, increase efficiency and improve user experiences.

During the year, NSW Health commenced consultation and research on a single patient billing system for use across all local health districts.

The development and implementation of the Payments Portal across NSW Health is focused on standardised, digital functionality for patients and customers paying invoices. The new central Health Payments Portal went live in November 2022 helping to standardise and simplify online payments for local health organisations.

A new Revenue Portal was rolled out and provides a statewide view of operational data to assist with capturing revenue from patient fees. The portal has streamlined administrative and billing management functions: improved patient and staff experience, and provides standardised statewide reporting on chargeable and compensable patients utilising NSW public hospitals to support the provision of health care in a more financially sustainable way.

Volunteer of the Year Award

Murrumbidgee Local Health District

Garth Hungerford

Garth Hungerford is a dedicated member of the Wagga Wagga community, offering his time and knowledge as a health advocate and advisor to the Local Health District, Primary Health Network and other NSW Health committees, particularly in support of rural, regional and remote communities.

In response to a spike in youth suicide, Garth led the design and development of wristbands with a QR Code to mental health help and wellbeing websites. Many of these wristbands have gone to local school children, and more than 13,000 wristbands have been distributed.



Garth Hungerford, winner of the Volunteer of the Year Award at the 24th Annual NSW Health Awards 2022.

Management and accountability

4

Governance

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

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

NSW Health comprises the NSW Ministry of Health (a public service department under the Government Sector Employment Act 2013) and the various NSW Health organisations making up the NSW public health system, including local health districts and specialty health networks (see the NSW Health organisational chart on page X).

The NSW Ministry of Health is the system manager for NSW Health. NSW Health organisations are governed by an accountable authority – either a board or a chief executive, or both. The Corporate Governance and Accountability Compendium outlines the governance requirements that apply to the organisations that form part of NSW Health and sets out the roles, relationships and responsibilities of each organisation. A copy is available at health.nsw.gov.au

Clinical governance

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

NSW Health is committed to partnering with patients, consumers, families and carers in healthcare decision making and improving staff culture and wellbeing to enable provision of high-quality care.

Across NSW Health, clinical governance systems are aligned to the five components of the National Model Clinical Governance Framework:

- Governance, leadership and culture
- Patient safety and quality improvement systems
- Clinical performance and effectiveness
- Safe environment for the delivery of care
- Partnering with consumers.

Incident management in NSW Health is governed by the principles of immediacy, accountability and kindness. Health leaders, clinicians and teams act immediately when people are harmed or at risk of harm. NSW Health supports all who are affected. Our health system is open when incidents occur, and incident reviews drive learning and improvement actions.

Local health districts and specialty health networks have primary responsibility for providing safe, high-quality care for patients. To protect patients from harm and ensure the quality of health services, hospitals, dental services and oral health clinics within hospitals must be accredited. Accreditation is determined by assessment against the National Safety and Quality Health Service Standards, in accordance with the Australian Health Services Safety and Quality Accreditation Scheme. From 1 July 2023, assessments to the Standards transitioned to a short notice assessments program.

The Clinical Excellence Commission risk-assessed notification of 828 medical device, medicine and biological agent issues in 2022-23. Of these, 17 required a system-wide critical response and 47 required an urgent Safety Alert Broadcast. Seventeen critical device issues and 12 urgent medicines issues required rapid activation of an inter-agency management team, each with weekly to fortnightly meetings.

Feedback and complaints

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

The NSW Health incident management system (ims+) records consumer feedback and complaints. In 2022-23 there were 14,980 complaints recorded, a decrease from 17,806 in the previous year*. The top five issues related to clinical care, communication, timing and access, patient rights and management of facilities.

Finance and performance management

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

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

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

NSW Health Performance Framework

The NSW Health Performance Framework (the Framework) outlines the NSW Ministry of Health (the Ministry) process for setting performance expectations and monitoring performance of public sector health and support services.

The Framework clearly outlines the process of assessing the level of performance of each health service. It allows the Ministry to identify and acknowledge sustained high performance with the view for lessons to be shared across NSW Health. Where under performance is identified, the Framework sets out the process to escalate concerns and ensure support is available to remediate performance. The Framework and associated key performance indicators listed in service agreements apply at both whole-of-health-service and facility or service levels, promoting and supporting a high-performance culture.

The Framework applies to:

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

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

Service agreements

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

Annual service agreements between the NSW Ministry of Health and local health districts and specialty health networks include budgets for the level and mix of services each health service needs for their communities. Funding decisions consider the outcomes for patients, carers, staff and the public health system, and funding adjusters are used to incentivise value-based care.

Audit and risk management

NSW Health policy requires public health organisations to maintain effective, independent audit frameworks and corporate governance practices consistent with NSW public sector best practices. Enterprise-wide risks are managed through continuous monitoring and risk control (policy, procedures and guidelines), which are reflected in the NSW Health Enterprise-wide Risk Management Policy.

Audit and risk management committees

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

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

Internal auditing at the Ministry

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

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

External agency oversight

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

NSW Ombudsman

The NSW Ombudsman tabled one report involving NSW Health during 2022-23. The NSW Child Death Review Team Annual Report 2021-22 was tabled in Parliament on 25 October 2022.

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

Audit Office of NSW

The Audit Office of NSW fulfils an external oversight function, undertaking financial audits, performance audits and compliance audits each year. In addition to the three types of audits, the Audit Office also tables special reports on internal controls.

In 2022-23, the Audit Office tabled two performance audit reports in Parliament concerning NSW Health:

1. New South Wales COVID-19 Vaccine Rollout
2. Coordination of the Response to COVID-19 (June to November 2021).

The NSW Ministry of Health, together with 24 other large NSW Government agencies, was involved in the preparation of the Auditor General's report: Internal Controls and Governance 2022, tabled on 20 December 2022. The focus of the report was on whole of government internal control risks, controls on information technology, management of cyber risks and risks associated with over reliance on consultants and contractors.

All tabled reports, including the related response from NSW Health on performance audits, are available at audit.nsw.gov.au.

Public Accounts Committee of the NSW Parliament

The Public Accounts Committee reviews performance audit reports tabled by the Auditor-General of NSW in Parliament as part of a 12-month follow-up program, with status updates being sought from NSW Health on the implementation of the audit recommendations that were accepted by NSW Health. In 2022-23, a submission was made to the Committee on the performance audit report *Access to Health Services in Custody*, which was originally tabled on 23 September 2021.

Events arising after the end of the annual reporting period

No other events have arisen subsequent to the end of the annual reporting period that would have a significant effect on financial operations, other operations and clientele and the community that would require the annual report to be amended.

Modern Slavery Act 2018

No specific issues have been raised by the Anti-Slavery Commissioner concerning the operations of NSW Health during the financial year. The Anti-Slavery Commissioner has provided draft Guidance to the Modern Slavery Working Group and NSW Health has provided comments as a member of the group.

NSW Health submitted its annual Modern Slavery Report in December 2022 in relation to the Commonwealth Modern Slavery Act commitments. HealthShare NSW is currently developing a Modern Slavery Action Plan. Modern Slavery guidance is provided in NSW Health's Procurement Policy Procedures.

A Modern Slavery component was included in the NSW Health policy training provided to approximately 700 staff in 2022 and within the ongoing Procurement Academy training.

Internal Audit and Risk Management Attestation



Internal Audit and Risk Management Attestation Statement for the 2022-2023 Financial Year for the NSW Ministry of Health

I, Ms Susan Pearce, Secretary, NSW Health, am of the opinion that the Ministry of Health has internal audit and risk management processes in operation that are, excluding the exemptions or transitional arrangements described below, compliant with the six (6) of the seven (7) Core Requirements set out in the *Internal Audit and Risk Management Policy for the General Government Sector*, specifically:

Core Requirements	Compliant / Non-Compliant / In Transition
Risk Management Framework	
1.1 The Accountable Authority shall accept ultimate responsibility and accountability for risk management in the agency.	<i>Compliant</i>
1.2 The Accountable Authority shall establish and maintain a risk management framework that is appropriate for the agency. The Accountable Authority shall ensure the framework is consistent with AS ISO 31000:2018.	<i>Non-Compliant</i> <i>The Ministry is compliant with six of the seven core requirements. The non-compliance is limited to internal reporting, which will be resolved by the end of calendar year 2023.</i>
Internal Audit Function	
2.1 The Accountable Authority shall establish and maintain an internal audit function that is appropriate for the agency and fit for purpose.	<i>Compliant</i>
2.2 The Accountable Authority shall ensure the internal audit function operates consistent with the International Standards for Professional Practice for Internal Auditing.	<i>Compliant</i>
2.3 The Accountable Authority shall ensure the agency has an Internal Audit Charter that is consistent with the content of the 'model charter'.	<i>Compliant</i>
Audit and Risk Committee	
3.1 The Accountable Authority shall establish and maintain efficient and effective arrangements for independent Audit and Risk Committee oversight to provide advice and guidance to the Accountable Authority on the agency's governance processes, risk management and control frameworks, and its external accountability obligations.	<i>Compliant</i>
3.2 The Accountable Authority shall ensure the Audit and Risk Committee has a Charter that is consistent with the content of the 'model charter'.	<i>Compliant</i>

Membership

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

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

Departures from Core Requirement

I, Ms Susan Pearce, Secretary, NSW Health, advise that the internal audit and risk management processes for the Ministry of Health depart from the Core Requirements set out in the *Internal Audit and Risk Management Policy for the General Government Sector*.

The circumstances giving rise to the departure have been determined by the Responsible Minister and the Ministry of Health is implementing the following practicable alternative measures to meet the Core Requirements

Departure from Policy/Procedure	Reason for departure and description of practicable alternative measures implemented / being implemented
<p>Core Requirement 1.2</p> <p>The Accountable Authority shall establish and maintain a risk management framework that is appropriate for the agency. The Accountable Authority shall ensure the framework is consistent with AS ISO 31000:2018.</p>	<p>The Ministry prioritised its system manager role to develop and implement the <i>Enterprise-wide Risk Management Policy Directive</i> (PD2022_023) for all of NSW Health in the first instance.</p> <p>The Ministry of Health is now in the process of developing a risk management framework for itself.</p> <p>The risk management framework will be consistent with TPP20-08 and, PD2022_023 and industry standards.</p> <p>The risk management framework is planned to be implemented before the end of the 2023 calendar year.</p>

I, Ms Susan Pearce, Secretary, NSW Health, declare that this Internal Audit and Risk Management Attestation is made in respect of the consolidated accounts, verified through an annual attestation statement submitted to the Ministry of Health by the Chief Executive, of the following controlled entities:

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

South Eastern Sydney Local Health District	Health Education and Training Institute
South Western Sydney Local Health District	Health Infrastructure
Southern NSW Local Health District	NSW Health Pathology
Sydney Local Health District	

Departures from Local Policy

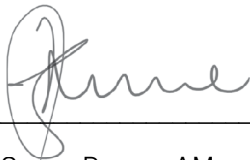
I, Ms Susan Pearce, Secretary, NSW Health, advise that the internal audit and risk management processes for the controlled entities of the Ministry of Health depart from the policy requirements outlined below, as set out in the *Internal Audit* policy (PD2022_022) and *Enterprise-wide Risk Management* (PD2022_023) for the NSW Health.

The circumstances giving rise to these departures have been determined by the Secretary, as system manager, as an exception, and the following practicable alternative measures to meet the core requirements have been implemented.

Departure from Policy/Procedure	Reason for departure and description of practicable alternative measures implemented / being implemented
<p>Local Procedure: PD2022_022 2.1 Chief Audit Executive</p> <p>The Chief Audit Executive must not have the Chief Financial Officer (or equivalent) as a direct report.</p>	<p>One Health Organisation’s Chief Operating Officer held the Chief Audit Executive role. The Chief Financial Officer was a direct report of the Chief Operating Officer.</p> <p>The departure from policy will be resolved in the 2023/24 financial year.</p>
<p>Local Procedure: PD2022_022 2.5 Internal Audit</p> <p>The organisation’s enterprise-wide risk management framework must be the subject of an internal audit at least once every five years.</p>	<p>One Health organisation sought to complete the internal audit of the framework next financial year due to Enterprise Risk Management personnel and structural reporting changes.</p> <p>The audit is now scheduled in 2023/24 financial year once the changes are established. The organisation’s Audit and Risk Committee members are supportive of the approach.</p>
<p>Local Procedure: PD2022_022 2.6 Internal Audit Quality Assurance and Improvement Program</p> <p>An external assessment of the internal audit function is to be conducted at least once every five years by a qualified, independent assessor selected in consultation with the Audit and Risk Committee.</p>	<p>Two Health Organisations did not complete an independent quality assurance review of the Internal Audit function within the five-year period.</p> <ol style="list-style-type: none"> 1. Delay was due to change in audit model with new auditors and disruptions by COVID. The external review of the Internal Audit function has commenced and will be completed by the end of 2023. 2. The last review was finalised April 2017 and the assessment was instead scheduled as part of the 2022-23 Internal Audit Plan. The external assessment of the internal audit function is scheduled for completion by end of 2023.

<p>Local Procedure: PD2022_022 3.1.1 Appointment of a Chair</p> <p>The Chair of the Audit and Risk Committee is to be appointed for a single term only, of at least three years and not greater than five years.</p> <p>The total period of membership on the Committee must not exceed eight years.</p>	<p>Two NSW Health Organisations sought that the Chair be appointed to the Committee for a single term of less than three years.</p> <p>In both organisations, the previous Chair declined an extension/retired and to retain knowledge within the Committee, proposed offering the position to an existing member of the Committee. As the members were experienced with years already on the Committee, to ensure the total membership did not exceed eight years, appointments under the three-year term were granted exception.</p> <p>One NSW Health organisation sought to extend the term of a Chair which would exceed the eight-year total membership.</p> <p>The extension allowed the transfer of knowledge to a new member of the Committee who would succeed as Chair.</p>
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These processes, including the practicable alternative measures implemented, demonstrate that the Ministry of Health has established and maintained frameworks, including systems, processes and procedures for appropriately managing audit and risk within the Ministry of Health.



 Susan Pearce AM
 Secretary, NSW Health
 Date:



 Louise Derley
 Chief Audit Executive, Ministry of Health

Public accountability

Public interest disclosures

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

During 2022-23 NSW Health organisations received 59 public interest disclosures. Forty-one were made by staff in the course of their day-to-day functions, and 18 fell into the category of 'all other public interest disclosures'.

Of the 59 public interest disclosures received, 53 primarily related to reports alleging corruption and six related to allegations of maladministration.

Across NSW Health, 50 public interest disclosures were finalised during the 2022-23 period.

The number of public interest disclosure reports received in the 2022-23 financial year is up slightly from the 57 reports received in the 2021-22 reporting period.

Public interest disclosure coordinators for NSW Health implement tailored staff awareness strategies to suit their organisational needs. NSW Health organisations used training provided by representatives from the NSW Ombudsman, internal staff briefings, e-learning, and employee induction training to improve awareness. Information about public interest disclosures is available on intranet sites.

NSW Health has also worked during the year in preparing policy, training and implementation resources to support the commencement of the *Public Interest Disclosures Act 2022*, which will commence on 1 October 2023.

Government Information (Public Access) Act 2009

The NSW Ministry of Health regularly reviews information on its website and routinely uploads information that may be of interest to the public. This includes a wide range of publications and resources including reports, fact sheets, brochures and pamphlets. Information is also available in other languages from the NSW Multicultural Health Communication Service website.

During 2022-23 the Ministry received 153 formal access applications under the *Government Information (Public Access) Act 2009* (the GIPA Act), including 36 applications and four appeals carried over from the 2021-22 reporting year. Of the 153 applications received, 23 applications were transferred to other agencies for completion. During this reporting year, 25 applications were initially assessed as invalid, for not complying with the formal requirements of section 41 of the GIPA Act, with nine applications subsequently becoming valid requests.

There were 38 informal GIPA requests processed, 25 external third party consultation requests, as well as 35 disclosure log requests, processed within the 2022-23 reporting period. A total of 108 formal applications were decided within the reporting period. There were a further six applications received that were un-decided, as well as two applications under review, as of 30 June 2023.

Nine internal reviews were conducted in 2022-23, with 25 external reviews completed by the Information Commissioner and the NSW Civil and Administrative Tribunal in this same period. Of the 34 appeals finalised during this reporting year, the original decision was upheld in 30 appeals.

Of the 108 formal access applications decided in 2022-23, the NSW Ministry of Health made six decisions to refuse access to information referred to in Schedule 1 of the GIPA Act (four in full and two in part), where there was a conclusive presumption of overriding public interest against disclosure.

Twenty decisions were made to release information in full, with nine decisions made to refuse access to part of the information requested. A further nine applications resulted in a full refusal of access to some, or all, the information requested. There were a further 49 decisions made that the information requested was not held by the NSW Ministry of Health, and 16 decisions were made that the information is already available to the applicant. In addition, 25 decisions were made to refuse to deal with the application in full or in part, and 12 applications were withdrawn by the applicant.

Statistical information regarding formal access applications received during 2022-23 is provided in the following tables.

Table A: Number of applications by type of applicant and outcome*

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/deny whether information is held	Application withdrawn
Media (21)	5	1	1	6	1	6	0	1
Members of Parliament (7)	0	0	1	1	2	3	0	0
Private sector business (19)	3	0	2	5	3	3	0	3
Not for profit organisations or community groups (29)	6	3	2	8	5	3	0	2
Members of the public (application by legal representative) (23)	0	2	0	14	0	4	0	3
Members of the public (other) (41)	6	3	3	15	5	6	0	3
140	20	9	9	49	16	25	0	12

Total = 140 *More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to Table B.

Table B: Number of applications by type of application and outcome

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/deny whether information is held	Application withdrawn
Personal information applications* (27)	1	2	0	20	0	1	0	3
Access applications (other than personal information applications) (105)	17	6	7	27	16	22	1	9
Access applications that are partly personal information applications and partly other (8)	2	1	2	2	0	1	0	0
140	20	9	9	49	16	24	1	12

TOTAL = 140 *A personal information application is an access application for personal information (as defined in clause 4 of Schedule 4 to the Act) about the applicant (the applicant being an individual). PLEASE NOTE: The total number of decisions in Table B should be the same as Table A.

Table C: Invalid applications

Reason for invalidity	Number of applications
Application does not comply with formal requirements (section 41 of the Act)	25
Application is for excluded information of the agency (section 43 of the Act)	0
Application contravenes restraint order (section 110 of the Act)	0
Total number of invalid applications received	25
Invalid applications that subsequently became valid applications	9

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

	Number of times consideration used*
Overriding secrecy laws	1
Cabinet information	3
Executive Council information	0
Contempt	0
Legal professional privilege	0
Excluded information	2
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies in relation to Table E.

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

	Number of occasions when application not successful
Responsible and effective government	8
Law enforcement and security	0
Individual rights, judicial processes and natural justice	10
Business interests of agencies and other persons	1
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

Table F: Timeliness

	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	83
Decided after 35 days (by agreement with applicant)	17
Not decided within time (deemed refusal)	8
Total	108

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	7	9
Review by Information Commissioner*	1	17	18
Internal review following recommendation under section 93 of Act	1	3	4
Review by NCAT	0	3	3
Total	4	30	34

*The Information Commissioner does not have the authority to vary decisions but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made.

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

	Number of applications for review
Applications by access applicants	34
Applications by persons to whom information the subject of access application relates (see section 54 of the Act)	0

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

	Number of applications transferred
Agency-initiated transfers	23
Applicant-initiated transfers	0

Legal changes

Acts administered, legislative changes and subordinate legislation.

Acts administered

- Abortion Law Reform Act 2019 No 11
- Anatomy Act 1977 No 126
- Assisted Reproductive Technology Act 2007 No 69
- Cancer Institute (NSW) Act 2003 No 14
- Centenary Institute of Cancer Medicine and Cell Biology Act 1985 No 192
- Drug and Alcohol Treatment Act 2007 No 7
- Drug Misuse and Trafficking Act 1985 No 226, Part 2A, jointly with the Minister for Police
- Fluoridation of Public Water Supplies Act 1957 No 58
- Garvan Institute of Medical Research Act 1984 No 106
- Health Administration Act 1982 No 135
- Health Care Complaints Act 1993 No 105
- Health Care Liability Act 2001 No 42
- Health Practitioner Regulation (Adoption of National Law) Act 2009 No 86 and the Health Practitioner Regulation National Law (NSW) (except parts, the Attorney General)
- Health Professionals (Special Events Exemption) Act 1997 No 90
- Health Records and Information Privacy Act 2002 No 71
- Health Services Act 1997 No 154
- Human Cloning for Reproduction and Other Prohibited Practices Act 2003 No 20
- Human Tissue Act 1983 No 164
- Lunacy and Inebriates (Commonwealth Agreement Ratification) Act 1937 No 37
- Lunacy (Norfolk Island) Agreement Ratification Act 1943 No 32
- Medicines, Poisons and Therapeutic Goods No 73
- Mental Health Act 2007 No 8
- Mental Health and Cognitive Impairment Forensic Provisions Act 2020 No 12, Parts 5 and 7, and Part 9 jointly with the Attorney General, remainder, the Attorney General
- Mental Health Commission Act 2012 No 13
- Poisons and Therapeutic Goods Act 1966 No 31
- Private Health Facilities Act 2007 No 9
- Public Health Act 2010 No 127
- Public Health (Tobacco) Act 2008 No 94
- Research Involving Human Embryos (New South Wales) Act 2003 No 21
- Royal Society for the Welfare of Mothers and Babies' Incorporation Act 1919 No 52, jointly with the Minister for Women

- Saint Vincent's Hospital Act 1912 No 5
- Smoke-free Environment Act 2000 No 69
- Voluntary Assisted Dying Act 2022 No 17

Legislative changes

New Acts

- Medicines, Poisons and Therapeutic Goods Act 2022 No 73

Amending Acts

- Health Legislation (Miscellaneous) Amendment Bill (No 2) 2022

Repealed Acts

Nil

Significant Orders

- Health Services (Transfer of Assets, Rights and Liabilities) Order 2022
- Health Services Amendment (The Agency for Clinical Innovation) Order 2023
- Public Health (COVID-19 General) Order (No 3) 2022
- Public Health (COVID-19 Care Services) Order (No 3) 2022
- Public Health (COVID-19 Self-Isolation) Order (No 3) 2022

Principal regulations made

- Public Health Regulation 2022
- Public Health (Tobacco) Regulation 2022
- Drug and Alcohol Treatment Regulation 2022
- Fluoridation of Public Water Supplies Regulation 2022
- Health Practitioner Regulation (Adoption of National Law) Regulation 2022
- Health Records and Information Privacy Regulation 2022.

Amending regulations made

- Human Tissue Amendment (Blood Donor Certificate) Regulation 2022
- Health Records and Information Privacy Amendment (Disclosure of Health Information) Regulation 2022
- Poisons and Therapeutic Goods Amendment Regulation 2022
- Private Health Facilities Amendment (Birthing on Country Demonstration Facilities) Regulation 2023

Repealed regulations

- Drug and Alcohol Treatment Regulation 2017
- Fluoridation of Public Water Supplies Regulation 2017
- Health Records and Information Privacy Regulation 2017
- Public Health Regulation 2012
- Public Health (Tobacco) Regulation 2016

Cyber security policy attestation

ANNUAL ATTESTATION STATEMENT

Cyber Security Annual Attestation Statement for the 2022-2023 Financial Year for NSW Health.

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

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

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

The cyber incident response plan for NSW Health has been developed by eHealth NSW. The plan integrates with the security components of business continuity arrangements and has been implemented and tested during the reporting period.

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


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

1. Ongoing awareness training of NSW Health staff about cyber safety
2. Providing mandatory training of cyber security fundamentals for all staff
3. Prompt reporting of cyber security incidents to Cyber Security NSW
4. Regular reviews of cyber security risks, treatments, and incidents by the ISMS Steering Committee and the Cyber Security Executive Committee
5. Rapid response to alerts issued on cyber security vulnerabilities
6. Regular patching and hardening activities of workstations and servers
7. Vigilantly monitoring and learning from recent cyber events in other organisations and strengthening our safeguards accordingly
8. Maturity improvements to address the Australian Cyber Security Centre's Essential Eight mitigation controls

This attestation covers the following agencies:

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

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



Susan Pearce AM

8/9/23

Secretary, NSW Health

Information management

Privacy

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

In 2022-23, work includes:

- Participation in the Mandatory Notification of Data Breach Scheme interagency working group on the Privacy and Personal Information Protection Amendment Act 2022
- Development of a data breach policy in anticipation of the commencement of Mandatory Notification of Data Breach Scheme
- Consultation on amendment to the Health Records and Information Privacy Regulation 2017
- Assisting with responses to cyber-attacks impacting NSW Health organisations
- Providing ongoing privacy advice to COVID-19 response teams
- Review of Privacy Impact Self-Assessment submissions for new Ministry projects and initiatives as part of the Privacy and Security Assurance Framework
- Providing advice to NSW Health organisations in relation to privacy internal reviews
- Review of Privacy Impact Self-Assessment submissions for new Ministry projects and initiatives as part of the Privacy and Security Assurance Framework
- Collaboration with eHealth NSW on the development of the Mobile Clinical Communications policy, the Single Digital Patient Record, the NSW Health Patient App, the Clinical Photography Policy, and systems for sharing health records with general practitioners to support integrated care
- Update of the NSW Health Privacy Management Plan published May 2023
- Update of the NSW Health Privacy Manual for Health Information with publication expected in the first half of the 2023-24 financial year
- Standing up NSW Health Privacy Contact Officer Community of Practice meetings and development of Privacy Contact Officer MS Teams channel and online resources
- Publication of NSW Health Privacy education animation for staff.

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 2022-23, the NSW Ministry of Health received one application for internal review under the *Privacy and Personal Information Protection Act 1988* and *Health Records and Information Privacy Act 2002*. No breach of either Act was found.

Our people

The *NSW Health Workforce Plan 2022-32* is a 10-year strategic statewide workforce plan that aligns with, supports and reinforces NSW Health's Future Health goals.

The plan outlines the NSW Ministry of Health workforce vision and its urgent system priorities to achieve this vision. It builds on the achievements of the Health Professionals Workforce Plan 2012-22 and provides a delivery framework to guide the implementation of Future Health's workforce-related strategies across the health system. It supports the state's health workforce to deliver safe, reliable and person-centred care, driving the best outcomes and experiences for NSW residents.

NSW Health continues to employ graduate nurses and midwives to ensure a sustainable workforce into the future. The NSW Health Nursing and Midwifery Office coordinates the statewide graduate nurse and midwife recruitment with over 3,000 graduates employed across NSW Health in 2022.

A total of 93% of Aboriginal nursing and midwifery GradStart candidates interviewed were offered graduate positions in 2023, and all Aboriginal Nursing and Midwifery Cadetship and Scholarship recipients interviewed were offered graduate positions as nurses or midwives.

NSW Health continued its highly successful annual medical recruitment campaign for Junior Medical Officers who have completed their first two years of postgraduate medical training. The annual recruitment campaign provides an opportunity for junior doctors to apply for positions in a range of specialties including general medicine, intensive and emergency care, pain management and psychiatry. The 2023 campaign resulted in the employment of more than 6,100 Junior Medical Officers for NSW Health, providing junior doctors with a valuable opportunity to work with world-class senior clinicians and to train in rotations across different clinical settings and geographic locations.

In 2023, there were 1,120 medical intern positions, an increase of 46 from 2022. Of these, 176 were rural preferential recruitment positions. Interns recruited through the rural preferential pathway spend their first two years working in a rural location.

Building positive workplace culture

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

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

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

Responding to bullying and complaints

NSW Health agencies implemented local strategies to reduce the incidence of bullying and unacceptable behaviour and enhance positive and productive workplace culture. In addition, agencies also implemented the following statewide strategies:

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

NSW Health has made a concerted effort to improve the accuracy of bullying complaint reporting. There were 128 bullying complaints between 1 July 2022 to 30 June 2023, up from 66 complaints in 2021-22. These complaints represent 0.09% of the total full-time equivalent staff in the NSW Health System (based on full-time equivalent staff as of 30 June 2023). The NSW Ministry of Health has also implemented an Addressing Grievances and Concerns Staff Portal, which contains extensive tools to educate and assist staff on self-resolving grievances with the other party and to participate in the grievance process when the matter is escalated to their manager.

Workforce diversity

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

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

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

Together, the Centre for Aboriginal Health and the Workforce Planning and Talent Development Branch fund 20 cadetships per year as a workforce target and reflects the priorities of the "NSW Health Workforce Plan 2022- 2032". The program has been managed by the Health Education and Training Institute. The Aboriginal Allied Health Cadetship supported 16 Cadets throughout the 2022-2023 financial year.

Aboriginal workforce representation continues to develop across the breadth of role types in NSW Health services. NSW Health continues to set specific workforce targets to drive improvements in the establishment of the Aboriginal Health Practitioner role across clinical multidisciplinary teams.

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

As of June 2023, 26 Aboriginal people were employed in a senior leadership role.

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

Trends in the representation of workforce diversity groups

Workforce Diversity Group	Benchmark	2021	2022	2023
Women	50%	74.6%	74.5%	74.5%
Aboriginal and/or Torres Strait Islander People	3.3%	2.8%	2.9%	2.9%
People whose first language spoken as a child was not English	23.2%	25.2%	24.0%	25.4%
People with disability	5.6%	1.8%	1.7%	1.8%
People with disability requiring work-related adjustment	N/A	0.4%	0.4%	0.4%

Note: 1. The benchmark of 50% for representation of women across the sector is intended to reflect the gender composition of the NSW community. **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 the aspirational target of 1.8% is achieved in salary bands not currently at or above 1.8%, the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3%. **3.** A benchmark from the Australian Bureau of Statistics (ABS) Census of Population and Housing has been included for People whose First Language Spoken as a Child was not English. The ABS Census does not provide information about first language, but does provide information about country of birth. The benchmark of 23.2% is the percentage of the NSW general population born in a country where English is not the predominant language. **4.** In December 2017 the NSW Government announced the target of doubling the representation of people with disability in the NSW public sector from an estimated 2.7% to 5.6% by 2027. More information can be found at: Jobs for People with Disability: A plan for the NSW public sector. The benchmark for ‘People with Disability Requiring Work-Related Adjustment’ was not updated.

Trends in the distribution index for workforce diversity groups

Workforce Diversity Group	Benchmark	2021	2022	2023
Women	100	92	92	93
Aboriginal and/or Torres Strait Islander People	100	76	77	77
People whose first language spoken as a child was not English	100	99	96	95
People with a disability	100	88	88	86
People with a disability requiring work-related adjustment	100	87	88	88

Note: 1. A Distribution Index score of 100 indicates that the distribution of members of the Workforce Diversity group across salary bands is equivalent to that of the rest of the workforce. A score less than 100 means that members of the Workforce Diversity group tend to be more concentrated at lower salary bands than is the case for other staff. The more pronounced this tendency is, the lower the score will be. In some cases, the index may be more than 100, indicating that members of the Workforce Diversity group tend to be more concentrated at higher salary bands than is the case for other staff. **2.** The Distribution Index is not calculated when the number of employees in the Workforce Diversity group is less than 20 or when the number of other employees is less than 20.

Workplace health and safety

In 2022-23, NSW Health continued to enhance the policy framework to ensure a best practice approach to health and safety.

Policies and guidelines reviewed and released in 2022-23 were:

Work Health and Safety Audits (PD2023_010)

This policy sets out the requirement for NSW Health organisations to undertake work health and safety (WHS) audits. Audits are conducted to determine the effectiveness of management systems, to identify the strengths and opportunities for improvements and to ensure compliance with the WHS legislation and NSW Health policies and procedures. This policy provides a consistent, effective approach for gathering information on which a NSW Health organisation can plan and implement WHS improvements.

Fatigue Management in NSW Health Workplaces (GL2023_012)

This guideline provides a risk management approach for managing work-related fatigue. It includes guidance on identifying areas at increased risk for work-related fatigue, assessing the work, health and safety-related issues and providing strategies to eliminate work-related fatigue as much as possible or to minimise its impact where it cannot be eliminated.

Employee Assistance Programs (PD2022_048)

This policy directive outlines standards for Employee Assistance Programs (EAPs) to ensure employees have access to effective assistance services.

NSW Ministry of Health has also developed a Mental Health and Wellbeing Framework intended to provide strategic direction for the creation of psychologically safe workplaces where psychosocial risks are identified, eliminated or controlled. Work has commenced on an action plan to ensure the implementation of the framework. A program of security audits has commenced across NSW Health workplaces to ensure compliance with NSW Health security standards. A wide range of supporting resources have been developed to assist frontline managers identify and manage security-related risks in their workplaces.

Additionally, a range of training programs have been provided across NSW Health including:

- **Certificate II in Security Operations:** this is the pre-qualification program to be completed by individuals who are seeking to hold a NSW security licence. This program has allowed hospitals to enhance the existing security workforce.
- **Security in the Health Environment:** this program builds on the current skills of existing NSW Health security staff to provide effective and appropriate security operations in a therapeutic health environment.
- **Security auditor training:** this program ensures staff involved in local security auditing have the capability and expertise to undertake robust audits.

Workers compensation

In 2022-23, NSW Health supported its workplaces with a range of practice guides to continue to improve rehabilitation, injury management and recover at work practices.

The NSW Ministry of Health is progressing strategies to:

- facilitate opportunities to enhance recovery at work through the identification and sharing of suitable duties
- identify and mitigate psychosocial issues for workers following a workplace injury
- reduce risk associated with Work Injury Damages (WDI) claims.

Prosecutions under the Work Health and Safety Act 2011

There were no prosecutions against the NSW Ministry of Health under the Work Health and Safety Act in 2022-23.

Research and development

Medical Research Support Program and associated programs

Medical Research Support Program

The NSW Government established the Medical Research Support Program to provide infrastructure funding to health and medical research organisations. The following grants were paid in 2022-23:

Organisation	Amount (\$)
Black Dog Institute	\$591,979
Centenary Inst of Cancer Medicine & Cell Biology	\$1,880,506
Children's Cancer Institute Australia	\$942,726
Children's Medical Research Institute	\$1,928,971
Garvan Institute of Medical Research	\$5,983,412
Ingham Institute for Applied Medical Research	\$2,815,554
Victor Chang Cardiac Research Institute Ltd	\$1,361,439
Woolcock Institute of Medical Research Ltd	\$3,434,807

Schizophrenia Research

Funding supports researchers to undertake schizophrenia research across basic science and pre-clinical research.

Organisation	Amount (\$)
University of Newcastle	\$249,464
University of NSW	\$746,872

Networks

Funding has been provided to the following networks to support statewide research collaboration.

Organisation	Amount (\$)
Australian Cardiovascular Alliance Ltd	\$165,000
Garvan Institute of Medical Research (NSW Early Phase Clinical Trials Alliance)	\$50,000

Genomics

Precision Oncology Screening Platform enabled Clinical trial

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

Organisation	Amount (\$)
Australian Genomic Cancer Medicine Centre Ltd	\$18,000,000

Paediatric Precision Medicine

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

Organisation	Amount (\$)
Paediatrio Ltd	\$20,000,000

Biobanking

Biospecimen Collections Grant

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

Organisation	Amount (\$)
The Sax Institute	\$50,000
University of NSW	\$24,868
University of Sydney	\$236,294
Garvan Institute of Medical Research	\$100,000

Medical Devices and Commercialisation

Medical Devices Fund

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

Organisation	Amount (\$)
Australis Scientific Pty Ltd	\$750,000
EMVision Medical Devices Ltd	\$2,500,000
Eudaemon Technologies Pty Ltd	\$4,035,000

Medical Research Commercialisation Programs

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

The NSW Health Commercialisation Training Program was established in 2014 in partnership with Cicada Innovations. The Program is a suite of training modules designed to ensure promising intellectual property can be commercialised and to upskill and retain talent. Modules cover regulatory and reimbursement, capital raising, business pathways for medical devices, diagnostics, software as a medical device, and therapeutics.

Organisation	Amount (\$)
Brandon BioCatalyst	\$450,000
Cicada Innovations Pty Ltd	\$750,000

Research Grants and Capacity Building Programs

Cardiovascular research capacity

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

Organisation	Amount (\$)
National Heart Foundation of Australia (CVRN)	\$250,000
The Heart Research Institute Ltd	\$999,998
University of NSW	\$3,926,817
University of Sydney	\$7,541,634

Early mid-career fellowships and PhD programs

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.

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

Organisation	Amount (\$)
St Vincent's Hospital Sydney Ltd	\$499,900
The Heart Research Institute Ltd	\$80,000
University of Newcastle	\$1,159,987
University of NSW	\$1,058,346
University of Sydney	\$418,164

Spinal Cord Injury Research Grants

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

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

Translational Research Grants Scheme

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

Organisation	Amount (\$)
University of Newcastle	\$494,725
University of Sydney	\$902,168
South Eastern Sydney Local Health District	\$265,696
Murrumbidgee Local Health District	\$98,987
Sydney Children's Hospitals	\$223,646
South Western Sydney Local Health District	\$166,877
Western NSW Local Health District	\$154,065

Rural Regional and Remote Clinical Trial Enabling Program

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

Organisation	Amount (\$)
Canberra Health Services	\$383,538
Western NSW Local Health District	\$96,030
Hunter New England Local Health District	\$131,471
Ministry of Health – Office of Health and Medical Research	\$799,877

COVID-19 research funding

The COVID-19 Research Grant is provided to research institutions and universities to support specific research projects, clinical trials and studies. COVID-19 research funding has been a critical component of the state's response to the pandemic.

Organisation	Amount (\$)
The Westmead Institute for Medical Research (VIIM)	\$371,183
University of NSW (Vaccine Acceleration Research Grants)	\$1,000,000
University of Sydney (Vaccine Acceleration Research Grants)	\$995,867

Population health and health services research support

The Sax Institute helps policy makers find and use evidence to inform real-world decisions. In 2022-23, NSW Health provided \$1.8 million to the Sax Institute to manage several large-scale research assets and platforms, broker evidence reviews on health system priorities, and provide research and evaluation skills training and support.

In 2022-23, the Centre for Epidemiology and Evidence delivered professional development workshops to over 250 NSW Health staff on program evaluation, economic evaluation, program logic, critical appraisal of evidence and analysing health service data.

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

Grants paid in 2022-23	Amount (\$)	Purpose
Kolling Institute	\$135,000	Women and Babies Research
University of Newcastle	\$425,000	Priority Research Centre Health Behaviour
University of New South Wales	\$480,000	The Kirby Institute
University of New South Wales	\$425,000	National Drug and Alcohol Research Centre
University of New South Wales	\$300,000	Centre for Primary Health Care and Equity
University of Sydney	\$425,000	Prevention Research Collaboration
University of Sydney / Sydney Local Health District	\$125,000	Edith Collins Centre
University of Wollongong	\$315,000	Early Start
Western Sydney Local Health District	\$370,000	Centre for Infectious Diseases and Microbiology - Public Health
TOTAL	\$3,000,000	

Equity and diversity

NSW LGBTIQ+ Health Strategy 2022-2027

The NSW LGBTIQ+ Health Strategy 2022-2027 provides direction to all NSW Health organisations and staff, so that collectively the system can deliver the best care to LGBTIQ+ people and work with them to achieve optimal health and wellbeing.

Delivery of the strategy is supported by an implementation plan and guided by a committee comprising representatives from NSW Health, Primary Health Networks, St Vincent's Hospital Sydney, the University of Sydney, the University of NSW and community organisations, including BlaQ Aboriginal Corporation, ACON, The Gender Centre, Twenty10, Trans Pride Australia and Intersex Human Rights Australia.

In the strategy's first year of implementation, NSW Health has realised many significant steps forward:

- Provided funding to establish a LGBTQ+ Health Centre in Sydney
- Facilitated the NSW LGBTIQ+ Health Fund to kickstart over 20 local projects across the health system to achieve actions under the strategy
- Committed funding and strengthened community partnerships to enhance mental health and suicide prevention initiatives in LGBTIQ+ communities
- Provided specialist multidisciplinary health services for trans and gender diverse young people and their families through a statewide service
- Implemented a discovery project to investigate improvements for collecting data in the NSW Health System on gender, sexuality, intersex variations and other variables
- Provided LGBTIQ+ inclusion training in collaboration with Twenty10 and Intersex Human Rights Australia to over 200 staff at the NSW Health head office
- Promoted the strategy to international delegates at the Sydney WorldPride Human Rights Conference 2023
- Delivered a cross-organisational response to support a healthy and safe Sydney WorldPride 2023.

The pivotal strength of the strategy's successful implementation is the partnerships that have been built with communities. These relationships acknowledge the depth of lived experience, trauma, resilience, passion, pride and possibilities.

Disability Action Inclusion Plan

The NSW Health Disability Inclusion Action Plan 2016-2019 supports improved access to quality healthcare and employment for people with disability. It remains ongoing until a new plan is released in early 2024. The new plan will reflect NSW Health's continued commitment to providing equitable and dignified access to services and employment for people regardless of disability and align with Australia's Disability Strategy 2021-2031.

Key achievements in 2022-23 include:

- The Intellectual Disability Health Service (IDHS), which provides clinical assessment and referral for people with intellectual disability and complex health needs, saw 943 clients in 2022. The IDHS also offers advice, education and clinical supports to general practitioners and NSW Health staff to build the capacity of mainstream health services to respond to the needs of people with intellectual disability and their carers.
- In collaboration with the Department of Developmental Disability Neuropsychiatry, University of NSW (3DN):
 - developed easy-read information to help consumers access and understand mental health services in NSW and translated this into three community languages
 - developed an interactive mental health service pathway web tool for people with intellectual disability <https://www.3dn.unsw.edu.au/projects/intellectualdisability-mental-health-service-pathway-tool>.
- The NSW Agency for Clinical Innovation Transition Care Network has developed a series of easy-to-read fact sheets to support consumers moving from paediatric to adult health services. A carer fact sheet has also been developed to support young people with an intellectual disability transitioning to adult health services.
- The Centre for Oral Health Strategy launched the *NSW Oral Health Strategic Plan 2022-2032* to ensure the delivery of culturally safe and responsive care, and launched several initiatives to support the plan's implementation. These include a workforce capacity building program and a project to improve health literacy and oral health information for carers. Both initiatives have engaged consumers and key stakeholders to develop appropriate resources which include videos, tip sheets and corresponding information in an easy-to-read format.

NSW Carers (Recognition) Act 2010

NSW Health recognises and acknowledges carers' unique knowledge and experience. Carers play an important role in supporting the health and wellbeing of people across the state. NSW Health seeks to provide timely, responsive, appropriate and accessible supports through a variety of initiatives and programs across the state.

NSW Health has begun the review and update of the *NSW Health Recognition and Support for Carers: Key Directions*. This document is designed to provide a framework for NSW Health's response to the needs of carers across the NSW public health system. The updated document will focus on the three main groups of carers involved with NSW Health's services – carers of patients, patients who are carers, and NSW Health staff who are carers, outlining system-level work that enables support for these groups.

This year NSW Health also partnered with Department of Communities and Justice and committed to several actions in the *NSW Carers Strategy Action Plan 2023-2024*. Work has started to review NSW Health's approach to data around carers and to implement the Family and Carer Mental Health Program evaluation recommendations. NSW Health is also committed to reviewing available resources and information for carers, which will commence in coming months.

NSW Health local carer support services across NSW continue to assist carers to access appropriate services and current information, as well as raise awareness of carers and their needs.

Multicultural health

Multicultural NSW oversees the Multicultural Policies and Services Program.

It is a whole-of-government initiative focused on ensuring government agencies implement the principles of multiculturalism through their strategic plans and deliver inclusive and equitable services to the public.

In 2022-23 NSW Health has continued to ensure the health system is accessible and responsive to the needs of culturally and linguistically diverse (CALD) people.

The *NSW Health Plan for Healthy Culturally and Linguistically Diverse Communities 2019-2023* aligns with the Multicultural Policies and Services Program Framework and is a statewide policy for meeting the health needs of CALD consumers in NSW. The plan focuses on access and quality of healthcare; health literacy; cultural responsiveness; and understanding community health needs.

In 2022-23 NSW Health published the *NSW Refugee Health Plan 2022-27*. The plan outlines NSW Health's commitment to meeting the health needs of people from refugee backgrounds. The plan takes a culturally responsive, trauma-informed, and strengths-based approach to support people from refugee backgrounds to be healthy, thriving members of NSW.

In 2021-22 the Health and Social Policy Branch launched a new NSW Refugee Health Flexible Fund which provided over \$2 million across a two-year period to 15 initiatives which aim to improve health access, equity and outcomes for patients from refugee backgrounds.

Initiatives have focused on creating and improving culturally appropriate models of care, improving access to in-language health resources and information, cultural sensitivity education and awareness for NSW Health staff, and empowering refugee patients, their families and carers to be more involved in their care.

NSW Health improves access and quality of care for people from culturally and linguistically diverse backgrounds

Examples of significant work across each of the outcomes outlined in the *NSW Health Plan for Healthy Culturally and Linguistically Diverse Communities 2019-2023* and *Multicultural Policies and Services Program Framework* include:

Cancer Institute NSW

Cancer Institute NSW supported improvements in patient-centred care through enhancing its patient-reported measures program. The program collects feedback about cancer patients' experiences and outcomes, supporting discussions with patients and provision of tailored information and support. Surveys from the program were expanded to include an additional eight languages (Arabic, Vietnamese, Chinese simplified, Chinese traditional, Korean, Greek, Spanish and Italian) to increase accessibility for culturally and linguistically diverse (CALD) people. Multicultural consumers were actively engaged throughout the design and roll-out of the surveys. The surveys will allow CALD patients to provide feedback in their language on how care is affecting their wellbeing, which will enable clinicians to respond appropriately.

Centre for Oral Health Strategy

The Refugee and Asylum Seeker Oral Health Project has been running since 2021 and aims to promote culturally sensitive oral health care and improve access to preventive oral health advice and care. The project partners with local health district's oral health services, refugee health services and multicultural health services, as well as local organisations. The program has now expanded across two metropolitan local health districts and has streamlined processes for refugee and asylum seeker patients, including improving access to interpreter services. This has enabled people from multicultural communities to prioritise dental care.

South Western Sydney Local Health District

The Natural Helper program is a consumer-partnership initiative which aims to better support patients from CALD backgrounds. The program enables healthcare providers working in chronic and complex care clinics to work with a volunteer consumer mentor from a CALD community.

The consumer mentor has lived experience of a chronic condition, has successfully navigated healthcare for their condition and identifies with one of the target CALD communities. They volunteer in participating clinics, engage with healthcare providers on a regular basis and are matched with consenting patients for up to six months. They provide social and emotional support to patients, while also reinforcing messages from the healthcare team and encouraging patients to adopt an active role in their chronic disease management. Thirteen consumer mentors from Arabic, Assyrian and Vietnamese backgrounds are participating in the program.

Sydney Children's Hospitals Network

The Sydney Children's Hospitals Network is delivering the Providing Enhanced Access to Healthcare project. The project aims to respond to the needs of CALD, refugee and asylum seeker communities by identifying issues and solutions through co-design. Key priorities identified through the project so far include:

- Enhancing access to medications: a patient resource is being developed to simplify the process of accessing and renewing medications to reduce patients and families needing to return to the hospital. This resource will be translated into a range of languages.
- Developing solutions to improve access to care, including prioritising waitlists for CALD and refugee patients with chronic and complex conditions and/or disability: A statement of intent is being developed which outlines the network's intention to support and prioritise care for priority populations, including refugees. Guidelines for implementation will be developed in conjunction with this statement.
- Enhancing care coordination, including a single point of contact and flexibility of appointment times.

Western Sydney Local Health District

The Western Sydney Local Health District successfully secured funding to continue 20 years of ground-breaking work by its GambleAware Multicultural Service, which provides gambling counselling to CALD communities across NSW. Counselling is tailored to different cultural and linguistic needs and includes established referral pathways to care. The purpose of the model is to upskill 10 mainstream GambleAware providers across metropolitan Sydney, regional and rural NSW to work with CALD communities.

The district's Health Care Interpreter Service and Clinical Research Support Unit collaborated on a project which sought to prioritise CALD and deaf patients' access to interpreter services for consultations related to clinical trials. This initiative is the first in NSW Health and has resulted in a dramatic increase in the number of CALD patients accessing lifesaving or life prolonging clinical trials.

Health Education and Training Institute (HETI)

Health Education and Training Institute Higher Education delivers a unit called Diversity and mental health. The unit helps build capability and understanding of culturally inclusive practice in mental health, with emphasis on meeting diverse needs. The unit can contribute towards professional development or award study.

Hunter New England Local Health District

The Hunter New England Local Health District received funding to deliver two programs:

- Lost in Translation is aimed at improving outcomes for multicultural cancer patients by focusing on improving models of cancer care. Enhanced models of care will be delivered at the Calvary Mater Hospital in Newcastle.
- Speaking your Language is aimed at destigmatising and simplifying bowel cancer screening for CALD communities. The program will provide community education in Arabic, Chinese, Kurmanji, Vietnamese and English.

Southern NSW Local Health District

The Population Health team at Southern NSW Local Health District has initiated a Multicultural Healthy Eating program in collaboration with local multicultural centres. The seven-week program provides healthy eating and active living messages. Evaluation has shown improved intake of fruit and vegetables, water and increased exercise.

Mental Health Branch, NSW Ministry of Health

The Ministry has funded the delivery of the Mental Health Community Living Supports for Refugees program. The program provides trauma-informed, recovery-oriented, culturally safe and responsive psychosocial supports to refugees and asylum seekers experiencing psychological distress, mental ill health and impaired functioning. The purpose of the program is to enable participants to recover and live independently in the community. Evaluation of the program shows that 165 consumers have received support from the program, which is more than double the minimum contracted benchmark of 79 consumers. The evaluation also showed the program is well received by consumers and the sector.

NSW Ambulance

NSW Ambulance is developing a Consumer and Community Engagement Framework and Patient Charter. This work included consultation with 11 consumers and two consumer representatives, including consumers from CALD backgrounds. The draft Patient Charter includes statements that support people from CALD backgrounds to be active partners in their healthcare.

NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors has developed multiple projects which focus on supporting the Ukrainian community. Projects focus on mental health literacy and suicide prevention, community connections, youth projects and activities, supporting families in cultural transition, and wider community engagement and capacity building.

Sydney Local Health District

The Breast Cancer Concierge Program delivers one-to-one, in-language phone support from trained, bilingual 'concierges'. The program aims to assist CALD patients, families and carers with health system navigation and support after a diagnosis of breast cancer. The district will continue to support improvements to the program based on evaluation outcomes and quality improvements programs.

South Eastern Sydney Local Health District

South Eastern Sydney Local Health District, in partnership with the NSW Multicultural Health Communication Service, published the Developing health resources for people from refugee backgrounds: Best practice guide for NSW Health staff. The guide highlights the need for greater health resources targeted towards CALD communities, including the need for audio-visual resources which are informed by the expertise of key stakeholders in NSW Health and community organisations who work with refugee communities. The guide was developed based on consultation with CALD communities.

Centre for Population Health, NSW Ministry of Health

The Centre for Population Health has a range of population health strategies with a focus on priority populations including CALD background. These include:

- NSW Hepatitis C Strategy 2022-2025, released in July 2022
- NSW Healthy Eating and Active Living Strategy 2022-2032, released in September 2022
- NSW Sexually Transmissible Infections Strategy 2022-2026, released in September 2022
- NSW Hepatitis B Strategy 2023-2026, released in February 2023.

The strategies commit to partnering with priority populations to effectively implement each strategy and reach key populations. Actions across the strategies include strengthening access to information and support programs to address inequities and meet the needs of individuals and communities, including in key settings such as early childcare centres, schools, custodial and maternity settings.

These actions consider new models of care and modes of delivery to provide equitable access to support and make access to information more accessible and consistent.

St Vincent's Health Network Sydney

St Joseph's Hospital improved access to interpreting services through developing and implementing a new online system for booking interpreters and introducing video interpreting.

NSW Health supports people from culturally and linguistically diverse backgrounds to be active partners in their healthcare

Agency for Clinical Innovation

The Agency for Clinical Innovation continued to develop the Health Outcome Patient Experience (HOPE) platform in partnership with eHealth NSW and the NSW Ministry of Health. The purpose of the platform is to store and manage information provided by patients through online surveys, enabling patients and multidisciplinary care teams to capture, review and act on data in a timely and holistic way. CALD patients and carers from 10 language groups were included in the development and user acceptance testing of the platform. Interpreters, CALD patients and carers were also involved in developing a report on the cultural appropriateness of various quality of life and mental health assessment tools.

South Western Sydney Local Health District

Changing Life Keep Your Balance is a seven-session community education program which aims to support vulnerable CALD communities in South Western Sydney who have been disproportionately impacted by the COVID-19 pandemic. The program seeks to support healthy lifestyle choices and enhance mental health and wellbeing. A total of 18 programs were delivered in 118 sessions, reaching 225 members from various CALD communities in South Western Sydney. Program evaluation shows that participants had improved mental health literacy, stress management, mental health status and family relationships, and that family members also benefited from the program.

Cancer Institute NSW

Cancer Institute NSW engaged CALD consumers to develop a variety of print, web and audio-visual resources on cancer prevention, screening, care and clinical trials. The resources were developed in 38 languages and support increased cancer literacy and improved patient experience for multicultural communities.

Central Coast Local Health District

As part of the Central Coast Multicultural Interagency, The Central Coast Local Health District delivered four community interpreter workshops to Adult Migrant English Program students at both Gosford and Wyong TAFE. There were 108 participants from 21 countries, with information provided about interpreter access and usage, and how staff and consumers could provide feedback to the district.

Illawarra Shoalhaven Local Health District

Illawarra Shoalhaven Local Health District, in collaboration with Cancer Institute NSW, developed the Healthy Living and Cancer Screening project which aims to improve equity of outcomes for people affected by cancer from CALD backgrounds. The project specifically targeted the Macedonian community, with the Macedonian Welfare Association engaged to support the design, implementation and evaluation of the 12-month project. A key output of the project was a radio script promoting bowel cancer screening, which was developed in partnership with the Multicultural Health Communication Service. Macedonian consumers were directly involved in developing the script, with consumer representatives doing voiceovers. The project was evaluated with high levels of satisfaction, significant increase in screening knowledge and high levels of intention to engage in bowel screening tests.

Murrumbidgee Local Health District

The Enhancing Paediatrics in Primary Care model seeks to provide support to general practitioners to care for children within the Murrumbidgee region who are experiencing behavioural and/or developmental concerns. Input was sought from CALD and refugee consumers during the planning phase, including on the development and implementation of the Child and Family Health nursing clinic for refugee families within the Wagga Multicultural centre.

Nepean Blue Mountains Local Health District

Nepean Blue Mountains Local Health District's multicultural health service, in partnership with Nepean Redevelopment, engaged multicultural communities to seek input into the design and function of the upcoming Penrith Community Health Centre. Translated community surveys in six languages were used to conduct broad consultation with 11 different communities (online, group and individual consultations).

NSW Transcultural Mental Health Centre

Western Sydney Local Health District LHD received funding to establish a Transcultural Mental Health Line. The district engaged with National Accreditation Authority for Translators and Interpreters (NAATI) accredited translators to develop a range of resources to promote and operationalise the health line.

Content was developed and cultural relevance tested through bilingual clinicians and CALD community members. This ensured resources were simple in design, images were accurate, information was jargon-free and resources were robust to use across a variety of online, media and print platforms. In total, 226 resources were developed in 42 community languages. The centre will use these tools to engage with communities to promote access and uptake of the health line.

Western Sydney Local Health District

The NSW Education Program on Female Genital Mutilation/Cutting aims to support women and girls affected by, or at risk of, female genital mutilation/cutting practice. The program has conducted consultations with bilingual community educators and leaders, as well as 416 community members from seven practicing communities, to understand the views, experiences and drivers around the practice. These consultations have assisted in identifying current community needs, and enablers, and barriers to preventing the harmful behaviour. Findings from the research will inform recommendations for tailoring the existing program to appropriately respond to the needs of communities.

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

South Eastern Sydney Local Health District

The Multicultural Media Online Conference is hosted by the NSW Multicultural Health Communication Service, delivered in partnership with the NSW Ministry of Health and supported by Multicultural NSW. The forum is conducted fortnightly and covers current public health priorities, such as COVID-19, influenza and oral health. Attendees include multicultural media representatives from community newspapers, radio and television. A moderated panel of expert speakers cover key topics and answer questions.

NSW Transcultural Mental Health Centre

The NSW Transcultural Mental Health Centre has a multipronged approach to building cultural responsiveness of its staff and sessional workers. This includes:

- Sessional bulletins which share the latest research, policies and resources in the transcultural mental health sector. Six bulletins were distributed in 2022-23 with the aim to improve workforce knowledge of cultural responsiveness. Each issue also highlights training opportunities to enhance skills in working with diverse communities.
- The clinical supervision program provides monthly group supervision for clinical staff and sessional workforce to support cultural responsiveness across their work. In 2022-23, there were 428 hours of supervision completed with an average of 21 attendees each month.

- The centre workforce has access to an expansive professional development program to build skills in specific areas of culturally responsive practice. Topics in 2022-23 included:

- CALD communities and war-related post-traumatic stress disorder
- Mental health education and interventions for culturally diverse families
- Diverse sexual orientation and gender identities in CALD communities.

eHealth NSW

eHealth NSW established a Diversity Council in November 2022 which aims to generate awareness and celebrate eHealth NSW's diverse workforce. The initial focus has been to update the eHealth NSW culture calendar to ensure important cultural and religious dates are acknowledged and celebrated throughout the year. The Diversity Council is also establishing networks across the organisation to support people from culturally and linguistically diverse (CALD) and other backgrounds. The networks will educate and support existing staff through storytelling, mentoring and supporting new staff.

Justice Health Forensic Mental Health Network

Justice Health NSW is developing a Trauma Informed Care and Cultural Responsiveness Framework specific to the Justice Health NSW population and context. The framework is being developed using a co-design methodology with patients and staff, including those from CALD backgrounds. It will include strategies and core competencies for staff, as well as implementation guidelines for managers, which will help to support a trauma-informed and culturally responsive workforce.

Centre for Oral Health Strategy

In collaboration with the NSW Refugee Health Service, the Centre for Oral Health Strategy encourages oral health teams across NSW to access the specific Refugee Health Service's Trauma-Informed Care training. Since its inception in 2021, more than 150 oral health staff have participated in the training. Reported benefits include improved knowledge and awareness of the various forms of trauma experienced by CALD patients. Trauma-Informed Care for health professionals is also available through Health Education and Training Institute, and oral health staff are regularly encouraged to complete this module.

Western NSW Local Health District

The Organisational Development Unit and Employee Assistance Program team at Western NSW Local Health District collaborated to provide advice and support to new CALD staff working in rural and remote areas. The unit is also planning a program to support and facilitate a leadership development network to promote diversity and inclusion, including to support CALD staff.

Sydney Local Health District

Sydney Local Health District hosted the Canterbury Leaders Forum which seeks to engage with CALD community leaders in the Canterbury area around health issues raised by the local community. Various projects have been initiated and enhanced as part of this initiative, including the localised Canterbury Pitch, offering funding of up to \$50,000 for community-based organisations to deliver new and innovative ways to work with CALD communities in the Canterbury area.

NSW Health understands the needs, experiences and identities of culturally and linguistically diverse (CALD) communities

Bureau of Health Information

The Bureau of Health Information, in partnership with Health and Social Policy Branch, is currently examining the experiences of linguistically diverse people who attended NSW public hospitals and healthcare facilities. The analysis will enable a better understanding of the experiences of people who mainly speak a language other than English at home and how this differs from people who mainly speak English. Analyses will explore trends over time and key drivers of overall ratings of care. Patient comments will be used to provide further contextual insights. The information will inform a first ever Insights Report which is due for publication in late 2023.

Clinical Excellence Commission

The Clinical Excellence Commission supported the establishment of the Mental Health Patient Safety Program which oversees a range of initiatives that aim to create psychologically safe environments and embed cultural safety principles. Initiatives include:

- Mental Health Transforming Safety Culture Partnership Program
- Restorative Just and Learning Culture Program
- Seclusion Reduction Action Learning Network.

The Mental Health Patient Safety Program also supports local health districts and speciality health networks' mental health services in accessing and understanding data for system improvement.

This includes partnering with local health districts and speciality health networks to develop data dashboards which include mental health service measures. The data aims to guide consumer safety outcomes, including for at-risk groups relevant to the districts and networks' population.

St Vincent's Health Network Sydney

St Vincent's Health Network Sydney conducted a research project to better understand the use and need for interpreter services by CALD patients in a hospital rehabilitation setting and how this relates to clinical outcomes. This includes:

- Publication of a research paper on interpreters and rehabilitation outcomes
- A stakeholder survey to understand barriers, enablers and learning needs of rehabilitation professionals
- Creation of a national dataset to understand rehabilitation outcomes for CALD patients nationally.

Western Sydney Local Health District

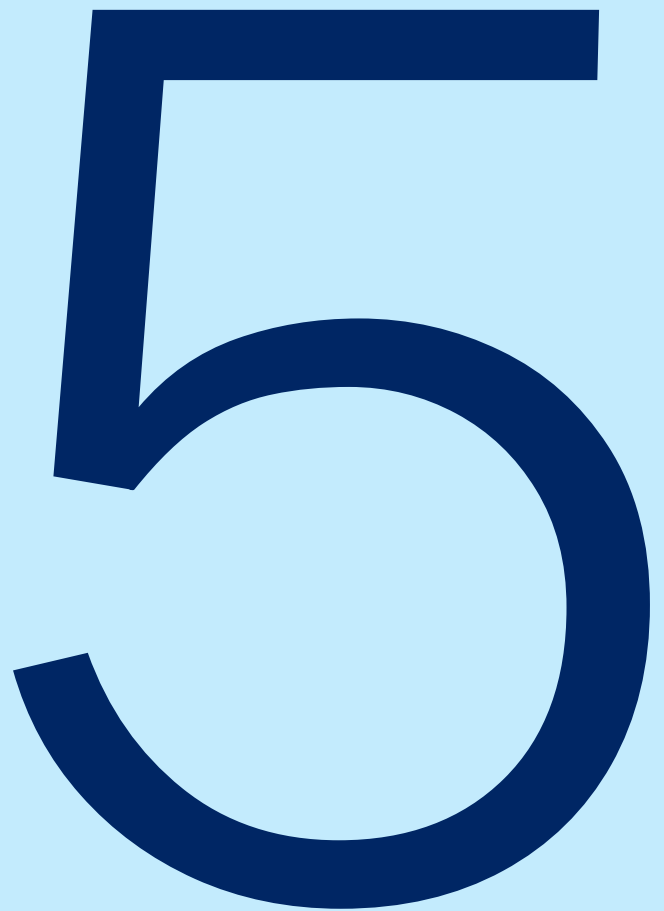
In 2023, Western Sydney Local Health District's Epidemiology and Health Analytics team developed the Epidemiological Profile of Pacific People to examine the health of the Pacific Islander population in Australia. The profile highlighted that Pacific people experience poorer health, present to hospital late and have reduced engagement with health services.

In June 2023, the first Pacific Communities Health Forum, *Towards Holistic Health for Pacific Communities*, was organised to share the perspectives, needs and experiences of Pacific people and discuss pathways to improve engagement and health outcomes. The forum was attended by over 100 Pacific community/religious leaders and members, as well as health leaders from community health and acute services. It was an important step to establish trust and respectful relationships with the Pacific community and to work collaboratively to develop more holistic, culturally safe and responsive approaches to improve health.

Northern Sydney Local Health District

The Northern Sydney Local Health District Health Promotion Service surveyed 212 primary schools to better understand the health needs of CALD students and better direct attention and resources. Fifteen schools were identified where more than 80% of the student population speak a language other than English at home. Based on the survey findings, the service will ensure that these schools receive intensive support and additional resources from the School Years team in 2023-24.

Sustainability

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Human health and wellbeing are intrinsically linked to the environment in which we live.

More than ever, NSW Health is facing challenges related to our changing climate and the environmental impact of healthcare. There is considerable scientific evidence that climate change resulting primarily from greenhouse gas emissions is increasing the frequency and severity of extreme climate events.

Researchers estimate that Australia's health system contributes 7% of Australia's total carbon footprint, and hospitals represent 34% of the total healthcare carbon footprint.¹ As such, NSW Health has a responsibility, and the potential to find ways to reduce its emissions.

NSW Health recognises that it must continue to deliver high quality healthcare alongside responding to climate risk. The effects of climate change will impact the ability of NSW Health to deliver services and manage population health, while driving increasing demands on the system.

The delivery of an environmentally sustainable, climate resilient healthcare system is a key priority for NSW Health, and a system-wide program of work is already underway.

NSW Health's Strategic Framework, *Future Health: Guiding the next decade of care in NSW 2022-2032*, clearly states this commitment. NSW Health is partnering with key stakeholders to progress this work, supporting the NSW Government's commitment to deliver a 70% cut in emissions by 2035 (compared to 2005 levels) and to reach net zero emissions by 2050.

To meet these challenges, NSW Health is taking action in the areas of governance, strategy, risk management, metrics and targets.

1. Malik A, Lenzen M, McAlister S, McGain F, 2018 'The carbon footprint of Australian health care' *The Lancet Planetary Health*, vol. 2, issue 1, E27-E35, <<https://www.thelancet.com/journals/lanplh/article/PIIS2542-51961730180-8/fulltext>>

Environmental Sustainability

Improving resource efficiency and energy management are two key ways we can reduce CO2 emissions while also reducing electricity costs for NSW Health.

A new energy management strategy for the coming decade will align with the Government Resource Efficiency Policy and the Net Zero Plan Implementation Update to ensure NSW Health will deliver its contribution to the State's targets of a 50% reduction by 2030, and net zero emissions by 2050.

Energy management

Electricity consumption decreased by 1.7% from last year, despite asset floor-space growth.

A combination of energy efficiency measures, including numerous solar installations across the local health districts, have contributed to a decrease in NSW Health's building energy consumption. On this basis, and along with a greening electricity-grid, net carbon emissions for NSW Health are falling (see table below).

Energy contract use

Year	LPG (non-automotive) use KL	Natural gas use TJ	Electricity use GWh	Total electricity bill \$ million*
2021–22	6,495	1,278	786	\$120.5
2022–23	8,881	1,266	773	\$129.9

*Ex GST

Energy leadership across the system

NSW Health continues to show strong leadership within the public sector for renewable energy and energy efficiency projects. Nationally, NSW Health has the largest number of solar-power systems installed on public hospital rooftops in Australia.

In 2022-23, NSW Health rolled out an additional 10MWp of solar generated energy across the network, increasing the total generation capacity by about 30%. In addition to hospital rooftops, NSW Health now has solar installations at car parks across the state. The recently completed car park solar systems at Liverpool and Maitland Hospitals have reduced electricity bills at each site. Together, these improvements are generating electricity each year which is equivalent to powering around 220 homes. The solar car parks also provide an opportunity to install electric vehicle charging stations. As electric vehicles become more common in NSW Health's fleet, these car park solar systems will form part of the strategies employed by NSW Health to power the new vehicles in a more environmentally sustainable way.

All 15 NSW Health local health districts have solar installations installed or in planning at their major hospitals, with a generation capacity of more than 30MWp. This is enough to power about 8,600 average Australian homes and reduces the carbon footprint by approximately 36,800 tonnes. This is equivalent to removing nearly 20,000 cars from the road every year. The combined financial savings from these solar installations will help reduce electricity costs by nearly \$9 million per year, and these savings will only increase as electricity costs rise.

During 2022-23, NSW Health continued to roll out light emitting diodes (LED lights) across the network. LEDs are a very cost effective and highly energy efficient form of lighting and can replace older inefficient lighting in most applications. An additional \$5.5 million in energy bill savings were realised in 2022-23 from using LEDs across many sites.

In 2022-23, the NSW Health passenger fleet contained approximately 6,800 vehicles with over a third of the fleet comprised of low emission vehicles (hybrids and electric). NSW Health is transitioning the passenger fleet to fully electric vehicles in line with the NSW Government fleet electrification campaign. The program will see the progressive electrification of vehicles with 50% of new leases and purchases being fully electric vehicles by 2026 and 100% by 2030.

The NSW Ministry of Health is working with the system and in partnership with the Office of Energy and Climate Change to upgrade infrastructure and install charging points across the NSW Health network.

The speed of fleet electrification will intensify over the coming years as electric cars become more mainstream and charging infrastructure at garaging locations becomes more readily available.

Financial Performance

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

Expenses

NSW Health is a provider of patient-centred health services. Approximately \$18.23 billion (61.72%) of costs incurred during 2022-23 were labour related, including the costs of employee salaries and contracted Visiting Medical Officers. Other operating costs include approximately \$2.3 billion in pharmaceutical, medical and surgical supplies and \$695.8 million in maintenance related expenses.

Grants and subsidies to third parties for the provision of public health-related services totalled approximately \$1.9 billion in 2022-23, including payments of \$817.1 million in operating grants being paid to affiliated health organisations.

Revenue

Key items include a range of fees for patient-related services such as payments from the Department of Veterans' Affairs, accommodation fees from health funds for privately insured patients, workers compensation and non-patient fees (\$1.1 billion), the sales and recoveries of pharmaceutical supplies, mainly the recoup of costs from the Commonwealth through Medicare for highly specialist drugs (\$512.1 million), and compensable payments received from statutory insurers for the costs of people hospitalised or receiving treatment as a result of motor vehicle accident (\$165.4 million).

Commonwealth Payments as part of the National Health Reform Agreement and National Partnership Agreement on COVID-19 are receipted under grants and contributions (\$8.2 billion).

NSW Health's full-year capital expenditure allocation for 2022-23 (excluding capital expensing) was \$2.2 billion for works in progress and completed works. The total capital allocation in 2022-23 represents 7.6% of the total Property, Plant, Equipment and Intangibles asset base.

Net assets

NSW Health's net assets at 30 June 2023 were \$26.8 billion. This is made up of total assets of \$34.2 billion, netted off by total liabilities of \$7.4 billion. The net assets are represented by accumulated funds of \$15.7 billion and an asset revaluation reserve of \$11.1 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 NSW Ministry of Health. These statements have been included in a separate volume of the 2022-23 Annual Report. The NSW Ministry of Health and all its controlled entities received an unqualified audit opinion.

Further information

Variation to the initial budget result is included in the 2022-23 audited financial statements (Note 43) included in this Annual Report.

Adjunct Professor Alfa D'Amato

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

Financial management

Implementation of price determination

The NSW State Efficient Price per national weighted activity unit (NWAU22) for 2022-23 was \$5,095. NSW local health districts and specialty health networks were funded for their activity at this single price, with exception for some specific contractual funding arrangements. The NSW State Efficient Price is not directly comparable year on year due to changes in NWAU versions and local health district and specialty health network costing results.

Non-government funding

Each year, NSW Health allocates funding to non-government organisations (NGOs) to deliver community based services supporting health and wellbeing, particularly for vulnerable or hard-to-reach populations. Aboriginal health, aged care, children, youth and families, chronic care and disability, community transport, drug and alcohol, mental health, palliative care, population health and women's health are among the services for which NSW Health provides funding.

Partnerships for health funding allocated to non-government organisations by the NSW Ministry of Health in 2022-23

Centre for Aboriginal Health

Grant recipient	Amount \$	Description
Aboriginal Health & Medical Research Council NSW	2,695,600	Peak body to build capacity and capability of Aboriginal Community Controlled Health Services in priority areas such as governance, financial management and business, contribute to policy development processes aimed at improving the health outcomes of Aboriginal people across NSW and be a formal partner with NSW Health on Aboriginal health issues. Funding is provided for capacity and capability building, policy leadership and influence, chronic disease and health ethics.
Aboriginal Medical Service Co-Operative Ltd	728,200	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of Aboriginal people in Sydney.
Albury Wodonga Aboriginal Health Service	239,100	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of the Albury Wodonga Aboriginal community.
Armajun Health Service Aboriginal Corporation	317,600	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of Aboriginal communities in Armidale, Glen Innes, Inverell, Tenterfield and Tingha regions.
Awabakal Ltd	820,400	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of Aboriginal communities in Newcastle, Lake Macquarie, Port Stephens and Maitland.
Biripi Aboriginal Corp Medical Centre	464,800	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of the Aboriginal community in the Taree area.
Bourke Aboriginal Corporation Health Service	403,500	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of Aboriginal communities in Bourke and surrounding areas.
Bulgarr Ngaru Medical Aboriginal Corporation	676,300	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of Aboriginal communities in Grafton and Casino areas.
Bullinah Aboriginal Health Service Ltd	255,600	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of Aboriginal communities in Ballina and surrounding areas.
CatholicCare Wilcannia-Forbes Ltd	211,800	Provision of family health services in Narromine and Bourke.
Condobolin Aboriginal Health Service Inc	412,400	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of Aboriginal communities in the Condobolin area.
Coomealla Health Aboriginal Corporation	201,300	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of Aboriginal communities in the Dareton area.
Coonamble Aboriginal Health Service	687,900	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of Aboriginal communities in Coonamble Dubbo and Gilgandra.
Cummeragunja Aboriginal Corporation	203,800	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of Aboriginal communities in Cummeragunja, Moama and surrounding areas.

Grant recipient	Amount \$	Description
Dubbo Neighbourhood Centre Inc	109,800	Provision of family health services for communities in the Dubbo area.
Durri Aboriginal Corp Medical Service	610,800	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of Aboriginal communities in Kempsey and Nambucca Valley.
Galambila Aboriginal Health Service Inc	352,500	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of Aboriginal communities in the Coffs Harbour area.
Griffith Aboriginal Medical Service Inc	255,600	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of Aboriginal communities in Griffith, Hay and Murrin Bridge.
Illaroo Cooperative Aboriginal Corp	71,000	Personal care worker for the Rose Mumbler Retirement Village.
Illawarra Aboriginal Medical Service	387,200	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of Aboriginal communities in the Illawarra area.
Intereach Ltd	128,800	Provision of family health services in the Deniliquin area.
Katungul Aboriginal Corporation Community & Medical Services	375,900	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of Aboriginal communities of the Far South Coast region and Bega.
Maari Ma Health Aboriginal Corporation	444,100	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of Aboriginal communities in Broken Hill, Wilcannia, Menindee and other communities across Far West NSW.
Ngaimpe Aboriginal Corp	235,000	Aboriginal community controlled residential drug and alcohol treatment and referral program providing culturally safe statewide services, located on the Central Coast.
Orana Haven	195,100	Aboriginal community controlled residential drug and alcohol treatment and referral program providing culturally safe statewide services located near Brewarrina.
Orange Aboriginal Medical Service	317,600	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of the Aboriginal community in Orange.
Pius X Aboriginal Corp	203,300	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of the Moree Aboriginal community.
Riverina Medical & Dental Aboriginal Corporation	592,200	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of the Aboriginal community in the Riverina region.
South Coast Medical Service Aboriginal Corp	296,600	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of the Aboriginal community in the Nowra area.
South Coast Womens Health & Welfare Aboriginal Corporation (WAMINDA)	561,400	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of Aboriginal women and their families in the South Coast region.
Tamworth Aboriginal Medical Service Inc	289,700	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of Aboriginal communities in the Tamworth area.
Tharawal Aboriginal Corporation	406,200	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of the Aboriginal community in the Campbelltown area.
The Oolong Aboriginal Corporation	262,700	Aboriginal community controlled residential drug and alcohol treatment and referral program providing culturally safe statewide services located in Nowra.
Tobwabba Aboriginal Medical Service	296,700	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of the Aboriginal community in Forster and surrounding areas.
Ungooroo Aboriginal Corporation	255,600	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of Aboriginal communities in Singleton and Muswellbrook areas.
Walgett Aboriginal Medical Service	495,400	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of Aboriginal communities in Walgett, Brewarrina and surrounding areas.
Weigelli Centre Aboriginal Corp	98,100	Aboriginal community controlled residential drug and alcohol treatment and referral program, providing culturally safe statewide services located in the Cowra area.
Wellington Aboriginal Corporation Health Service	1,366,200	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of Aboriginal communities in Wellington and Western Sydney.
Werin Aboriginal Corporation	255,600	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of the Aboriginal community in Port Macquarie.
Yerin Aboriginal Health Services Inc	462,000	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of Aboriginal communities in the Central Coast area.
Yoorana Gunya Family Healing Centre Aboriginal Corp	474,700	Provision of Aboriginal community controlled, culturally safe health services to meet the holistic healthcare needs of the Aboriginal community in Forbes and surrounding areas.
Total	18,118,100	

Aboriginal maternal and infant health

Grant recipient	Amount \$	Description
Durri Aboriginal Corp Medical Service	244,600	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	366,500	Employment of a community midwife to provide antenatal care to improve the health outcomes of Aboriginal mothers and their babies.
Walgett Aboriginal Medical Service	244,600	Employment of a community midwife to provide antenatal care to improve the health outcomes of Aboriginal mothers and their babies.
Total	855,700	

HIV, blood-borne viruses and STI

Grant recipient	Amount \$	Description
Aboriginal Health & Medical Research Council NSW	137,900	Delivery of education and training in Primary Health Care (Sexual Health) and specialised short courses and skill set training covering HIV, hepatitis C and B, and sexually transmissible infections (STI) to support Aboriginal health workers in Aboriginal Community Controlled Health Services and local health districts to implement the NSW HIV, STI, hepatitis C and hepatitis B strategies.
ACON Health Ltd	12,673,700	ACON is a statewide community-based organisation providing HIV prevention, education, and support services to gay and other homosexually active men at risk of and living with HIV. Services and programs include: HIV pre-vention, health promotion, education and community engagement programs for gay and homosexually active men to increase access to HIV testing, treatment and prevention.
Australasian Society For HIV, Viral Hepatitis & Sexual Health Medicine	714,600	ASHM provides: <ul style="list-style-type: none"> • general practitioner (GP) engagement and delivery of training for authorisation as required for prescribing of drugs used in the treatment of HIV and hepatitis B • training that supports GPs involved with patients who have HIV and STIs • sexual health and viral hepatitis training for nurses • HIV, STI and viral hepatitis training content and materials for GPs and other health care providers.
Bobby Goldsmith Foundation	2,013,900	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	2,679,675	Provision of syringes and pen needles at no cost to NSW registrants of the National Diabetic Services Scheme and the promotion and education for safe sharps disposal.
Hepatitis NSW Inc	2,183,400	A statewide community-based organisation that provides information, support, referral, education and advocacy services for people in NSW affected by hepatitis C and hepatitis B.
NSW Users & Aids Association Inc	1,693,600	Statewide community-based organisation that provides HIV and hepatitis C prevention education, harm reduction, access to testing and treatment, advocacy and resources, referral and support services for people who inject drugs.
Positive Life NSW Inc	1,089,000	Statewide community-based health promotion and education, advocacy, and implementation of policy and programs which affect people living with HIV.
Sex Workers Outreach Project Inc	1,501,600	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	24,687,375	

Aged care, disability and community care

Grant recipient	Amount \$	Description
Cystic Fibrosis New South Wales	321,500	Cystic Fibrosis NSW provides counselling, support and assistance to people with Cystic Fibrosis and their families. It also delivers community outreach and works to improve equitable delivery of services and multidisciplinary engagement.
Palliative Care NSW Inc	106,600	Palliative Care NSW provides information and education to healthcare professionals and the general public to raise awareness and enable informed choices about quality palliative and end of life care. The organisation designs and delivers strategies and policies to support the growth and uptake of palliative care in NSW, and assists primary and specialist health professionals who provide palliative care in the community.
Parkinsons NSW Ltd	31,200	Parkinson's NSW supports people living with Parkinson's Disease, their families and carers. It provides essential services through the Parkinson's NSW Infoline, counselling services, network of Support groups, Parkinson's Nurse specialists in regional NSW, and education and information programs.
Total	459,300	

Community services – NSW children, youth and families

Grant recipient	Amount \$	Description
Albury Wodonga Aboriginal Health Service	277,300	This organisation provides child and family health services including the provision of child health and development checks.
Aust Assoc For The Wellbeing Of Children In Health Care	227,100	AWCH co-ordinates and supports the AWCH Ward Grandparent Program in NSW public hospitals and advocates for the needs of children and young people through, education, policy development, awareness raising and partnerships.
Centre For Disability Studies Ltd	241,300	Provide a Complex Care Service for adults with Intellectual Disability and complex health needs, working with the person's General Practitioner to ensure high quality health care. They provide multidisciplinary health assessments, health care plans advice and referrals.
Council Of Social Service Of NSW (NCOSS)	308,600	This organisation provides capacity building activities that increase sustainability in health-related activities that promote the development of health policies, strategies, service design and delivery to better address the health needs of disadvantaged people.
Health Consumers NSW Inc	454,700	HCNSW provides a voice for patients, their family members and carers, patient leaders and health consumer representatives in NSW, as well as health consumer organisations representing specific disease and population groups. Key activities include support for consumer representative networks, and training and education for consumers and NSW Health staff.
United Hospital Auxiliaries Of NSW Inc	233,600	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 care services and other public health facilities across NSW.
Womens Health NSW Inc	262,700	This organisation is the peak body for non-government, community-based, women's health centres in NSW. It is responsible for promoting a coordinated approach to policy and planning, service delivery, staff development, training, education and consultation between members, NSW Health and other government and non-government agencies.
Total	2,005,300	

Community services – NSW children, youth and families

Grant recipient	Amount \$	Description
Australian Breastfeeding Association (NSW Branch)	180,300	The Association promotes, protects and supports breastfeeding by advocating for and creating an awareness, in the community, of the importance of human milk. It provides peer support to women and families and supports health professionals with resources, workshops and seminars.
Australian Red Cross Society	391,000	Residential program that builds the capacity of young pregnant women over 20 weeks gestation with complex needs, and newly parenting young men and women aged 12 to 25 to live and parent independently and respond appropriately to the needs of their children.
CatholicCare Sydney Trust	100,100	This organisation recruits and trains personnel to deliver Natural Fertility Planning (NFP) and Family Life Education (FLE) services. The organisation also supports ongoing learning and professional development of NFP and FLE educators.
Red Nose Saving Little Lives (formerly SIDS and Kids NSW)	198,000	Red Nose provides bereavement support to NSW families who experience the death of their baby or child during pregnancy, birth and infancy, including miscarriage, ectopic pregnancy, termination of pregnancy, stillbirth, neonatal and infant death and sudden death of a child.
Royal Far West Children's Health Scheme	4,364,200	The Paediatric Developmental Program at Royal Far West provides specialist comprehensive multidisciplinary assessment, diagnosis, planning, review and treatment for rural and remote children up to age 12 with complex developmental and behavioural issues. The Program includes support for parents and carers. The service targets the needs of families residing north of Taree, west of Lithgow and south of Nowra, who cannot access the services they need locally.
Youthsafe	214,900	Youthsafe works with schools, workplaces and community organisations to provide information, build capacity and deliver programs to prevent unintentional injury of young people aged 12 to 26 years in different settings, including on the road, at work, while playing sport and when out socialising with friends.
Youth Action	144,000	Youth Action is the peak body for young people and youth services in NSW. Youth Action has received funding to develop and implement the NSW Youth Health Literacy Project. This aims to improve the health outcomes of young people aged 12 to 24 years old through promoting their health literacy and access to healthcare.
Total	5,592,500	

Drug and alcohol

Grant recipient	Amount \$	Description
Aboriginal Health & Medical Research Council of NSW	199,500	Develop capacity of NSW Aboriginal Community Controlled Health Organisations to identify and respond to alcohol and other drug related harm.
Aboriginal Medical Service Co-Operative Ltd	345,500	Delivery of alcohol and other drug treatment and support services for Aboriginal people in Redfern.
Odyssey House NSW	851,100	Works with people from a range of culturally and linguistically diverse (CALD) communities, primarily in Western and South Western Sydney. Delivery of alcohol and other drug (AOD) prevention, community development, treatment and research services for people and communities with cultural and linguistic diversity, primarily in Western and South Western Sydney.
Network of Alcohol & Other Drugs Agencies Inc	1,737,100	Represent and develop capacity of NSW non-government organisations delivering alcohol and other drug prevention, harm minimisation, and treatment services.
The Oolong Aboriginal Corporation	380,700	Alcohol and other drug residential rehabilitation in Nowra primarily for Aboriginal men, with priority access for Magistrates Early Referral Into Treatment program participants.
Uniting (NSW ACT)	4,423,198	Medically supervised injecting- centre.
Total	7,937,098	

Health promotion

Grant recipient	Amount \$	Description
Asthma Australia Ltd	575,800	Asthma Australia aims to build the capacity of the health workforce to provide evidence-based care to people with asthma, develop and implement programs and services that support people with asthma to proactively self-manage their disease and help develop policies and systems to create safer environments for people with asthma.
Family Drug Support	410,700	Provides a 24-hour 7 days telephone service, information, support and referral to families affected by alcohol and other drug issues.
Healthy Kids Association Inc	375,000	Delivery of key activities in relation to the NSW Healthy School Canteen Strategy, and activities associated with the Centre for Population Health - HEAL in schools portfolio.
Kidsafe NSW Inc	278,700	Kidsafe NSW undertakes public awareness campaigns and provides information, training and advice on child injury prevention to key stakeholders and the community.
Life Education NSW Limited	2,398,500	Delivers alcohol and other drugs and healthy lifestyle related education to primary school children in NSW.
Total	4,038,700	

Mental health

Grant recipient	Amount \$	Description
Aboriginal Health & Medical Research Council NSW	212,900	Mental Health statewide coordination to support and develop the capacity of Aboriginal health services across NSW to deliver mental health services and provide advice to NSW Health on Aboriginal mental health issues.
Aboriginal Medical Service Co-Operative Ltd	352,300	Mental Health project for the Aboriginal community to develop and deliver local solutions to address mental health and wellbeing needs of their communities. The funding supports Aboriginal workforce development, clinical service delivery and care coordination for community members experiencing psychological distress and improve social and emotional wellbeing.
Albury Wodonga Aboriginal Health Service	107,400	Mental Health project for the Aboriginal community to develop and deliver local solutions to address mental health and wellbeing needs of their communities. The funding supports Aboriginal workforce development, clinical service delivery and care coordination for community members experiencing psychological distress and improve social and emotional wellbeing.
Awabakal Ltd	120,700	Mental Health project for the Aboriginal community to develop and deliver local solutions to address mental health and wellbeing needs of their communities. The funding supports Aboriginal workforce development, clinical service delivery and care coordination for community members experiencing psychological distress and improve social and emotional wellbeing.

Grant recipient	Amount \$	Description
Black Dog Institute	1,728,300	Black Dog Institute uses the funding for: <ul style="list-style-type: none"> • Clinical services – Depression Clinic (a psychiatric assessment clinic that provide assessment, treatment plans and where required, ongoing management), Neurostimulation and ketamine treatments for people experiencing severe depression. • Education – develop and deliver mental health education programs to health care professionals and schools/school communities.
Bulgarr Ngaru Medical Aboriginal Corporation	123,400	Mental Health project for the Aboriginal community to develop and deliver local solutions to address mental health and wellbeing needs of their communities. The funding supports Aboriginal workforce development, clinical service delivery and care coordination for community members experiencing psychological distress and improve social and emotional wellbeing.
CatholicCare Wilcannia-Forbes Ltd	930,800	NSW Family and Carer Mental Health Program – supports families and carers of people with a mental illness through individual support, support groups, advocacy and training and education. Also includes One Door Mental Health Core Grant to support statewide services.
Coomealla Health Aboriginal Corporation	120,700	Mental Health project for the Aboriginal community to develop and deliver local solutions to address mental health and wellbeing needs of their communities. The funding supports Aboriginal workforce development, clinical service delivery and care coordination for community members experiencing psychological distress and improve social and emotional wellbeing.
Cummeragunja Aboriginal Corp	120,700	Mental Health project for the Aboriginal community to develop and deliver local solutions to address mental health and wellbeing needs of their communities. The funding supports Aboriginal workforce development, clinical service delivery and care coordination for community members experiencing psychological distress and improve social and emotional wellbeing.
Galambila Aboriginal Health Service Inc	107,400	Mental Health project for the Aboriginal community to develop and deliver local solutions to address mental health and wellbeing needs of their communities. The funding supports Aboriginal workforce development, clinical service delivery and care coordination for community members experiencing psychological distress and improve social and emotional wellbeing.
Katungul Aboriginal Corporation Community & Medical Services	113,700	Mental Health project for the Aboriginal community to develop and deliver local solutions to address mental health and wellbeing needs of their communities. The funding supports Aboriginal workforce development, clinical service delivery and care coordination for community members experiencing psychological distress and improve social and emotional wellbeing.
Lifeline Australia	3,648,800	Lifeline is Australia's largest crisis support line. Lifeline provides one-off crisis support to people who could benefit from immediate and short-term assistance to cope with crises or distress. Crisis support services are provided over the phone or via text or webchat services.
Mental Health Co-Ordinating Council Inc	679,900	NSW Mental Health peak organisation funded to support the non-government organisation sector efforts to provide efficient and effective delivery of mental health services.
Mission Australia	922,400	NSW Family and Carer Mental Health Program – supports families and carers of people with a mental illness through individual support, support groups, advocacy and training and education.
Peer Support Australia	314,500	Peer-led mentoring program supporting the mental, social and emotional wellbeing of children and young people in schools.
Riverina Medical & Dental Aboriginal Corporation	107,400	Mental Health project for the Aboriginal community to develop and deliver local solutions to address mental health and wellbeing needs of their communities. The funding supports Aboriginal workforce development, clinical service delivery and care coordination for community members experiencing psychological distress and improve social and emotional wellbeing.
One Door Mental Health NSW Ltd	3,416,300	NSW Family and Carer Mental Health Program supports families and carers of people with a mental illness through individual support, support groups, advocacy and training and education. Also includes One Door Mental Health Core Grant to support statewide services including: <ul style="list-style-type: none"> • Providing the Telephone Referral Support Service and other information services for people with severe and persistent mental illness • Peer support groups • Advocating and research services • Schizophrenia Awareness Week activities.
South Coast Medical Service Aboriginal Corp	231,500	Mental Health project for the Aboriginal community to develop and deliver local solutions to address mental health and wellbeing needs of their communities. The funding supports Aboriginal workforce development, clinical service delivery and care coordination for community members experiencing psychological distress and improve social and emotional wellbeing.
South Coast Womens Health & Welfare Aboriginal Corporation (WAMINDA)	116,800	Mental Health project for the Aboriginal community to develop and deliver local solutions to address mental health and wellbeing needs of their communities. The funding supports Aboriginal workforce development, clinical service delivery and care coordination for community members experiencing psychological distress and improve social and emotional wellbeing.
St Vincent De Paul Society	241,400	Frederic House is a residential aged care facility that targets older men with mental health and/or substance use issues. This top up funding supports the facility and services provided, particularly the provision of specialist staffing.
Stride Mental Health Ltd	911,000	NSW Family and Carer Mental Health Program – supports families and carers of people with a mental illness through individual support, support groups, advocacy and training and education.

Grant recipient	Amount \$	Description
Tharawal Aboriginal Corporation	107,400	Mental Health project for the Aboriginal community to develop and deliver local solutions to address mental health and wellbeing needs of their communities. The funding supports Aboriginal workforce development, clinical service delivery and care coordination for community members experiencing psychological distress and improve social and emotional wellbeing.
Uniting	1,848,900	NSW Family and Carer Mental Health Program – supports families and carers of people with a mental illness through individual support, support groups, advocacy and training and education.
Walgett Aboriginal Medical Service	214,500	Mental Health project for the Aboriginal community to develop and deliver local solutions to address mental health and wellbeing needs of their communities. The funding supports Aboriginal workforce development, clinical service delivery and care coordination for community members experiencing psychological distress and improve social and emotional wellbeing.
Weigelli Centre Aboriginal Corp	107,400	Mental Health project for the Aboriginal community to develop and deliver local solutions to address mental health and wellbeing needs of their communities. The funding supports Aboriginal workforce development, clinical service delivery and care coordination for community members experiencing psychological distress and improve social and emotional wellbeing.
Wellington Aboriginal Corporation Health Service	225,100	Mental Health project for the Aboriginal community to develop and deliver local solutions to address mental health and wellbeing needs of their communities. The funding supports Aboriginal workforce development, clinical service delivery and care coordination for community members experiencing psychological distress and improve social and emotional wellbeing.
Yerin Aboriginal Health Services Inc	107,400	Mental Health project for the Aboriginal community to develop and deliver local solutions to address mental health and wellbeing needs of their communities. The funding supports Aboriginal workforce development, clinical service delivery and care coordination for community members experiencing psychological distress and improve social and emotional wellbeing.
WayAhead – Mental Health Association NSW Ltd	112,100	WayAhead is the peak body for mental health promotion in NSW. WayAhead promotes mental health and wellbeing, supports the people of NSW to access mental health services and delivers mental health projects across NSW.
Being – Mental Health Consumers Incorporated	69,700	BEING – Mental Health Consumers Inc is the peak body for mental health consumers in NSW. BEING represent the interest of mental health consumers in NSW and advocate on behalf of consumers for changes in policy, legislation and service provision. BEING also deliver projects that support the expansion and growth of the lived experience workforce.
Mental Health Carers NSW	40,000	Mental Health Carers NSW (MHCN) is the peak body for mental health carers in NSW. MHCN represent the interest of mental health carers in NSW and information they gather from carers is used to advocate for changes in policy, legislation and service provision to better recognise and support carers.
Total	17,460,800	

Oral health

Grant recipient	Amount \$	Description
Aboriginal Medical Service Co-Operative Ltd	420,000	Aboriginal Oral Health Services.
Albury Wodonga Aboriginal Health Service	598,300	Aboriginal Oral Health Services.
Armajun Health Service Aboriginal Corporation	570,400	Aboriginal Oral Health Services.
Awabakal Ltd	377,700	Aboriginal Oral Health Services.
Biripi Aboriginal Corp Medical Centre	313,800	Aboriginal Oral Health Services.
Bourke Aboriginal Corporation Health Service	411,800	Aboriginal Oral Health Services.
Bulgarr Ngaru Medical Aboriginal Corporation	517,900	Aboriginal Oral Health Services.
Condobolin Aboriginal Health Service	156,800	Aboriginal Oral Health Services.
Coonamble Aboriginal Health Service	156,800	Aboriginal Oral Health Services.
Durri Aboriginal Corp Medical Service	517,900	Aboriginal Oral Health Services.
Griffith Aboriginal Medical Service Inc	156,800	Aboriginal Oral Health Services.
Illawarra Aboriginal Medical Service	482,800	Aboriginal Oral Health Services.
Katungul Aboriginal Corporation Community & Medical Services	389,400	Aboriginal Oral Health Services.
Maari Ma Health Aboriginal Corporation	234,700	Aboriginal Oral Health Services.
Orange Aboriginal Medical Service	618,600	Aboriginal Oral Health Services.
Pius X Aboriginal Corp	213,200	Aboriginal Oral Health Services.
Riverina Medical & Dental Aboriginal Corporation	563,800	Aboriginal Oral Health Services.

Grant recipient	Amount \$	Description
South Coast Medical Service Aboriginal Corp	324,100	Aboriginal Oral Health Services.
Tamworth Aboriginal Medical Service Inc	150,600	Aboriginal Oral Health Services.
Tharawal Aboriginal Corporation	488,200	Aboriginal Oral Health Services.
Tobwabba Aboriginal Medical Service	411,800	Aboriginal Oral Health Services.
University of Sydney	287,100	Aboriginal Oral Health Scholarships.
Walgett Aboriginal Medical Service	211,500	Aboriginal Oral Health Services.
Yerin Aboriginal Health Services Inc	429,400	Aboriginal Oral Health Services.
Total	9,003,400	

Rural doctors services

Grant recipient	Amount \$	Description
NSW Rural Doctors Network	1,816,600	The Rural Doctors Network core funding supports a range of programs aimed at ensuring sufficient numbers of suitably trained and experienced general practitioners are available to meet the healthcare needs of rural NSW communities. Funding is also provided for the NSW Rural Medical Undergraduates Initiatives Program, which provides financial assistance to medical students undertaking rural NSW placements; and the NSW Rural Resident Medical Officer Cadetship Program, which supports selected medical students in their final two years of study who commit to completing two of their first three postgraduate years in a NSW regional hospital.
Total	1,816,600	

External health services

Grant recipient	Amount \$	Description
Royal Flying Doctor Service of Australia (South Eastern Section)	1,835,900	Provision of the Rural Aerial Health Service.
Total	1,835,900	

Community services – transport

Grant recipient	Amount \$	Description
Access Sydney Community Transport Inc	48,300	Community transport services.
Active Care Network	164,500	Community transport services.
Holdsworth Community Ltd	31,800	Community transport services.
Hornsby Kuring-Gai Community Aged/Disabled Transport Inc	22,500	Community transport services.
Inverell HACC Services Inc	20,500	Community transport services.
Lake Cargelligo Community Transport	10,200	Community transport services.
Care 'N' Go	31,600	Community transport services.
Mid-Western Regional Council	30,300	Community transport services.
Home Assistance & Regional Transport Services Inc	48,700	Community transport services.
Ourcare Services Ltd	24,100	Community transport services.
Transcare Hunter Limited	10,200	Community transport services.
The Community Transport Company Ltd	10,100	Community transport services.
Warrumbungle Shire Council	44,300	Community transport services.
Wee Waa Community Care Services	35,900	Community transport services.
Activus Transport Inc	26,300	Community transport services.
Live better Community Services	50,400	Community transport services.
Bankstown Canterbury Community Transport Inc	24,900	Community transport services.
Cabonne Shire Council	19,900	Community transport services.

Grant recipient	Amount \$	Description
Connect You Too Ltd	80,900	Community transport services.
Community Transport Central Coast Ltd	52,100	Community transport services.
Linked Community Services	31,700	Community transport services.
Neighbourhood Centre	34,300	Community transport services.
Peppercorn Services Inc	30,700	Community transport services.
Stryder	44,900	Community transport services.
Total	929,100	

Other funding grants in 2022–23

Trading partner	Amount \$	Description
2Connect Youth & Community Inc	135,773	Alcohol and Other Drugs Youth Treatment Services.
Aboriginal Corporation for Drug and Alcohol Network NSW	70,000	Aboriginal Drug and Alcohol Workforce 2022 Symposium.
Aboriginal Corporation for Drug and Alcohol Network NSW	150,000	To support Aboriginal engagement in the ICE response.
Aboriginal Drug and Alcohol Residential Rehabilitation Network Ltd	99,500	Aboriginal Drug and Alcohol Residential Rehabilitation Organisation and Service Development.
Aboriginal Health & Medical Research Council NSW	331,977	Aboriginal Alcohol and Other Drugs Workforce Training grant.
Aboriginal Health & Medical Research Council NSW	160,000	Suicide Prevention Project Officer.
Aboriginal Medical Service Co-Operative Ltd	100,000	Dental wait list recovery.
Aboriginal Medical Service Co-Operative Ltd	100,000	Awarding of Aboriginal Model of Care Program Grants.
Aboriginal Medical Service Co-Operative Ltd	249,060	Aboriginal Health Minor Works Program.
Acon Health Ltd	4,205,275	Establish a LGBTQ health centre.
Acon Health Ltd	92,845	State-wide Community Response Packages for People of diverse sexualities and genders.
Acon Health Ltd	1,311,000	Trans and Gender Diverse Youth Mental Health Support.
Acon Health Ltd	96,898	Sydney World Pride and Mardi Gras.
Acon Health Ltd	541,528	Community-based Suicide Prevention Services: Aftercare – LGBTI community.
Active Farmers Ltd	70,000	Contribution to Active Farmers.
Albury Wodonga Aboriginal Health Service	194,000	Aboriginal MHWB Flood Recovery Program.
Albury Wodonga Health	260,000	Wellbeing Nurse Partnership.
Albury Wodonga Health	250,000	Albury Wodonga Hospital Freezer Upgrades.
Anglican Community Services	1,103,604	Mental Health Community Living Supports for refugees.
Anglican Community Services	92,845	Community Response Package for older people.
Armajun Health Service Aboriginal Corporation	257,697	Building on Aboriginal Communities' Resilience initiative.
Armajun Health Service Aboriginal Corporation	100,000	Dental wait list recovery.
Armidale Centacare New England North West Ltd	302,342	Alcohol and Other Drugs Youth Treatment Services.
Arthritis Foundation Of NSW	135,000	Contribution to Arthritis Foundation of NSW.
Association of Drug Referral Centres Ltd	102,173	Alcohol and Other Drugs Youth Treatment Services.
Ausbiotech Ltd	42,000	State Sponsorship of Australian Pavilion at BIO.

Trading partner	Amount \$	Description
Aust Huntingtons Disease Assoc (NSW) Inc	90,909	Contribution towards organisation's Youth Connection Program.
Australian Commission On Safety And Quality In Health Care	2,699,496	Contribution for the Australian Commission on Safety and Quality in Health Care.
Australian Digital Health Agency	10,326,450	NSW contribution to Australian Digital Health Agency.
Australian Gynaecological Cancer Foundation	150,000	Contribution towards the foundations' objective.
Australian Red Cross Society	613,113	Mental Health Community Living Supports for refugees.
Australis Scientific Pty Ltd	750,000	Medical Devices Fund.
Awabakal Ltd	100,000	Dental wait list recovery.
Awabakal Ltd	244,875	Aboriginal Minor Capital Works Program.
Awards Australia Pty Ltd	15,000	Contribution towards 7NEWS Young Achiever Health Award.
Being – Mental Health Consumers Inc	125,000	BEING Connected forum.
Being – Mental Health Consumers Inc	800,439	BEING Core funding Grant.
Being – Mental Health Consumers Inc	18,118	Consumer Workers Forum.
Beyond Blue Ltd	1,321,425	Beyond Blue Core Funding.
Billabong Clubhouse Inc	100,000	Support for mental health consumers.
Biripi Aboriginal Corp Medical Centre	120,000	Aboriginal Family Wellbeing and Violence Prevention Program.
Biripi Aboriginal Corp Medical Centre	194,000	Aboriginal Mental Health and Wellbeing Disaster Recovery Program.
Birth Beat Pty Ltd	60,000	Contribution to Birth Beat Pilot.
Black Dog Institute	1,050,000	Workforce Capacity and Recovery.
Bourke Aboriginal Corporation Health Service	100,000	Awarding of Aboriginal Model of Care Program Grants.
Broadlands Residents Men's Shed	1,877	Contribution toward Broadlands Residents Men's Shed.
Bulgarr Ngaru Medical Aboriginal Corporation	120,000	Aboriginal Family Wellbeing and Violence Prevention Program.
Bulgarr Ngaru Medical Aboriginal Corporation	194,000	Aboriginal Mental Health and Wellbeing Disaster Recovery.
Bulgarr Ngaru Medical Aboriginal Corporation	126,383	Building on Aboriginal Communities' Resilience initiative.
Bullinah Aboriginal Health Service Ltd	257,697	Building on Aboriginal Communities' Resilience.
Bullinah Aboriginal Health Service Ltd	100,000	Support for flood affected communities.
Bundi Girri Consulting Pty Ltd	66,405	ngunbawurdah yawarra – wrapped up in care – dhudhu screening (breast screening).
Burn Bright Ltd	3,170	North Shore Youth Health Forum.
Calvary Health Care Sydney Ltd	125,296	Contribution towards facility maintenance.
Cancer Council NSW	16,171	Maintenance and updates for the Tobacco in Australia website.
Cancer Council NSW	100,000	Grant for expansion of GenerationVape Research Project.
Careflight Pty Ltd	3,600,000	To operate CareFlight Rapid Response Helicopter.
Catholic Healthcare Ltd	42,440	Contribution to Lourdes hospital and community service.
CatholicCare Wilcannia-Forbes Ltd	120,000	Aboriginal Family Wellbeing and Violence Prevention Program.
Charles Sturt University	10,000	Equally Well Conference Sponsorship.
Children of the Bomaderry Aboriginal Childrens Home Inc	70,000	Grant for Stolen Generations.
Childrens Medical Research Institute	200,000	Contribution to Children's Medical Research Institute.
Childrens Tumour Foundation of Australia	200,000	Contribution towards Children's Tumour Foundation.
Community Mental Health Australia Incorporated	40,000	Fourth National NDIS and Mental Health Conference Sponsorship.

Trading partner	Amount \$	Description
Community Northern Beaches Inc	50,000	Contribution to Homeless Outreach Program.
Community Restorative Centre	136,168	Drug and Alcohol Treatment Services Grant.
Condobolin Aboriginal Health Service Inc	225,000	Mental Health and Wellbeing project.
Condobolin Aboriginal Health Service Inc	126,383	Building on Aboriginal Communities' Resilience initiative.
Coomealla Health Aboriginal Corporation	257,697	Building on Aboriginal Communities' Resilience initiative.
Coomealla Health Aboriginal Corporation	100,000	Awarding of Aboriginal Model of Care Program Grants.
Coonamble Aboriginal Health Service	384,080	Building on Aboriginal Communities' Resilience initiative.
Coonamble Aboriginal Health Service	120,000	Aboriginal Family Wellbeing and Violence Prevention Program.
Coonamble Aboriginal Health Service	6,800	Purchase of a dental X-ray.
Coonamble Aboriginal Health Service	125,209	Aboriginal Minor Capital Works Program.
Coordinare Limited	1,472,000	Enhance access to psychological therapies in response to COVID-19 Pandemic.
Coota Girls Aboriginal Corporation	100,000	NSW Health Support for Stolen Generations Survivors.
Cox Inall Ridgeway Pty Ltd	92,845	NSW Suicide Prevention Fund.
Cummeragunja Aboriginal Corporation	100,000	Awarding of Aboriginal Model of Care Program Grants.
Cure Blindness Australia Inc	5,000	Contribution to Cure Blindness Australia.
Currawarna Assisted Living Ltd	350,000	Contribution to support the reopening of Currawarna aged care facility.
Damec	317,425	Alcohol and other Drugs Services Transition Grant.
Department For Health and Ageing	1,131,279	NSW contribution to The Australian Health Ministers' Advisory Council (AHMAC).
Department Of Health	64,486	Mental Health Professional Online Development.
Department Of Health & Aged Care	2,500,000	Bilateral Lismore Health Repair Program.
Department Of Health & Aged Care	2,670,114	Annual contribution to the Australian Immunisation Register.
Department Of Health & Aged Care	1,554,540	NSW contribution to Haemopoietic Progenitor Cell sector.
Department Of Health & Aged Care	140,722	NSW contribution to the Health Star Rating Scheme.
Department Of Health & Aged Care	1,239,341	Bilateral Schedule for Postvention services and the Perinatal Mental Health Initiative.
Directions Health Services	757,702	Counselling for people using methamphetamines.
Doctors Health Advisory Service NSW Incorporated	115,000	Contribution to development of Postvention Toolkit.
Dubbo Neighbourhood Centre Inc	127,807	Local Support Coordinator Grant.
Dubbo Neighbourhood Centre Inc	120,000	Aboriginal Family Wellbeing and Violence Prevention Program.
Durri Aboriginal Corp Medical Service	257,697	Building on Aboriginal Communities' Resilience initiative.
DV West Ltd	154,186	Grant to implement a Specialist Children and Young People's Domestic Violence Program.
Eastern Dorrigo Showground & Halls Management Committee	10,000	Specialist recovery service to people struggling with mental illness.
EIS Health Ltd	3,016,000	NSW Pandemic Recovery Access Initiative.
EIS Health Ltd	8,482	Aftercare – Central Eastern Sydney Primary Health Network.
EIS Health Ltd	6,786	Aftercare Grant – Way Back Support Service.
EMVision Medical Devices Ltd	2,500,000	Medical Devices Fund.
Endeavour Mental Health Recovery Clubhouse	100,000	Specialist recovery service to people struggling with mental illness.
Equality Australia Ltd	150,000	Capacity Building Program for Trans and Gender Diverse Communities.
Erina Community Baptist Church	5,519	Contribution to Coast to Country bike ride to support fundraising for Dementia.
Eudaemon Technologies Pty Ltd	4,035,000	Medical Devices Fund.

Trading partner	Amount \$	Description
Event Studio Group Unit Trust	15,455	Support for the 12th Health Services Research Conference being delivered by the Health Services Research Association of Australia and New Zealand (HSRAANZ).
Family Drug Support	10,000	Contribution to support Family Drug Support.
Family Planning NSW	159,282	NSW Pregnancy Choices Helpdesk.
Family Planning NSW	400,000	Regional NSW Pilot Service.
Filling The Gap Ltd	140,000	Funding for National Dental Foundation Program.
Forensic and Medical Sexual Assault Clinicians Australia Incorporated	531,000	Post COVID-19 Recovery and Expansion and Improving Medical Forensic Care for Victim-Survivors of Domestic and Sexual Violence.
Full Stop Australia	200,000	Sex & Ethics for Young People: Training the Trainer.
Galambila Aboriginal Health Service Inc	194,000	Aboriginal Mental Health and Wellbeing Disaster Recovery Program.
Galambila Aboriginal Health Service Inc	126,383	Building on Aboriginal Communities' Resilience initiative.
Galambila Aboriginal Health Service Inc	249,681	Aboriginal Minor Capital Works Program.
Gandangara Local Aboriginal Land Council	70,000	Support for Stolen Generations.
Garvan Institute of Medical Research	100,000	Contribution to Garvan Institute of Medical Research.
Gidget Foundation Australia	2,325,938	Mental Health Recovery Funding.
Gotcha 4 Life Foundation Ltd	350,000	Disaster impacted community intervention and the Intervention research project.
Grand Pacific Health Ltd	1,149,500	Rural Adversity Mental Health Program Coordination and Management.
Grand Pacific Health Ltd	1,845,371	Housing and Accommodation Support Initiative.
Grand Pacific Health Ltd	705,080	Mental Health Community Living Supports for refugees.
Grand Pacific Health Ltd	538,053	Community-based Suicide Prevention Services: Aftercare – Illawarra Shoalhaven.
Grand Pacific Health Ltd	283,053	Community-based Suicide Prevention Services: Aftercare – Southern NSW.
Great Lakes Palliative Care Support Inc	5,000	Contribution towards palliative care support to the local community.
Great Lakes Pharmacy	5,000	Opioid Treatment Program transitional support.
Griefline Community and Family Services Inc	261,364	Griefline funding.
Griffith Aboriginal Medical Service Inc	126,383	Building on Aboriginal Communities' Resilience initiative.
Griffith Aboriginal Medical Service Inc	100,000	Awarding of Aboriginal Model of Care Program Grants.
Hammondcare	950,000	Mental Health Aged Care Partnership Initiative transition unit.
Hastings Auto Restorers Society Inc	2,295	Contribution towards the purchase of a defibrillator.
Headspace National Youth Mental Health Foundation Ltd	10,000,000	Headspace COVID-19 Recovery Package.
Headspace National Youth Mental Health Foundation Ltd	1,800,000	Headspace National Floods Support.
Headspace National Youth Mental Health Foundation Ltd	2,000,000	Headspace National Community Collaboratives.
Health Consulting Connections Pty Ltd	184,000	Support to plan for end-of-life care budget commitment.
Health Professional Councils Authority	131,292	Treasury Managed Fund (TMF) contribution for workers compensation, motor vehicles and property.
Healthdirect Australia	779,932	Healthdirect National Health Service Directory (NHSD) Funding.
Healthdirect Australia	243,200	Healthdirect Governance Funding.
Healthdirect Australia	12,235,587	Health Information and Advisory Service.
Healthdirect Australia	1,002,500	NSW Virtual GP Urgent Care Services.
Healthdirect Australia	341,179	NSW Palliative Care After Hours Helpline.
Healthdirect Australia	282,045	Orange Hospital Enquiry helpline.
Healthdirect Australia	1,770,692	GP Helpline services.

Trading partner	Amount \$	Description
Healthwise New England North West	538,053	Mental Health Suicide Prevention Fund.
Healthy North Coast Ltd	1,312,000	North Coast Primary Health Network Recovery Access Program.
Healthy North Coast Ltd	6,760,000	Mental Wellbeing Flood Recovery.
Healthy North Coast Ltd	347,764	Mental Health and Suicide Prevention.
Healthy North Coast Ltd	6,786	Aftercare grant: Way Back Support Service.
HNECC Ltd	3,496,000	Hunter New England and Central Coast Primary Health Network Recovery Access Program.
HNECC Ltd	667,000	Mental Wellbeing Flood Recovery HNECC.
HNECC Ltd	695,438	Bilateral Schedule aftercare.
HNECC Ltd	13,572	The Way Back Support Service – Aftercare Grant.
Humpty Dumpty Foundation Ltd	210,000	Contribution towards medical equipment.
Hunter Primary Care Ltd	178,566	Alcohol and Other Drugs Youth Treatment Services.
Hunter Valley Amateur Beekeepers Association	1,000	Contribution to support wellbeing initiative given biosecurity emergence.
Illawarra Womens Health Centre	200,000	Contribution to support the centres activities.
Independent Community Living Australia Ltd	399,500	Project Embark 2.
Karitane	1,156,000	Virtual Residential Parenting Service.
Karralika Programs Inc	547,830	Alcohol and Other Drugs Youth Treatment Services.
Katungul Aboriginal Corporation Community & Medical Services	194,000	Aboriginal Mental Health and Wellbeing Disaster Recovery Program.
Katungul Aboriginal Corporation Community & Medical Services	126,383	Building on Aboriginal Communities' Resilience initiative.
Kedesh Rehabilitation Services Ltd	285,222	Drug and Alcohol Treatment Services.
Kids of Macarthur Health Foundation Trust	30,000	Contribution towards Foundation's objectives.
Kids of Macarthur Health Foundation Trust	20,000	Contribution towards Kids of Macarthur 2023 Annual Fundraising.
Kinchela Boys Home Aboriginal Corporation	100,000	Grant to support survivors of Stolen Generations.
Koori Kids Pty Ltd	6,500	NAIDOC Week School Initiative Competitions.
Lifeline Australia Trust	90,909	Accommodation needs for rural and regional families – You Can Centre.
Lifeline Australia	7,567,500	Lifeline Text crisis support service.
Lifeline Central West Inc	500,000	Rapid Community Support Program.
Lithgow Community Private Hospital Ltd	59,323	Contribution towards purchase Lung Function Machine.
Live Life Get Active Pty Ltd	40,000	Contribution to support the program of work.
Lives Lived Well Ltd	1,933,400	Drug and Alcohol Package Women and Children Residential Rehabilitation.
Lives Lived Well Ltd	576,599	Counselling for people using methamphetamines.
Lupus Association Of NSW Inc	68,000	Contribution towards Lupus Association of NSW.
Maari Ma Health Aboriginal Corporation	332,606	Drug and Alcohol Treatment Services.
Maari Ma Health Aboriginal Corporation	257,697	Building on Aboriginal Communities' Resilience initiative.
Macarthur D & A (Youth Solutions)	100,000	Contribution to Youth Solutions.
Macksville Hospital	10,365	Contribution to purchase equipment.
Macquarie Home Stay Ltd	2,500,000	Construction of a specialised medical accommodation facility.
Maranguka Ltd	200,000	Contribution to the Maranguka Community Hub.

Trading partner	Amount \$	Description
McGrath Foundation Ltd	925,000	Funding to support McGrath Breast Care Nurses.
Medibank Health Solutions Telehealth Pty Ltd	6,290,717	Mental Health Line service.
Mental Health Assoc NSW Inc	1,595,521	WayAhead Core Funding.
Mental Health Australia Ltd	46,413	National Mental Health Consumer and Carer Forum.
Mental Health Carers ARAFMI NSW Inc	524,116	Mental Health Carers NSW Core Funding.
Mental Health Co-Ordinating Council Inc	250,275	Learning and Development Unit.
Mental Health Co-Ordinating Council Inc	59,250	Community Housing Provider training.
Mindgardens Neuroscience Network Ltd	29,684	Mapping of NSW Youth Mental Health Services integration.
Miracle Babies Foundation	3,455	Contribution to Miracle Babies Foundation for equipment.
Mission Australia	799,420	Alcohol and Other Drugs Youth Treatment Services.
Mission Australia	783,417	Alcohol and Other Drugs Continuing Care Sector Development.
Mission Australia	5,681,500	Housing and Accommodation Support Initiative.
Mission Australia	2,253,772	Community Living Support.
Mission Australia	241,045	Benjamin Short Grove Specialist Residential Aged Care Facility.
Mission Australia	229,431	Annie Green Court Specialist Residential Aged Care Facility.
Mrcf Pty Ltd	450,000	Medical Research Commercialisation Fund.
Murrumbidgee Primary Health Network	508,000	Murrumbidgee Primary Health Network Recovery Access Program.
Murrumbidgee Primary Health Network	508,000	Murrumbidgee Primary Health Network Recovery Access Program.
Murrumbidgee Primary Health Network	297,741	Bilateral Mental Health and Suicide Prevention.
Murrumbidgee Primary Health Network	5,810	The Way Back Support Service – Aftercare Grant.
National Assoc For Loss & Grief NSW Inc	599,726	Loss and Grief Support.
National Assoc For Loss & Grief NSW Inc	8,328	Loss and Grief Support.
National Association for Prevention of Child Abuse and Neglect Inc	994,166	National Association for Prevention of Child Abuse and Neglect (NAPCAN).
National Blood Authority	3,467,295	Operational costs.
National Stroke Foundation	250,000	National Stroke Foundation F.A.S.T Community Education Program.
Neami Ltd	11,339,108	Housing and Accommodation Support Initiative.
Neami Ltd	2,027,606	Community Living Support.
Nelune Foundation	90,000	Contribution towards equipment for the new Oncology Ward at Prince of Wales Public Hospital Randwick.
Network of Alcohol & Other Drugs Agencies Inc	1,150,150	Alcohol and Other Drugs Continuing Care Sector Development.
Network of Alcohol & Other Drugs Agencies Inc	4,500,000	Alcohol and Other Drugs Service Development Grant Program.
Network of Alcohol & Other Drugs Agencies Inc	485,000	Capacity building grant program in research, evaluation and monitoring.
Network of Alcohol & Other Drugs Agencies Inc	206,789	Sector Leaders and Managers Project.
Neuroscience Research Australia	175,000	Refugee Physical Health Research Project.
Neuroscience Research Australia	1,375,021	Tertiary Referral Service for Psychosis (TRSP)
New Horizons Enterprises Ltd	8,456,794	Housing and Accommodation Support Initiative.

Trading partner	Amount \$	Description
New Horizons Enterprises Ltd	2,942,942	Mental Health Community Living Supports for refugees.
New Horizons Enterprises Ltd	2,769,722	Housing and Accommodation Support Initiative Plus.
New Horizons Enterprises Ltd	7,122,001	Community Living Support.
NSW Federation of Housing Associations Inc	155,250	Program Grant to extend Mental Health Training for Community Housing.
NSW Nurses & Midwives Association	93,824	Bob Fenwick Mentoring Grants Program.
NSW Rural Doctors Network	396,000	National Rural Generalist Pathway Grant.
NSW Rural Doctors Network	272,727	Contribution towards NSW Regional Community Health System and Workforce Engagement Project.
NSW Rural Doctors Network	785,000	Rural Healthcare Workforce wellbeing Initiative.
NSW Users & Aids Association Inc	350,000	Alcohol and Other Drugs funding.
NSW Users & Aids Association Inc	5,000	Peer Bus Project grant first.
NSW Users & Aids Association Inc	374,891	DanceWize Program in NSW.
NSW Users & Aids Association Inc	249,976	Peer workforce development and support grant.
NSW Users & Aids Association Inc	175,208	Hepatitis C Activities.
Nutrition Australia	10,000	Contribution to the National Nutrition Week Event.
Obesity Australia Pty Ltd	195,000	Obesity Collective Grant.
Ochre Health Pty Ltd	104,495	Contribution to Ochre Heath Rural menopause support program.
Odyssey House NSW	388,258	Drug and Alcohol Treatment Services.
Odyssey House NSW	1,855,146	Community Drug Action Program in NSW.
Odyssey House NSW	125,370	NSW Drug Court Residential Rehabilitation Services.
Open Minds Australia Ltd	1,879,748	Community Living Support.
Open Minds Australia Ltd	1,350,139	Housing and Accommodation Support Initiative.
Orana Haven	194,000	Aboriginal Mental Health and Wellbeing Disaster Recovery Program.
Orana Haven	252,766	Building on Aboriginal Communities' Resilience initiative.
Orange Aboriginal Medical Service	225,000	Mental Health and Wellbeing Project.
Orange Aboriginal Medical Service	100,000	Dental wait list recovery.
Orange Aboriginal Medical Service	100,000	Awarding of Aboriginal Model of Care Program Grants.
Orygen Research Centre	350,000	Pilot of Moderated Online Social Therapy.
Ovarian Cancer Australia Ltd	245,000	Contribution towards project access to Optimal Care – Clinical Trials.
Palliative Care NSW Inc	777,173	Palliative Care Support Program.
Parkinsons NSW Ltd	50,000	Contribution to support the delivery of services.
Peak Hill Aboriginal Medical Incorporated	250,000	Aboriginal Minor Capital Works Program.
Pharmacy Guild Of Australia NSW Branch	1,353,130	Pharmacy Incentive Scheme.
Pharmacy Guild Of Australia NSW Branch	1,852,719	Pharmacy Needle and Syringe Program Fitpack Scheme.
Pharmonline Pty Ltd	15,000	Contribution to Kindy program to support women with gestational diabetes.
Phunktional Ltd	692,000	Prevention project initiatives for children and young people.
Pius X Aboriginal Corp	126,383	Building on Aboriginal Communities' Resilience initiative.
Port Macquarie Hospital Lodge Association Inc	509,302	Contribution to Rotary Lodge Port Macquarie.
Ramsay Clinic Thirroul	356,000	Contribution to Ramsay Mental Health Australia.
Red Frogs Australia	49,890	Peer Based Harm Reduction Services at Music Festivals.
Respite Care for QBN Inc	300,000	Support people suffering from chronic illness.
Resolve SBB Trust	2,815,674	Social Benefit Bond.

Trading partner	Amount \$	Description
RichmondPRA Limited	11,324,348	Housing and Accommodation Support Initiative.
RichmondPRA Limited	4,423,170	Housing and Accommodation Support Initiative Plus.
RichmondPRA Limited	2,690,184	Community Living Support.
Riverina Medical & Dental Aboriginal Corporation	120,000	Aboriginal Family Wellbeing and Violence Prevention Program.
Riverina Medical & Dental Aboriginal Corporation	100,000	Awarding of Aboriginal Model of Care Program Grants.
Rosies Place INC	591,207	Supporting children and young people focused on the prevention of problematic and harmful sexual behaviours.
Rotary Club Of Warners Bay Inc	150,000	Contribution to support men's health education.
Royal Flying Doctor Service Of Australia (South Eastern Section)	359,091	The Rural Medical Educator Project.
Royal Society for the Welfare of Mothers and Babies	600,000	Tresillian - Funding for Family Care Centre - Moruya Family Care Centre.
Royal Society for the Welfare of Mothers and Babies	2,600,000	Tresillian Family Care Centre Funding.
Royal Society for the Welfare of Mothers and Babies	5,500,000	Tresillian - Funding for six Family Care Centres, Macksville and five T2U vans.
Royal Society for the Welfare of Mothers and Babies	1,063,257	Tresillian Virtual Residential Parenting Service.
RSL Lifecare Ltd	376,493	Funds for Mental Health Aged Care Partnership Initiative.
Rural Aid Ltd	310,000	Community Wellbeing and Resilience Flood Recovery Program.
Samaritans Foundation Diocese Of Newcastle	316,702	Drug and Alcohol Treatment Services.
Schizophrenia Fellowship Of NSW Ltd	92,083	Forensic Reintegration Program.
Settlement Services International Inc	70,000	Contribution to development of Parenting Programs.
Shoalhaven Heads Berry Football Club	2,500	Contribution towards the purchase of a defibrillator.
SNPHN Ltd	874,000	NSW Pandemic Recovery Access Initiative.
SNPHN Ltd	667,000	Mental Wellbeing Flood recovery Sydney North Primary Health Network.
SNPHN Ltd	354,550	The Way Back Support Service - Aftercare Grant.
SNPHN Ltd	1,351,787	Northern Sydney Collaborative Commissioning.
SNPHN Ltd	874,000	NSW Pandemic Recovery Access initiative.
Sonder Australia Pty Ltd	1,500,000	Sonder App for people in isolation.
South Coast Medical Service Aboriginal Corp	257,697	Building on Aboriginal Communities' Resilience initiative.
South Coast Womens Health & Welfare Aboriginal Corporation	257,697	Building on Aboriginal Communities' Resilience initiative.
South Coast Womens Health & Welfare Aboriginal Corporation	120,000	Aboriginal Family Wellbeing and Violence Prevention Program.
South Coast Womens Health & Welfare Aboriginal Corporation	100,000	Aboriginal Mental Health and Wellbeing Model of Care Program.
South Coast Womens Health & Welfare Aboriginal Corporation	74,607	Aboriginal Minor Capital Works Program.
South Western Sydney Primary Health Network Ltd	2,620,000	South Western Sydney Primary Health Network Recovery Access Program.
South Western Sydney Primary Health Network Ltd	8,482	Mental Health and Suicide Prevention.
South Western Sydney Primary Health Network Ltd	6,785	The Way Back Support Service - Aftercare Grant.
Southern Cross Care NSW & ACT	636,135	Specialist Residential Aged Care Facility.

Trading partner	Amount \$	Description
St Peters Lutheran Church Port Macquarie	2,029	Contribution towards the purchase of a defibrillator.
St Vincent De Paul Society NSW	85,001	Drug and Alcohol Treatment Services Grant.
St Vincent De Paul Society NSW	3,716,995	Alcohol and Other Drugs Continuing Care Sector Development.
St Vincents Hospital Sydney Ltd	22,000	To improve oral health for the disadvantaged community.
St Vincents Hospital Sydney Ltd	250,000	Pilot of This Way Up online program in NSW headspace services.
Stand Tall Australia Ltd	20,000	Stand Tall regional tours in Dubbo, Tamworth and Pambula.
State Library Of New South Wales	178,302	Drug Info Service.
Stolen Generations Council (NSW & ACT) Inc	100,000	Support for Stolen Generations Survivors in accessing health services and undertaking healing activities.
Street Side Medics Limited	200,000	Contribution to Street Side Medics.
Stride Mental Health Ltd	1,881,000	LikeMind funding to provide integrated care and support in community.
Suicide Prevention Australia	92,845	Suicide Prevention Fund.
Sunflower House Inc	100,000	To deliver and improve current services for home visits for their clients.
Survivors & Mates Support Network Limited	620,000	To deliver the Healing and Recovery for Survivors and Supporters project.
Survivors & Mates Support Network Limited	750,000	Adult male survivors of child sexual abuse.
Sussex Inlet Foundation For Community Development Inc	10,000	Contribution to support the objective of the Sussex Inlet Neighbour Centre.
Sydney Catholic Schools Trust	3,970	Redefining Normal: Mental Health and Addictive Behaviour.
Tamworth Aboriginal Medical Service Inc	126,383	Building on Aboriginal Communities' Resilience initiative.
Tamworth Community College	25,000	Mental Health First AID courses.
Tharawal Aboriginal Corporation	100,000	Dental wait list recovery.
Tharawal Aboriginal Corporation	257,697	Building on Aboriginal Communities' Resilience initiative.
Tharawal Aboriginal Corporation	214,650	Aboriginal Minor Capital Works Program.
The Association of Independent Schools of NSW Ltd	57,900	NSW Healthy School Canteen strategy.
The Brain Cancer Group	110,000	Contribution to The Brain Cancer Group.
The Buttery Ltd	371,080	Drug and Alcohol Treatment Services.
The Buttery Ltd	543,012	Alcohol and Other Drugs Youth Treatment Services.
The Buttery Ltd	1,370,686	Housing and Accommodation Support Initiative Plus – Mid North Coast Local Health District.
The Gender Centre Inc	139,677	Support the Gender Centre's Children and Families Program.
The Gender Centre Inc	12,698	Support the Gender Centre's Children and Families Program.
The Gender Centre Inc	223,000	Contribution to Rural Regional Outreach and Parent online Peer support positions.
The Gender Centre Inc	250,000	Support the Gender Centre's Children and Families Program.
The Groundswell Project Inc	25,000	Groundswell aged care initiative.
The Haymarket Foundation Ltd	133,000	Contribution to Haymarket Foundation's Bourke Street Program.
The Peregrine Centre Pty Ltd	20,000	Rural Mental Health Research Partnership grant.
The Rotary Club of Gerringong Sunrise Inc	2,500	Contribution towards the purchase of a defibrillator.
The Salvation Army (NSW) Property Trust	227,435	Drug and Alcohol Treatment Services.
The Salvation Army (NSW) Property Trust	6,000,000	Redevelopment of William Booth House.
The Ted Noffs Foundation	175,504	Alcohol and Other Drugs Youth Treatment Services.
The Twenty Ten Association Inc	725,403	Transgender and Gender Diverse Youth Mental Health Support.

Trading partner	Amount \$	Description
The United Hospital Auxiliaries Of NSW Inc	14,820	Contribution to Wauchope Hospital Auxiliary.
The Way Back Support Service – Western NSW PHN	290,479	Zero Suicides Aftercare services.
Tobwabba Aboriginal Medical Service	120,000	Aboriginal Family Wellbeing and Violence Prevention Program.
Tobwabba Aboriginal Medical Service	194,000	Aboriginal Mental Health and Wellbeing Disaster Recovery Program.
Too Deadly for Diabetes	40,000	Contribution to Too Deadly for Diabetes Program.
Ungooroo Aboriginal Corporation	257,697	Building on Aboriginal Communities' Resilience initiative.
Ungooroo Aboriginal Corporation	194,000	Aboriginal Mental Health and Wellbeing Disaster grant.
Uniting (NSW ACT)	181,926	Residue and post overdose substance Testing (Repost) study.
Uniting (NSW ACT)	1,881,000	LikeMind funding to provide integrated care and support in community.
Uniting (NSW ACT)	3,580,141	Housing and Accommodation Support Initiative.
Uniting (NSW ACT)	2,697,506	Community Living Support.
Uniting (NSW ACT)	3,678,526	Housing and Accommodation Support Initiative Plus.
University Of NSW	86,064	BEING – Mental Health Consumers 30th Anniversary Event
University Of NSW	300,000	IDMH Training Framework for CAMHS Services.
University Of NSW	49,920	Implementation research to guide elimination of HIV transmission in NSW.
University Of NSW	149,760	NSW HIV Prevention Partnership project.
University Of NSW	30,000	Hepatitis B social media messages – Research Project.
University Of NSW	82,277	Enhancing Behavioural Surveillance to Address Gap and Disparities in Australia's HIV Response.
University Of NSW	512,500	Intellectual Disability Mental Health Chair.
University Of NSW	263,522	Evaluation of Collaborative Commissioning.
University Of NSW	80,682	Tracking the community response to Monkeypox.
University of Sydney	30,000	Midwives and Obstetricians Helping Mothers to Quit.
University of Sydney	30,000	National Health and Medical Research Council Partnership Project – MODUS.
University of Sydney	53,902	Educational resources on smoking and vaping for Aboriginal young people.
University of Sydney	286,500	Brain and Mind Centre – Rural Psychiatry Project.
University of Sydney	352,649	NSW Health Chair of Population Oral Health.
University of Sydney	37,500	Biostatistics Collaboration of Australia funding.
University of Sydney	196,160	Dentistry Student Placements.
University of Sydney	112,000	Chair Medical Physics variation.
University of Technology Sydney	499,800	Palliative Care Clinical Studies Collaborative research.
University of Wollongong	1,505,545	Funding for Project Air.
University of Wollongong	249,381	Project Air for Child and Youth Mental Health Services
Victor Chang Cardiac Research Institute Ltd	5,000	Organoids for Disease Modelling and Drug Discovery.
Walgett Aboriginal Medical Service	20,000	Contribution towards services.
Walgett Aboriginal Medical Service	126,383	Building on Aboriginal Communities' Resilience initiative.
Walgett Aboriginal Medical Service	160,000	Aboriginal Minor Capital Works Program.
We Help Ourselves	761,560	Drug and Alcohol Treatment Services.
Weave Youth & Community Services Inc	100,000	Contribution to Weave Youth & Community Services.
Weigelli Centre Aboriginal Corp	225,000	Mental Health and Wellbeing Project.
Weigelli Centre Aboriginal Corp	174,650	Aboriginal Minor Capital Works Program
Wellington Aboriginal Corporation Health Service	84,057	Local Support Coordinator Grant.

Trading partner	Amount \$	Description
Wellington Aboriginal Corporation Health Service	17,505	NSW Health and Local Support Coordinator providers.
Wellington Aboriginal Corporation Health Service	252,766	Building on Aboriginal Communities' Resilience initiative.
Wellways Australia Ltd	5,276,735	Community Living Support.
Wellways Australia Ltd	10,225,128	Housing and Accommodation Support Initiative.
Wellways Australia Ltd	92,845	Statewide Community Response Packages for Priority Groups - Young People.
Wellways Australia Ltd	2,379,677	Youth Community Living Support Services.
Wentwest Ltd	2,420,000	Western Sydney Primary Health Network Recovery Access Program.
Wentwest Ltd	15,268	The Way Back Support Service - Aftercare Grant.
Wentwest Ltd	1,950,000	Western Sydney Neighbourhood Health Hub Initiative.
Wentwest Ltd	3,868,922	Collaborative Commissioning Implementation Funding.
Wentworth Healthcare Limited	843,000	Nepean Blue Mountains Primary Health Network Recovery Access Program.
Wentworth Healthcare Limited	667,000	Mental Wellbeing Flood Recovery.
Werin Aboriginal Corporation	194,000	Aboriginal Mental Health and Wellbeing Disaster grant.
Wesley Community Services Ltd	250,000	Mums and Kids Matter Program.
Western Health Alliance Ltd	1,444,000	Western NSW Primary Health Network.
Western Health Alliance Ltd	1,959,702	Implementation phase of commissioning Partnership.
Western Health Alliance Ltd	7,262	Mental Health and Suicide Prevention.
Western Health Alliance Ltd	5,810	The Way Back Support Service - Aftercare Grant.
Western Health Alliance Ltd	5,000,000	Western NSW Flood Recovery.
Wine Grapes Marketing Board	2,000	Wellbeing event for women working in Horticulture.
Womens Alcohol & Drug Advisory Centre Inc	209,502	Drug and Alcohol Treatment Services.
Yellow Diamond Brain Cancer Foundation	40,000	Contribution to Yellow Diamond Brain Cancer Foundation.
Yerin Aboriginal Health Services Inc	257,697	Building on Aboriginal Communities' Resilience initiative.
Yerin Aboriginal Health Services Inc	100,000	Dental wait list recovery.
Yerin Aboriginal Health Services Inc	314,000	Aboriginal Family Wellbeing and Violence Prevention Program.
Yerin Aboriginal Health Services Inc	100,000	Yadhaba transition of care - Darkinjung Country.
Yerin Aboriginal Health Services Inc	212,268	Aboriginal Minor Capital Works Program.
Yfoundations Incorporated	232,588	Youth Sexual Health Program.
Yoorana Gunya Family Healing Centre Aboriginal Corp	100,000	Central West Mental Health and Wellbeing Program.
Yoorana Gunya Family Healing Centre Aboriginal Corp	125,000	Mental Health and Wellbeing project.
Yoorana Gunya Family Healing Centre Aboriginal Corp	497,697	Building on Aboriginal Communities' Resilience initiative.
Yourtown	1,436,875	Kids Helpline Service.
Total	341,149,301	

Research grants in 2022-23

Trading partner	Amount \$	Description
Anzics	\$392,285	Bi-national Intensive Care Databases.
Arcs Australia	\$20,000	NSW Health and Medical Research Sponsorship Program.
Ausbiotech Ltd	\$8,182	Ausbiotech partnership sponsorship.
Australian Cardiovascular Alliance Ltd	\$165,000	Cardiovascular and stroke research investments on health outcomes.
Australian Genomic Cancer Medicine Centre Ltd	\$18,000,000	NSW 'Omics Collaborative Program funding.
Biotalk Pty Ltd	\$43,750	Sustainable operating model for the special enterprise Franklin Women.
Black Dog Institute	\$591,979	Medical Research Support Program.
Canberra Health Services	\$383,538	Rural, Regional and Remote Clinical trial support units.
Cancer Council NSW	\$5,000	Aboriginal Young People and Vaping Research.
Centenary Institute of Cancer Medicine and Cell Biology	\$1,880,506	Medical Research Support Program.
Childrens Cancer Institute Australia	\$942,726	Medical Research Support Program.
Childrens Medical Research Institute	\$1,928,971	Medical Research Support Program.
Foley and Associates Pty Ltd	\$8,800	BIO 2022 Breakfast Event.
Garvan Institute of Medical Research	\$5,983,412	Medical Research Support Program.
Garvan Institute of Medical Research	\$50,000	NSW Early Phase Clinical Trials Alliance (NECTA).
Ingham Institute for Applied Medical Research	\$2,815,554	Medical Research Support Program.
National Heart Foundation of Australia	\$250,000	NSW Cardiovascular Research Network.
Paediatrico Ltd	\$20,000,000	Paediatric Precision Medicine Enabling Platforms
Safe & Together Institute	\$131,250	Aboriginal Perspectives and Explorations of the cultural capability of the Safe & Together Model.
Scientia Clinical Research Ltd	\$5,000	Bio Convention in San Diego.
St Vincents Hospital Sydney Ltd	\$499,900	Early Mid-Career Research funding.
The Council of The Queensland Institute of Medical Research	\$250,000	Japanese Encephalitis vaccine clinical trial - serology testing
The Heart Research Institute Ltd	\$80,000	PhD Scholarships Grant.
The Heart Research Institute Ltd	\$999,998	Cardiovascular Collaborative Research funding.
The Peregrine Centre Pty Ltd	\$775,000	Rural Mental Health Research Partnership funding for The Peregrine Centre.
The Sax Institute	\$50,000	Biospecimen Collection Grant.
The Sax Institute	\$5,000	NSW Health and Medical Research Sponsorship Program.
The Sax Institute	\$262,500	The Australian Prevention Partnership Centre funding.
The Sax Institute	\$1,000,000	Sax Institute Core Funding.
The Westmead Institute for Medical Research	\$371,183	COVID-19 bivalent vaccine study.
University of Melbourne	\$166,877	Funding for Safe & Together™ Model to provide culturally safe response, addressing family violence in Aboriginal communities.
University of Newcastle	\$249,464	Schizophrenia Research Grant funding.
University of Newcastle	\$494,725	Translational Research Grant Scheme.
University of Newcastle	\$999,987	Early Mid-Career Grant Funding.
University of Newcastle	\$160,000	PhD Scholarships Grant funding.
University of Newcastle	\$425,000	NSW Prevention Research Support Program - Priority Research Centre for Health Behaviour.

Trading partner	Amount \$	Description
University of Newcastle	\$986,000	Clinical trial – pharmacist management of urinary tract infections.
University of Newcastle	\$433,600	Clinical trial – pharmacist management of OCP.
University of NSW	\$24,868	Biospecimen Collection Grant.
University of NSW	\$1,000,000	COVID-19 Vaccine Acceleration Research Grants.
University of NSW	\$746,872	Schizophrenia Research Grant funding.
University of NSW	\$998,346	Early Mid-Career Grant Funding.
University of NSW	\$999,705	Cardiovascular Elite Postdoctoral Researcher Grants.
University of NSW	\$2,927,112	Cardiovascular Collaborative Research funding.
University of NSW	\$1,285,787	Spinal Cord Injury Research Grants.
University of NSW	\$34,196	Funding to Access Indicators for NSW HIV Data Report.
University of NSW	\$10,000	NSW point of care HCV RNA Testing Pilot Program.
University of NSW	\$160,817	BUBs Quit Study.
University of NSW	\$425,000	NSW Prevention Research Support Program – National Drug and Alcohol Research Centre.
University of NSW	\$480,000	NSW Prevention Research Support Program – Kirby Institute.
University of NSW	\$300,000	NSW Prevention Research Support Program – Centre for Primary Health Care and Equity.
University of Sydney	\$236,294	Biospecimen Collection Grant.
University of Sydney	\$995,867	COVID-19 Vaccine Acceleration Research Grants.
University of Sydney	\$403,504	NSW Translational Research Grants Scheme.
University of Sydney	\$498,664	NSW Translational Research Grants Scheme.
University of Sydney	\$498,865	PhD Scholarships Grant.
University of Sydney	\$8,549,330	Cardiovascular Research Capacity Program.
University of Sydney	\$1,287,207	Spinal Cord Injury Research Grants.
University of Sydney	\$49,499	Research on creation of sustainable rural and remote oral health workforce.
University of Sydney	\$135,000	NSW Prevention Research Support Program – Women and Babies Research.
University of Sydney	\$425,000	NSW Prevention Research Support Program – Prevention Research Collaboration.
University of Sydney	\$125,000	NSW Prevention Research Support Program – Edith Collins Centre.
University of Sydney	\$466,025	NSW Hyperemesis Gravidarum Initiative Research Grants Program.
University of Technology Sydney	\$390,690	Spinal Cord Injury Research Grants.
University of Wollongong	\$4,686	NSW E-Cigarette Analysis.
University of Wollongong	\$315,000	NSW Prevention Research Support Program – Early Start.
Victor Chang Cardiac Research Institute Ltd	\$1,361,439	Medical Research Support Program.
Western Sydney University	\$60,000	PhD Partnership Program.
Woolcock Institute of Medical Research Ltd	\$3,434,807	Medical Research Support Program.
Total	\$90,444,767	

Promotion of research in 2022–23

Trading partner	Cost \$	Description
University of Sydney	\$48,123	Oral health promotion in community pharmacies.

NSW Ministry of Health operating consultants in 2022-23

Consultant	Amount \$	Description
Consultancies more than \$50,000		
Management services		
33 Creativity Pty Ltd	107,720	Design and facilitate consultation to inform the refresh of the NSW Aboriginal Health Plan (AHP).
Health Policy Analysis	72,727	Mid-Term Evaluation for older People's Mental Health Service Plan.
Ingham Institute For Applied Medical Research	144,982	Appraisal of the new parent-child relationship program.
Nous Group Pty Ltd	80,000	Facilitate co-design of a cross agency Out of Home Care (OOHC) mental health framework and implementation plan.
Objective Digital Holdings Pty Ltd	50,000	Facilitate define and discovery stage of a new NSW Health policy for visitors.
Policy by Proxy	79,375	Undertake a review of two NSW Health public oral health policy directives.
Publicis Sapient Australia Pty Ltd	140,000	Assessment of Food Services in Mental Health units provided by HealthShare NSW.
Publicis Sapient Australia Pty Ltd	52,500	Review of the governance structure of eHealth.
The Sax Institute	60,940	Undertake Strategic Projections Scoping and Feasibility project for dynamic simulation modelling for service planning.
The Sax Institute	75,000	Review to support implementation of the Ice Inquiry response.
University Of NSW	50,000	Independent evaluation of Statewide Intellectual Disability Mental Health (IDMH) Hubs.
University Of NSW	50,000	Appraisal of MyCheck in NSW publicly funded sexual health services.
University Of NSW	74,393	Engagement to develop a whole of community prevention framework.
University of Sydney	62,325	Engagement for Preventure Program for youth in regional and rural NSW.
University Of Wollongong	119,967	Assessment of NSW Family and Carer Mental Health Program.
University Of Wollongong	147,693	Assessment of services of National Association for Loss and Grief (NALAG).
University Of Wollongong	149,456	Assessment of LikeMind service updates.
Yulang Indigenous Evaluation Pty Ltd	200,000	Appraisal of the NSW Aboriginal Mental Health and Wellbeing Strategy.
Subtotal	1,717,078	
Organisational Review		
Pricewaterhousecoopers Consulting (Australia) Pty Ltd	795,278	Delivery of "Design the Future Possible" for People and Culture for Future Health Project.
Subtotal	795,278	
Training		
Callaghan Cultural Consultancy Trust	80,800	Review of the Aboriginal Mental Health Workforce Training Program.
Subtotal	80,800	
Consultancies equal to or more than \$50,000	2,593,156	

Consultant	Amount \$
Consultancies less than \$50,000	
During the year, 68 other consultancies were engaged in the following areas:	
Management Services	1,358,007
Organisational Review	72,698
Legal Services	125,857
IT	42,871
Capital Works	56,669
Consultancies less than \$50,000	1,656,102
Total	4,249,258*

* Amount does not reconcile to the financial statements as the financial statements include some non consultant expenses.

Payment of accounts

The following tables provide payment performance information for the NSW Ministry of Health for 2022-23.

2022-23 Aged analysis at the end of each quarter

Quarter	Current Not yet due \$'000	Overdue 1-30 Days \$'000	Overdue 31-60 Days \$'000	Overdue 61 And over \$'000
All suppliers¹				
September	77	22,769	117	2,639
December	-	5,494	685	47
March	-	2,690	277	154
June	-	4,605	329	983
Small business suppliers¹				
September	-	671	0	24
December	-	800	351	0
March	-	488	22	36
June	-	53	0	42

Quarter	Current Not yet due \$'000	Overdue 1-30 Days \$'000	Overdue 31-60 Days \$'000	Overdue 61 And over \$'000
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Accounts due or paid within each quarter

	September	December	March	June
All suppliers¹				
Number of accounts due for payment	3,030	3,299	3,125	3,716
Number of accounts paid on time	3,004	3,271	3,094	3,673
Actual percentage of accounts paid on time (based on number of accounts)	99.1%	99.2%	99.0%	98.8%
Dollar amount of accounts due for payment	484,491	505,669	467,749	478,059
Dollar amount of accounts paid on time	483,935	501,296	467,467	471,731
Actual percentage of accounts paid on time (based on \$)	100%	99.1%	99.9%	98.7%
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts (\$)	0	0	0	0
Small business suppliers²				
Number of accounts due for payment to small business	945	1,150	1,113	1,067
Number of accounts due to small businesses paid on time	938	1,141	1,106	1,059
Actual percentage of small business accounts paid on time (based on number of accounts)	99%	99.2%	99.4%	99.3%
Dollar amount of accounts due for payment to small businesses	22591	18,908	16,404	16,454
Dollar amount of accounts due to small businesses paid on time	22522	18,684	16,352	16,436
Actual percentage of small business accounts paid on time (based on \$)	100%	98.8%	99.7%	99.9%
Number of payments to small business for interest on overdue accounts	0	0	0	0
Interest paid to small businesses on overdue accounts	0	0	0	0

Notes: **1.** The reporting of all suppliers excludes payments between NSW Health entities. **2.** The reporting of small business suppliers is in accordance with the definitions and requirements for small business as prescribed in the NSW Treasury Circular 11/21 Payment of Accounts.

Commentary

Time for payment of accounts for the NSW Ministry of Health showed a consistent performance over the year. During the year, measures have been taken to ensure Ministry staff are aware of NSW Treasury Circular 11/21 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 2022-23 financial year.

NSW Treasury Managed Fund

Insurable risks are covered by the NSW Treasury Managed Fund (TMF), of which the NSW Ministry of Health (and its controlled organisations) is a member agency. The Health portfolio is a significant proportion of the TMF Fund and is identified as an independent pool within the TMF Scheme.

NSW Treasury provides funding to NSW Health via a benchmark process. NSW Health pays deposit contributions to icare for workers compensation, motor vehicle, liability, property, and miscellaneous lines of business.

Workers' compensation and motor vehicle contributions are actuarially determined and include an experience factor. The aim of the deposit contribution funding is to allocate deposit contributions across the TMF with reference to benchmark expectations of relative claims costs for the agencies in the TMF, and to provide a financial incentive to improve injury and claims management outcomes.

icare NSW, in administering the Treasury Managed Fund, implemented the Agency Performance Adjustment (APA), replacing the workers compensation hindsight adjustments. The APA is an opportunity for Health entities to influence impacts by proactively managing workers compensation performance. An unfavourable result \$33.6 million was declared in 2022-23.

NSW Treasury Managed Fund

2022-23	Contributions paid to iCare (\$000)	Funding from NSW Treasury (\$000)	Variance (\$000)
Workers Compensation	311,758	301,029	(10,729)
Motor Vehicle	10,446	10,138	(308)
Property	24,592	24,266	(326)
Liability	337,030	328,397	(8,633)
Miscellaneous	513	513	0
Total TMF	684,339	664,343	(19,996)
VMO	60,046	58,635	(1,411)
Total	744,385	722,978	(21,407)

Asset Management overview

NSW Health is focused on supporting local and statewide optimisation, sustainability, and maturity of assets to improve patient care outcomes. This includes shifting the focus to a whole of lifecycle approach for healthcare assets to improve performance and support the Future Health strategy, aligned with NSW Health's Asset Management Policy Directive (PD2022_044) and other policies and standards. Strategic asset management capability has been enhanced to support continuous improvement in asset data, system monitoring, performance and reporting.

NSW Health continues to consider return on investment for asset management strategies through alignment with patient and clinical services and risk minimisation. Six key focus areas set the strategic direction and drive policy development and assurance across its asset management portfolio. This includes reducing the risk of asset failures; key asset strategies programmed to align asset services and patient care outcomes; improving workforce capability; evidence-based reporting to enable informed and data driven decisions; balancing cost, risk and performance to identify opportunities for enhanced outcomes; and embedding lifecycle management and whole-of-life approach.

Land disposals

The properties sold in 2022-23 incurred gross proceeds of approximately \$13.1 million. This represents a 13.2 per cent increase in proceeds from sales compared to 2021-22 (\$11.5 million) (Refer to table below).

Proceeds in 2022-23 were impacted by a NSW Government directive to pause all government disposal of property, with limited exceptions such as transfer of real property between NSW Government agencies or transactions where contracts were exchanged, and final completion was pending.

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 2023	Revenue (\$000's)
Cessnock, 19 Wine Country Drive	Contract Settled	\$236,000
Freshwater, 10 Kooloora Avenue	Contract Settled	\$6,000,000
Killarney Vale, 8 Hume Boulevard	Contract Settled	\$585,000
Marrickville, 158 Edinburgh Road	Contract Settled	\$3,000,000
Randwick, 10 St Pauls Street	Contract Settled	\$2,220,000
Wagga Wagga, 69 Brookong Street	Contract Settled	\$578,000
Walgett, 56 Fox Street	Contract Settled	\$20,000
Yass, 88 Meehan Street	Contract Settled	\$428,000
Total Gross		\$13,067,000

Capital works

NSW Health's full year capital expenditure for 2022-23 (excluding capital expensing) was \$2.3 billion for works in progress and completed works. The total spent on capital in 2022-23 represents 8 per cent of the total Property, Plant and Equipment, Intangibles and Leased asset base.

The Capital Works Program total expenditure for NSW Health in 2022-23 was \$2.5 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 projects valued at \$10 million or more.

Capital projects completed in 2022–23

Project	Total cost
NSW Ambulance	
Energy Efficient Grants Program – Solar systems at various sites	1,085,924
St Ives Ambulance Station	20,537,356
Central Coast Local Health District	
Headspace Lake Haven Enhancement	950,000
Long Jetty Healthcare Centre	1,285,000
Gosford Hospital Mammography Tomosynthesis for Breast Imaging	326,922
Far West Local Health District	
Broken Hill Community Specialist Palliative Care Service	800,000
Hunter New England Local Health District	
Palliative Care Refurbishment	704,538
Tamworth Hospital – Linear Accelerator and Simulator CT Replacement	4,947,641
Belmont Hospital ENT Microscope	297,537
Solar Panel System – various sites	314,624
Illawarra Shoalhaven Local Health District	
Remodelling and Refurbishment Paediatric Ward	968,070
Murrumbidgee Local Health District	
Staff Accommodation – Tumut Hospital	1,800,000
Deniliquin and Leeton Replacement of ageing infrastructure	5,700,000
Mid North Coast Local Health District	
Mid North Coast Imaging Service Upgrade	1,678,847
Mid North Coast Medical Equipment Upgrade	4,198,890
Mental Health accommodation leasehold fitout Coffs Harbour	450,000
Oral Health equipment	344,619
Solar Panel System – Coff Harbour Hospital	1,582,644
Nepean Blue Mountains Local Health District	
Medical Accommodation Refurbishment	524,174
Central Sterilisation Service Departments	1,605,086

Project	Total cost
Northern NSW Local Health District	
Palliative Care Refurbishment	680,667
Planning Grafton Base Hospital	300,000
Solar Panel System – Byron Central Hospital	873,191
Oral Health equipment	398,639
Flood Disaster Equipment Replacement	1,400,000
Northern Sydney Local Health District	
Palliative Care Refurbishment	342,950
ICE Inquiry Implementation Support	384,758
Royal North Shore Hospital – Drug and Alcohol Unit – Herbert Street Clinic	300,467
Royal North Shore Hospital – Cardiac Cath Lab Replacement	932,925
Royal North Shore Hospital – Kolling Audio-Visual Upgrades	1,914,597
Royal North Shore Hospital – Linear Accelerator Equipment	2,895,988
Sydney Children's Hospitals Network	
Ambulance Replacement – NETS	481,679
Randwick Stealth Station Navigation System Procurement	500,184
Westmead Stealth Station Navigation System Replacement	682,645
Westmead 1.5T MRI Software Upgrade	267,391
South Eastern Sydney Local Health District	
Statewide Telestroke Service	573,308
Palliative Care Refurbishment	680,586
Adult Survivors of Child Sexual Abuse Pilot Project	882,000
Nelune Comprehensive Cancer Care Centre – Linear Accelerator Replacement	2,595,078
Trans and Gender Diverse Health Service Sydney Hub	481,954
Mental Health Virtual Care Centre	550,000
St George Hospital ECG Device Compatibility	462,278

Project	Total cost
Southern NSW Local Health District	
Palliative Care Refurbishment	502,570
Crookwell Hospital Redevelopment	2,926,444
SERH-ANU Simulation Training Centre	712,066
Queanbeyan Renal Unit Reverse Osmosis	274,545
Cooma Hospital Replacement of CT Scanner	742,498
Surgery and Endoscopy Equipment	767,877
ICE Inquiry Implementation Support	251,396
Goulburn Theatre Equipment	818,741
Virtual Rural Generalist Service	500,408
South Western Sydney Local Health District	
Bankstown Hospital MRI	1,970,090
Campbelltown Hospital CT	1,438,077
Liverpool Carpark Infrastructure upgrade	633,380
Karitane Residential Parenting Unit – Birunji Unit	3,100,826
Bankstown Lidcombe Hospital Neuro & Plastic Surgery Microscope	336,349
Liverpool Hospital Corindus Robot	750,000
Dental Chairs at Yagoona, Ingleburn and Tahmoor	334,012
Liverpool Hospital Mental Health COVID Pod Ventilation System	286,200
Sydney Local Health District	
Canterbury Hospital Education Centre	1,500,000
Concord Hospital – 5 East Short Stay Unit	1,100,000
Concord Hospital – Mass Spectrometer Replacement	284,481
Concord Hospital – PET-CT Service	3,400,001
Concord Hospital – Central Sterilising & Supply Department	1,350,000
ICE Inquiry Implementation Support	450,000
Mask Fit Testing and Education Mobile Bus	310,966
Palliative Care Refurbishment	698,232
RPA Hospital – Carpark Boom Gate	453,991
RPA Hospital – Gloucester House Level 7 Refurbishment	1,799,975
RPA Hospital – Infusion Centre – Stage 2	4,499,990
RPA Hospital – Ophthalmology Operating Theatre Equipment	761,232
RPA Hospital – Strategic Relations & Communications Relocation	1,500,001
RPA Hospital – iCT Replacement – Radiology	1,128,688
Sydney Dental Hospital – Level 6 Staff Hub	376,610

Project	Total cost
Western NSW Local Health District	
Remote Mobile Computed Tomography (CT) Service for Cobar, Bourke, Walgett	2,102,558
Palliative Care Refurbishment	1,152,260
Bathurst MRI	4,920,000
Bathurst MRI Anaesthetic Machine	272,724
Orange Health Service – Linear Accelerator Replacement	4,216,968
Regional NSW Health Worker Housing Measure	7,900,000
Biomedical Equipment Upgrade	6,000,000
Bathurst X-ray Room Replacements	663,534
Dubbo and Parkes Hospital Stryker Theatre Integration	1,700,000
Orange Hospital Philips Patient Monitoring Upgrade	250,000
Nitrous Oxide – Oxygen Mixer	300,000
Incubators	495,506
ICE Inquiry Implementation Support	871,000
Key Health Worker Accommodation (North and South Sector)	6,000,000
Education Support Simulation Centre	1,008,471
Orange Health Service ENT Outpatient Clinic	346,338
Western Sydney Local Health District	
Palliative Care Refurbishment	2,119,666
Westmead Radiation Oncology-Replace CT and Install MRI	5,650,623
Westmead Radiology 1.5T MRI Upgrade	1,100,000

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

There were no major capital program problems or issues evident in the reporting period.

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

There were no significant cost overruns, delays or amendments evident in the reporting period.



INDEPENDENT AUDITOR'S REPORT

Ministry of Health (the Ministry) and the Consolidated Entity

To Members of the New South Wales Parliament

Opinion

I have audited the accompanying financial statements of the Ministry of Health (the Ministry) and the Consolidated Entity, which comprises the Statement by the Accountable Authority, the Statements of Comprehensive Income for the year ended 30 June 2023, the Statements of Financial Position as at 30 June 2023, the Statements of Changes in Equity and the Statements of Cash Flows for the year then ended, notes comprising a Statement of Significant Accounting Policies and other explanatory information of the Ministry and the Consolidated Entity. The Consolidated Entity comprises the Ministry and the entities it controlled at the year's end or from time to time during the financial year.

In my opinion, the financial statements:

- have been prepared in accordance with Australian Accounting Standards and the applicable financial reporting requirements of the *Government Sector Finance Act 2018* (GSF Act), the *Government Sector Finance Regulation 2018* (GSF Regulation) and the Treasurer's Directions
- presents fairly the financial position, financial performance and cash flows of the Ministry and the Consolidated Entity.

My opinion should be read in conjunction with the rest of this report.

Basis for Opinion

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under the standards are described in the 'Auditor's Responsibilities for the Audit of the Financial Statements' section of my report.

I am independent of the Ministry and the Consolidated Entity in accordance with the requirements of the:

- Australian Auditing Standards
- Accounting Professional and Ethical Standards Board's APES 110 'Code of Ethics for Professional Accountants (including Independence Standards)' (APES 110).

Parliament promotes independence by ensuring the Auditor-General and the Audit Office of New South Wales are not compromised in their roles by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General
- mandating the Auditor-General as auditor of public sector agencies
- precluding the Auditor-General from providing non-audit services.

I have fulfilled my other ethical responsibilities in accordance with APES 110.

I believe the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Key Audit Matters

Key audit matters are those matters that, in my professional judgement, were of most significance in my audit of the financial statements for the year ended 30 June 2023. These matters were addressed in the context of my audit of the financial statements as a whole, and in forming my opinion thereon. I do not provide a separate opinion on these matters.

Key Audit Matter	How my audit addressed the matter
Valuation of property, plant and equipment	
<p><i>Refer to Note 25 Property, plant and equipment</i></p> <p>At 30 June 2023, the Consolidated Entity reported \$28.4 billion in infrastructure, property, plant and equipment measured at fair value comprised of:</p> <ul style="list-style-type: none"> • \$26.0 billion - land and buildings • \$1.5 billion - plant and equipment • \$0.9 billion - infrastructure. <p>I considered this area a key audit matter due to the:</p> <ul style="list-style-type: none"> • financial significance, geographical distribution and specialised or unique nature of health and health infrastructure assets; • high degree of management judgement required in respect of classifying project costs as capital or expense; and • complexities associated with the application of AASB 13 Fair Value Measurement being dependent on assumptions that require significant judgement in areas such as: <ul style="list-style-type: none"> - identifying components of buildings and determining their current replacement cost - forecasting remaining useful lives - application of discount rates - assessment of the conditions of the assets - assessment of the financial impact of indicators of impairment. 	<p>To address the key audit matter, I:</p> <ul style="list-style-type: none"> • assessed the adequacy of management's review of the valuation process; • assessed the competence, capabilities and objectivity of management's valuers; • reviewed the scope and instructions provided to the valuers and obtained an understanding of the methodology used and its appropriateness with reference to relevant Australian Accounting Standards and Treasurer's Directions; • assessed the appropriateness of the components of buildings used for measuring gross replacement cost with reference to common industry practice; • tested a sample of costs allocated to work in progress to assess the appropriateness of capitalisation; • evaluated whether the useful lives applied to the various asset classes were consistent with management's planned usage of those assets; • assessed the reasonableness and appropriateness of judgement used by management to assess non-financial assets for impairment. This included the process employed to monitor impairment indicators; and • assessed the adequacy of the financial statement disclosures against the requirements of applicable Australian Accounting Standards and Treasurer's Directions.
Existence and valuation of COVID-19 related inventories (including Rapid Antigen Tests {RATs})	
<p><i>Refer to Note 22 Inventories</i></p> <p>At 30 June 2023, the Consolidated Entity reported a total net inventory balance of \$451.6 million (COVID-19 related inventories balance was \$412.7 million; of which, \$68.78 million related to RATs). This was comprised of a total gross inventory balance of \$737.4 million, offset by a total impairment provision of \$285.8 million (RATs: \$251.2 million; General: \$34.6 million)</p> <p>I considered this area a key audit matter due to the complexities associated with:</p> <ul style="list-style-type: none"> • procurement and distribution processes with the Commonwealth; • obtaining a reliable measurement base for vaccines received free of charge; and 	<p>To address the key audit matter, I:</p> <ul style="list-style-type: none"> • reviewed and verified the key components of management's approach to valuing COVID-19 inventory lines relevant for the 2022-23 financial reporting period; • obtained an understanding of the systems and processes relied upon to manage inventory holdings; • assessed the inputs and logic applied in arriving at the 2023 inventory impairment assessment; and • tested a sample of transactions verifying price and quantity movements back to supporting documentation.

Key Audit Matter**How my audit addressed the matter**

- an evolving environment where responses to the COVID-19 pandemic during 2023 were different to previous years.

Recognition and measurement of grants and contributions revenue*Refer to Note 11 Grants and Other Contributions*

Of the \$9.1 billion recognised as grants and other contributions revenue during the year, over \$8 billion related to the funding arrangements through the National Health Reform Agreement (NHRA) and the National Partnership Agreement (NPA) in 2022-23.

I considered this area a key audit matter due to the:

- significance of the balance relative to the Consolidated Entity's Statement of Comprehensive Income;
- different types of performance obligations attached to each revenue stream;
- continuous funding received over more than one financial reporting period; and
- evolving environment where certain funding streams and agreements were wound up in 2023.

To address the key audit matter, I:

- documented and understood the nature of the key revenue streams relating to the NHRA and NPA;
- reviewed the terms and conditions contained within the key funding agreements entered with the Commonwealth;
- assessed the key accounting treatments applied to each type of grant funding stream;
- understood and assessed the implications resulting from expiration of any agreement; and
- reviewed a sample of transactions to ensure the appropriate accounting treatment had been applied.

Provision for Parental Leave*Refer to Note 34 Provisions*

At 30 June 2023, the Consolidated Entity reported a \$117.5 million provision in relation to enhanced paid parental leave entitlements.

Before 1 October 2022, the parent with primary responsibility for the care of their child at the time of birth, adoption or surrogacy could take up to 14 weeks of paid parental leave.

The other parent could take 2 weeks paid parental leave at the time of birth, adoption or surrogacy plus up to 12 weeks paid parental leave if they assumed primary responsibility for the care of their child during that period (and their partner has returned to work or study).

Under the new entitlements, that came into effect for eligible NSW Government sector employees who have babies born on or after 1 October 2022 (regardless of the expected date of birth) and have at least 40 weeks of continuous service, both parents can take up to 14 weeks paid parental leave (and a further 2 weeks bonus leave if certain conditions are met). This is also now available to employees who become parents or guardians to a child under a permanent out of home care order.

I considered this area a key audit matter due to the:

- significance of the balance; and
- complexities regarding inputs used in calculating the balance.

To address the key audit matter, I:

- obtained and understood management's process supporting the calculation of the balance;
- tested the reasonableness of assumptions underlying the provision balance; and
- performed detailed testing on a sample of employees included in the provision balance to ensure these employees met the eligibility criteria.

Secretary's Responsibilities for the Financial Statements

The Secretary is responsible for the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards and the GSF Act, GSF Regulation and Treasurer's Directions. The Secretary's responsibility also includes such internal control as the Secretary determines is necessary to enable the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Secretary is responsible for assessing the ability of the Ministry and the Consolidated Entity to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting.

Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to:

- obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error
- issue an Independent Auditor's Report including my opinion.

Reasonable assurance is a high level of assurance but does not guarantee an audit conducted in accordance with Australian Auditing Standards will always detect material misstatements. Misstatements can arise from fraud or error. Misstatements are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions users take based on the financial statements.

A description of my responsibilities for the audit of the financial statements is located at the Auditing and Assurance Standards Board website at: www.auasb.gov.au/auditors_responsibilities/ar5.pdf. The description forms part of my auditor's report.

The scope of my audit does not include, nor provide assurance:

- that the Ministry and the Consolidated Entity carried out their activities effectively, efficiently and economically
- about the assumptions used in formulating the budget figures disclosed in the financial statements
- about the security and controls over the electronic publication of the audited financial statements on any website where they may be presented
- about any other information which may have been hyperlinked to/from the financial statements.



Lisa Berwick
Director, Financial Audit

Delegate of the Auditor-General for New South Wales

3 November 2023
SYDNEY

Ministry of Health

Statement by the Accountable Authority

for the year ended 30 June 2023



We state, pursuant to section 7.6(4) of the *Government Sector Finance Act 2018* ('GSF Act'):

1. The financial statements of the Ministry of Health for the year ended 30 June 2023 have been prepared in accordance with:
 - a. Australian Accounting Standards (AAS) (which include Australian Accounting Interpretations);
 - b. applicable requirements of the GSF Act, the *Government Sector Finance Regulation 2018*; and
 - c. Treasurer's Directions issued under the GSF Act.
2. The financial statements present fairly the Ministry of Health's financial position as at 30 June 2023 and the financial performance and cash flows for the year then ended.
3. We are not aware of any circumstances which would render any particulars in the financial statements to be misleading or inaccurate.

A handwritten signature in black ink, appearing to read 'Susan Pearce'.

Susan Pearce AM
Secretary, NSW Health

27 October 2023

A handwritten signature in black ink, appearing to read 'Steve Carr'.

Steve Carr
**Acting Deputy Secretary, Financial Services and Asset
Management and Chief Financial Officer, NSW Health**

27 October 2023

Ministry of Health

Statement of Comprehensive Income for the year ended 30 June 2023

		Consolidated Actual 2023 \$000	Consolidated Budget 2023 \$000	Consolidated Actual Restated 2022 \$000	Parent Actual 2023 \$000	Parent Actual 2022 \$000
	Notes					
Continuing operations						
Expenses excluding losses						
Employee related expenses	2	17,192,005	18,224,727	16,165,945	262,087	237,324
Operating expenses	3	8,969,218	9,117,307	9,678,753	1,232,023	1,425,977
Depreciation and amortisation	4	1,377,606	1,384,749	1,215,765	10,903	38,067
Grants and subsidies	5	1,872,061	1,833,475	2,004,750	25,541,940	24,805,558
Finance costs	6	118,624	124,267	126,386	13	13,007
Total expenses excluding losses		29,529,514	30,684,525	29,191,599	27,046,966	26,519,933
Revenue						
Appropriations	8	17,588,577	18,729,865	17,135,207	17,588,577	17,135,207
Acceptance by the Crown ¹ of employee benefits and other liabilities	12	420,395	501,250	(98,059)	8,033	660
Sale of goods and services from contracts with customers	9	2,911,285	2,784,707	2,517,515	238,788	187,150
Investment revenue	10	73,239	33,185	5,894	3,875	857
Grants and other contributions	11	9,112,271	9,153,087	10,498,607	8,526,537	9,660,037
Other income	13	75,631	109,610	76,376	18,837	18,054
Total revenue		30,181,398	31,311,704	30,135,540	26,384,647	27,001,965
Operating result		651,884	627,179	943,941	(662,319)	482,032
Gains / (losses) on disposal	14	(27,429)	-	127,658	(189)	113,000
Impairment losses on financial assets	20	(57,087)	-	(63,439)	(595)	-
Other gains / (losses)	15	(164,036)	(10,283)	(65,755)	(41)	-
Net result from continuing operations		403,332	616,896	942,405	(663,144)	595,032
Net result from discontinued operations		-	-	-	-	-
Net result		403,332	616,896	942,405	(663,144)	595,032

Ministry of Health

Statement of Comprehensive Income for the year ended 30 June 2023 (continued)

		Consolidated Actual 2023 \$000	Consolidated Budget 2023 \$000	Consolidated Actual Restated 2022 \$000	Parent Actual 2023 \$000	Parent Actual 2022 \$000
	Notes					
Other comprehensive income						
<i>Items that will not be reclassified to net result in subsequent periods</i>						
Changes in revaluation surplus of property, plant and equipment	25	1,391,934	-	2,169,321	4,586	23,648
Total other comprehensive income		1,391,934	-	2,169,321	4,586	23,648
TOTAL COMPREHENSIVE INCOME		1,795,266	616,896	3,111,726	(658,558)	618,680

¹Crown represents 'The Crown in right of the State of New South Wales'.

See Note 17 for details regarding restated prior year balances for the consolidated entity.

The accompanying notes form part of these financial statements.

Ministry of Health

Statement of Financial Position as at 30 June 2023

		Consolidated	Consolidated	Consolidated	Consolidated	Parent	Parent
		Actual	Budget	Actual	Actual	Actual	Actual
		2023	2023	Restated	Restated	2023	2022
Notes		\$000	\$000	\$000	1 July 2021	\$000	\$000
					\$000		
ASSETS							
Current assets							
Cash and cash equivalents	19	2,475,288	1,594,185	2,887,006	2,031,071	426,486	614,647
Receivables	20	1,152,214	1,103,413	1,462,370	1,249,015	217,780	648,384
Contract assets	21	2,260	1,794	1,307	1,794	460	363
Inventories	22	451,621	141,544	845,077	635,787	33,589	39,898
Financial assets at fair value	23	97,322	155,992	98,475	161,750	-	-
Other financial assets	24	46	73	77	3,073	206,553	500,800
		4,178,751	2,997,001	5,294,312	4,082,490	884,868	1,804,092
Non-current assets held for sale	28	304	294	3,304	2,835	-	-
Total current assets		4,179,055	2,997,295	5,297,616	4,085,325	884,868	1,804,092
Non-current assets							
Receivables	20	150,259	12,288	22,696	35,441	-	-
Financial assets at fair value	23	9,148	26,264	9,911	32,122	-	-
Other financial assets	24	88,541	-	86,413	84,369	-	3,028
Property, plant and equipment							
- Land and buildings	25	26,039,753	24,234,843	24,152,287	21,521,208	169,391	172,288
- Plant and equipment	25	1,521,397	1,769,553	1,484,798	1,377,023	18,141	26,222
- Infrastructure systems	25	881,665	576,093	711,766	617,435	941	988
Total property, plant and equipment		28,442,815	26,580,489	26,348,851	23,515,666	188,473	199,498
Right-of-use assets	26	626,715	520,991	612,731	1,114,697	776	17,671
Intangible assets	27	732,046	888,346	697,217	689,554	7,072	3,208
Other non-current assets		-	88,361	-	-	-	-
Total non-current assets		30,049,524	28,116,739	27,777,819	25,471,849	196,321	223,405
Total assets		34,228,579	31,114,034	33,075,435	29,557,174	1,081,189	2,027,497

Ministry of Health

Statement of Financial Position as at 30 June 2023 (continued)

		Consolidated	Consolidated	Consolidated	Consolidated	Parent	Parent
		Actual	Budget	Actual	Actual	Actual	Actual
		2023	2023	Restated	Restated	2023	2022
Notes		\$000	\$000	\$000	1 July 2021	\$000	\$000
LIABILITIES							
Current liabilities							
Payables	31	1,941,442	2,063,077	2,376,208	1,881,948	560,116	874,999
Contract liabilities	32	57,031	69,271	56,030	70,587	545	1,670
Borrowings	33	180,621	169,872	168,040	185,131	156	11,007
Provisions	34	3,287,690	2,995,452	3,481,653	2,869,052	81,191	42,718
Other current liabilities	35	120,194	105,580	91,209	136,045	3,000	3,000
Total current liabilities		5,586,978	5,403,252	6,173,140	5,142,763	645,008	933,394
Non-current liabilities							
Contract liabilities	32	556	31,682	1,081	-	-	-
Borrowings	33	1,479,710	1,381,985	1,503,033	2,124,812	629	6,482
Provisions	34	54,321	63,443	61,230	64,231	720	659
Other non-current liabilities	35	318,605	312,443	334,404	334,547	-	-
Total non-current liabilities		1,853,192	1,789,553	1,899,748	2,523,590	1,349	7,141
Total liabilities		7,440,170	7,192,805	8,072,888	7,666,353	646,357	940,535
Net assets		26,788,409	23,921,229	25,002,547	21,890,821	434,832	1,086,962
EQUITY							
Reserves		11,083,538	8,549,530	9,701,661	7,544,820	155,796	151,210
Accumulated funds		15,704,871	15,371,699	15,300,886	14,346,001	279,036	935,752
Total equity		26,788,409	23,921,229	25,002,547	21,890,821	434,832	1,086,962

See Note 17 for details regarding restated prior year balances for the consolidated entity.

The accompanying notes form part of these financial statements.

Ministry of Health

Statement of Changes in Equity for the year ended 30 June 2023

CONSOLIDATED	Notes	Accumulated Funds \$000	Asset Revaluation Surplus \$000	Total \$000
Balance at 1 July 2022		15,317,397	9,701,661	25,019,058
Correction of error - long service leave calculations	17	(16,511)	-	(16,511)
Restated balance at 1 July 2022		15,300,886	9,701,661	25,002,547
Net result for the year		403,332	-	403,332
Other comprehensive income:				
Net changes in revaluation surplus of property, plant and equipment	25	-	1,391,934	1,391,934
Total other comprehensive income		-	1,391,934	1,391,934
Total comprehensive income for the year		403,332	1,391,934	1,795,266
Transfer of asset revaluation surplus to accumulated funds on disposal of assets		10,057	(10,057)	-
Transactions with owners in their capacity as owners				
Increase / (decrease) in net assets from equity transfers	36	(9,404)	-	(9,404)
Balance at 30 June 2023		15,704,871	11,083,538	26,788,409
Balance at 1 July 2021				
		14,364,873	7,544,820	21,909,693
Correction of error - long service leave calculations	17	(18,872)	-	(18,872)
Restated balance at 1 July 2021		14,346,001	7,544,820	21,890,821
Restated net result for the year		942,405	-	942,405
Other comprehensive income:				
Net changes in revaluation surplus of property, plant and equipment	25	-	2,169,321	2,169,321
Total other comprehensive income		-	2,169,321	2,169,321
Restated total comprehensive income for the year		942,405	2,169,321	3,111,726
Transfer of asset revaluation surplus to accumulated funds on disposal of assets		12,480	(12,480)	-
Restated balance at 30 June 2022		15,300,886	9,701,661	25,002,547

See Note 17 for details regarding restated prior year balances for the consolidated entity.

The accompanying notes form part of these financial statements.

Ministry of Health

Statement of Changes in Equity for the year ended 30 June 2023 (continued)

PARENT	Notes	Accumulated	Asset	Total
		Funds	Revaluation	
		\$000	\$000	\$000
Balance at 1 July 2022		935,752	151,210	1,086,962
Net result for the year		(663,144)	-	(663,144)
Other Comprehensive Income				
Net changes in revaluation surplus of property, plant and equipment	25	-	4,586	4,586
Total other comprehensive income		-	4,586	4,586
Total comprehensive income for the year		(663,144)	4,586	(658,558)
Transactions with owners in their capacity as owners				
Increase / (decrease) in net assets from equity transfers	36	6,428	-	6,428
Balance at 30 June 2023		279,036	155,796	434,832
Balance at 1 July 2021		325,622	132,542	458,164
Net result for the year		595,032	-	595,032
Other comprehensive income				
Net changes in revaluation surplus of property, plant and equipment	25	-	23,648	23,648
Total other comprehensive income		-	23,648	23,648
Total comprehensive income for the year		595,032	23,648	618,680
Transfer of asset revaluation surplus to accumulated funds on disposal of assets		4,980	(4,980)	-
Transactions with owners in their capacity as owners				
Increase / (decrease) in net assets from equity transfers	36	10,118	-	10,118
Balance at 30 June 2022		935,752	151,210	1,086,962

The accompanying notes form part of these financial statements.

Ministry of Health

Statement of Cash Flows for the year ended 30 June 2023

	Notes	Consolidated Actual 2023 \$000	Consolidated Budget 2023 \$000	Consolidated Actual 2022 \$000	Parent Actual 2023 \$000	Parent Actual 2022 \$000
CASH FLOWS FROM OPERATING ACTIVITIES						
Payments						
Employee related		(17,180,143)	(17,881,087)	(16,017,031)	(263,417)	(240,411)
Suppliers for goods and services		(10,286,776)	(9,863,695)	(10,416,343)	(1,678,736)	(1,132,254)
Grants and subsidies		(1,846,428)	(1,775,966)	(1,921,670)	(25,525,039)	(24,911,141)
Finance costs		(118,624)	(124,267)	(126,386)	(13)	(13,008)
Total payments		(29,431,971)	(29,645,015)	(28,481,430)	(27,467,205)	(26,296,814)
Receipts						
Appropriations		17,588,577	18,729,865	17,135,207	17,588,577	17,135,207
Reimbursements from the Crown ¹		285,694	-	266,380	3,593	5,076
Sale of goods and services		2,780,170	2,765,322	2,536,109	152,620	176,921
Interest received		63,750	31,325	14,088	3,875	857
Grants and other contributions		9,498,243	9,145,130	10,100,072	8,970,484	9,417,131
Other		1,163,163	1,609,413	1,129,002	263,136	220,440
Total receipts		31,379,597	32,281,055	31,180,858	26,982,285	26,955,632
NET CASH FLOWS FROM OPERATING ACTIVITIES	41	1,947,626	2,636,040	2,699,428	(484,920)	658,818
CASH FLOWS FROM INVESTING ACTIVITIES						
Proceeds from sale of property, plant and equipment and intangibles		25,289	15,000	16,284	6,428	10,133
Proceeds from sale of financial assets		9,334	2,923	132,365	-	-
Purchases of property, plant and equipment and intangibles		(2,208,865)	(2,448,017)	(1,751,079)	(6,775)	(6,511)
Purchases of financial assets		-	-	(42,949)	-	-
Other		78	(305,733)	75	297,274	(188,391)
NET CASH FLOWS FROM INVESTING ACTIVITIES		(2,174,164)	(2,735,827)	(1,645,304)	296,927	(184,769)

Ministry of Health

Statement of Cash Flows for the year ended 30 June 2023 (continued)

	Notes	Consolidated Actual 2023 \$000	Consolidated Budget 2023 \$000	Consolidated Actual 2022 \$000	Parent Actual 2023 \$000	Parent Actual 2022 \$000
CASH FLOWS FROM FINANCING ACTIVITIES						
Proceeds from borrowings and advances		-	(600)	-	-	-
Repayment of borrowings and advances		(25,811)	(170,216)	(23,200)	-	-
Payment of principal portion of service concession financial liability		(1,464)	-	(1,359)	-	-
Payment of principal portion of lease liabilities		(160,109)	-	(173,761)	(168)	(19,470)
Proceeds / (payment) of derivatives		2,250	-	-	-	-
NET CASH FLOWS FROM FINANCING ACTIVITIES		(185,134)	(170,816)	(198,320)	(168)	(19,470)
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS						
Opening cash and cash equivalents		2,887,006	1,864,788	2,031,071	614,647	160,068
Effects of exchange rate changes on cash and cash equivalents		(46)	-	131	-	-
CLOSING CASH AND CASH EQUIVALENTS	19	2,475,288	1,594,185	2,887,006	426,486	614,647

¹Crown represents 'The Crown in right of the State of New South Wales'.

The accompanying notes form part of these financial statements.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

1. Statement of Significant Accounting Policies

(a) Reporting entity

The Ministry of Health (the Ministry or Parent) is a NSW government entity and is controlled by the State of New South Wales, which is the immediate and ultimate parent. The Ministry is a not-for-profit entity (as profit is not its principal objective) and it has no cash generating units. The Ministry and its controlled entities are consolidated as part of the NSW Total State Sector Accounts.

The Ministry and its controlled entities are collectively referred to as the consolidated entity.

The Ministry controls the Local Health Districts established from 1 January 2011, as well as other controlled entities constituted under the *Health Services Act 1997* which include:

- Agency for Clinical Innovation
- Albury Base Hospital
- Albury Wodonga Health Employment Division
- Bureau of Health Information
- Cancer Institute NSW
- Central Coast Local Health District
- Clinical Excellence Commission
- Far West Local Health District
- Graythwaite Charitable Trust (per Supreme Court order)
- Health Administration Corporation
- Health Education and Training Institute
- Hunter New England Local Health District
- Illawarra Shoalhaven Local Health District
- Justice Health and Forensic Mental Health Network
- Mid North Coast Local Health District
- Murrumbidgee Local Health District
- Nepean Blue Mountains Local Health District
- Northern NSW Local Health District
- Northern Sydney Local Health District
- South Eastern Sydney Local Health District
- South Western Sydney Local Health District
- Southern NSW Local Health District
- Sydney Local Health District
- The Sydney Children's Hospitals Network
- Western NSW Local Health District
- Western Sydney Local Health District

The Health Administration Corporation includes the operations of:

- Ambulance Service of NSW
- eHealth NSW
- Health Infrastructure
- Health System Support Group
- HealthShare NSW
- NSW Health Pathology

The consolidated financial statements also include results for the parent entity thereby capturing the central administrative function of the Ministry.

These consolidated financial statements for the year ended 30 June 2023 have been authorised for issue by the Secretary, NSW Health on the date the accompanying statement was signed.

(b) Principles of consolidation

The consolidated financial statements comprise the financial statements of the parent entity and its controlled entities, after elimination of all inter-entity transactions and balances. The controlled entities are consolidated from the date the parent entity obtained control and until such time as control passes.

The financial statements of the controlled entities are prepared for the same reporting period as the parent entity using uniform accounting policies for like transactions and other events in similar circumstances. As a result, no adjustments were required for any dissimilar accounting policies.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

1. Statement of Significant Accounting Policies (continued)

(c) Basis of preparation

The consolidated financial statements are general purpose financial statements which have been prepared on an accruals basis and in accordance with:

- applicable Australian Accounting Standards (AAS) (which include Australian Accounting Interpretations);
- the requirements of the *Government Sector Finance Act 2018* ('GSF Act'); and
- Treasurer's Directions issued under the GSF Act.

Property, plant and equipment, assets held for sale and certain financial assets and liabilities are measured using the fair value basis. Other financial statement items are prepared in accordance with the historical cost convention except where specified otherwise.

The consolidated entity has determined that it is not probable a liability arises to pay superannuation on annual leave loading. This position has been formed based on current inquiries, other information currently available to management, and after considering the facts from a decision in the Federal Court of Australia: *Finance Sector Union of Australia v Commonwealth Bank of Australia [2022] FedCFamC2G 409*. That decision confirmed that, in relation to the industrial agreement considered in that case, annual leave loading did not form part of ordinary time earnings and therefore, did not require superannuation contributions to be made under superannuation guarantee legislation because the obligation to pay annual leave loading was not referable to ordinary hours of work or to ordinary rates of pay. Rather, it was paid by reference to the period of annual leave, and for the purpose of compensating employees for their loss of opportunity to work additional hours at higher rates during this period.

This position will be re-assessed in future reporting periods as new information comes to light on this matter.

Judgements, key assumptions, and estimations management has made are disclosed in the relevant notes to the consolidated financial statements.

The consolidated financial statements have been prepared on a going concern basis, which assumes it will be able to meet its obligations as and when they fall due.

All amounts are rounded to the nearest one thousand dollars (unless otherwise stated) and are expressed in Australian currency, which is the consolidated and the parent entity's presentation and functional currency.

(d) Statement of Compliance

The consolidated financial statements and notes comply with Australian Accounting Standards which include Australian Accounting Interpretations.

(e) Accounting for the Goods & Services tax (GST)

Income, expenses and assets are recognised net of the amount of GST, except that the:

- amount of GST incurred by the consolidated and parent entity as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of an asset's cost of acquisition or as part of an item of expense; and
- receivables and payables are stated with the amount of GST included.

Cash flows are included in the Statement of Cash Flows on a gross basis. However, the GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the Australian Taxation Office are classified as operating cash flows.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

1. Statement of Significant Accounting Policies (continued)

(f) Foreign currency translation

Transactions in foreign currencies are recorded using the spot rate at the date the transaction first qualifies for recognition.

Monetary assets and liabilities denominated in foreign currencies are translated at the functional currency spot rates of exchange at the end of the reporting date.

Differences arising on settlement or translation of monetary items are recognised in net result.

Non-monetary items that are measured in terms of historical cost in a foreign currency are translated using the exchange rates at the dates of the initial transactions. Non-monetary items measured at fair value in a foreign currency are translated using the exchange rates at the date when the fair value is determined. The gain or loss arising on translation of non-monetary items measured at fair value is treated in line with the recognition of the gain or loss on the change in fair value of the item (i.e. translation differences on items whose fair value gain or loss is recognised in other comprehensive income or net results are also recognised in other comprehensive income or net results, respectively).

(g) Comparative information

Except when an Australian Accounting Standard permits or requires otherwise, comparative information is presented in respect of the previous period for all amounts reported in the financial statements.

Certain comparative information has been restated as a result of a prior period error (refer to Note 17) or reclassified to ensure consistency with current year presentation.

(h) Changes in estimates

(i) Asset componentisation

During 2023, the consolidated entity conducted a review of the useful lives of its specialised buildings. As part of the review, new depreciation useful lives were determined for each of the four major specialised building components, which previously were all depreciated over 40 years. As a result, the consolidated entity has revised the accounting policy for the useful lives for specialised buildings, effective from 1 July 2022. The new useful lives were determined as follows:

	Useful lives 2023	Useful lives 2022
Structure / shell / building fabric	70 years	40 years
Fit out	30 years	40 years
Combined fit out and trunk reticulated building systems	30 years	40 years
Site engineering services / central plant	55 years	40 years

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

1. Statement of Significant Accounting Policies

(h) Changes in estimates (continued)

(i) Asset componentisation (continued)

The net effect of the change in useful lives on actual and expected depreciation expense (increase / (decrease)), included in the Statement of Comprehensive Income is as follows:

CONSOLIDATED

	30 June 2023	Future years
	Actual	Expected
	\$'000	\$'000
Expenses		
Depreciation and amortisation	27,136	28,594

PARENT

The change in useful lives had no impact on the depreciation and amortisation expense of the parent entity as it has no specialised buildings.

(i) Changes in accounting policy, including new or revised Australian Accounting Standards

(i) Effective for the first time in FY2022-23

Several amendments and interpretations apply for the first time in 2022-23. The consolidated entity has assessed the new and amended standards and interpretations that are effective for the first time and have determined they are unlikely to have a material impact on the financial statements of the consolidated entity.

(ii) Issued but not yet effective

NSW public sector entities are not permitted to early adopt new Australian Accounting Standards, unless NSW Treasury determines otherwise.

(j) Impact of COVID-19 on financial reporting for 2022-23

The COVID-19 pandemic continues to have some impact on the activities and services being delivered by the consolidated and parent entity. Additional disclosures on COVID-19 impacts on the financial reporting have been made in the following notes:

- Note 3 Operating expenses
- Note 5 Grants and subsidies
- Note 9 Sale of goods and services from contracts with customers
- Note 11 Grants and other contributions
- Note 15 Other gains / (losses)
- Note 22 Inventories

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

2. Employee related expenses

	Consolidated 2023 \$000	Consolidated ¹ 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Salaries and wages*	14,938,694	14,679,244	190,517	178,563
Superannuation - defined benefit plan	55,731	63,602	697	802
Superannuation - defined contribution plan	1,459,171	1,354,373	16,384	14,784
Long service leave	374,891	(223,113)	7,976	(777)
Redundancies	11,409	9,781	170	-
Workers' compensation insurance	336,991	270,337	31,950	33,111
Payroll tax and fringe benefits tax	15,118	11,721	14,393	10,841
	17,192,005	16,165,945	262,087	237,324

¹ 'Long service leave' has been restated to be lower by \$19.17 million in the prior year for the consolidated entity. Refer to Note 17 for further details regarding restatement as a result of an error.

* Salaries and wages includes annual leave, accrued days off (ADOs) and parental leave.

Refer to Note 34 for further details on recognition and measurement of employee related expenses.

Employee related costs of \$40.21 million (2022: \$37.17 million) (parent entity: \$Nil (2022: \$Nil)) have been capitalised in property, plant and equipment and intangible assets and are excluded from the above.

The long service leave in 2022 was impacted by significant changes in actuarial factors decreasing the employee benefit liabilities assumed by the Crown for the consolidated and parent entity.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

3. Operating expenses

	Consolidated	Consolidated ^{1,2}	Parent	Parent ²
	2023	2022	2023	2022
	\$000	\$000	\$000	\$000
Ambulance transportation costs	146,797	126,209	59	87
Auditor's remuneration	5,301	5,298	1,006	984
Blood and blood products	185,818	182,809	41,924	42,598
Capital project expense	45,131	70,690	-	4,610
Works performed for entities controlled by the ultimate parent	5,333	-	-	-
Consultants	23,357	22,264	4,636	3,705
Contractors	238,471	295,481	11,777	21,618
Disability equipment support services ¹	8,776	10,944	-	-
Domestic supplies and services	205,818	242,651	1,100	1,245
Electricity, gas and water	212,071	171,580	766	669
Food Supplies	137,341	130,005	-	-
Information management expenses	436,320	366,519	39,463	26,700
Insurance	438,039	349,890	395,133	311,074
Interstate patient outflows	340,888	325,430	340,888	325,430
Legal services	17,441	15,808	4,402	4,435
Maintenance (see (a) below)	695,823	711,807	5,623	2,631
Medical and surgical supplies	1,186,281	1,361,142	97,196	190,388
Motor vehicle expenses	59,071	45,193	126	65
Occupancy agreement expenses - Property NSW	47,409	-	21,184	-
Office expenses	100,446	109,005	2,600	5,046
Expenses relating to short-term leases	41,361	54,270	15	68
Expenses relating to leases of low-value assets	20,325	36,215	293	810
Variable lease payments, not included in lease liabilities	-	13	-	-
Other management services	160,580	313,578	56,579	76,749
Outsourced patient care	665,265	787,444	14,022	60,605
Pharmaceutical supplies	1,127,510	1,083,289	138,392	148,517
Specialised health services	703,068	1,139,237	16,518	2,863
Staff related costs	282,942	212,482	7,619	7,826
Travel expenses	138,997	65,420	1,989	1,043
Viability payments to private hospitals	8,977	150,122	8,977	150,122
Visiting medical officers	1,034,722	1,005,718	-	-
Warehousing expenses	26,302	31,115	-	17,476
General expenses ²	223,237	257,125	19,736	18,613
	8,969,218	9,678,753	1,232,023	1,425,977

¹ Cost incurred under the Enable NSW program for disability equipment support services has been reclassified from 'maintenance' to 'disability equipment support services' in the current year. The prior period comparatives have been restated with an increase in 'disability equipment support services' of \$10.94 million and decrease in 'maintenance' of \$10.94 million in the consolidated entity.

² Cost for all bank fees, commercial card charges and debt collection fees were previously classified under finance costs (refer to Note 6) and has now been reclassified to 'general expenses'. The prior period comparatives have been restated in the consolidated and parent entity with a decrease in 'finance costs' by \$3.24 million (parent entity: \$0.01 million) and an increase in 'general expenses' by \$3.24 million (parent entity: \$0.01 million).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

3. Operating expenses (continued)

During the current year, the consolidated and parent entity made a 50 per cent contribution of \$19.04 million (2022: \$103.58 million) towards providing rapid antigen tests to concession card holders. The contribution was made in agreement with National Cabinet to support the concession card holders to obtain access to subsidised rapid antigen tests through pharmacies. The amounts are disclosed under medical and surgical supplies.

Medical and surgical supplies also includes \$73.37 million (2022: \$76.97 million) of the cost of personal protective equipment sold to the Commonwealth government for inclusion in the national medical stockpile.

Pharmaceutical supplies includes \$2.54 million (2022: \$116.83 million) of COVID-19 vaccinations administered by vaccination clinics within the consolidated entity. Refer to Note 22 for further details on COVID-19 vaccines.

Specialised health services includes \$149.75 million (2022: \$489.49 million) of COVID-19 polymerase chain reaction (PCR) tests and rapid antigen tests provided by private pathology clinics, saliva testing costs and sewerage surveillance monitoring within the consolidated entity.

Apart from the above-mentioned items, the majority of the costs in relation to food supplies, medical and surgical supplies and pharmaceutical supplies relate to the consumption of inventory held by the consolidated entity.

General expenses of \$223.24 million (2022: \$257.13 million) includes advertising and marketing, courier and freight, taxes, rates and related charges, hosted services purchased from local health districts (for parent entity), isolated patient travel and accommodation assistance and security services.

(a) Reconciliation of total maintenance expense

	Consolidated 2023 \$000	Consolidated ¹ 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Maintenance contracts	258,027	241,051	589	442
New/replacement equipment under \$10,000 ¹	252,577	283,528	1,361	864
Repairs maintenance/non contract	184,830	186,657	3,673	1,323
Other	389	571	-	2
Maintenance expense - contracted labour and other (non-employee related), as above	695,823	711,807	5,623	2,631
Employee related maintenance expense (Note 2)*	63,728	66,313	-	-
Total maintenance expenses	759,551	778,120	5,623	2,631

¹ 'New/replacement equipment under \$10,000' has been restated lower by \$10.94 million in the prior period in the consolidated entity as a result of certain expenses reclassified to 'disability equipment support services' in Note 3.

* This balance consists of employees who have been classified as providing maintenance services for the consolidated entity and the expense is included in employee related expenses in Note 2.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

3. Operating expenses (continued)

Recognition and Measurement

Operating expenses includes non-employee costs incurred in delivering the services provided by the consolidated entity. These expenses are recognised in the reporting period in which they are incurred.

Maintenance expense

Day-to-day servicing costs or maintenance are charged as expenses as incurred, except where they relate to the replacement or enhancement of a part or component of an asset, in which case the costs are capitalised and depreciated.

Insurance

The consolidated entity's insurance activities are conducted through the NSW Treasury Managed Fund (TMF) Scheme of self insurance for Government entities. The expense (premium) is determined by Insurance and Care NSW (icare), an entity controlled by the ultimate parent, based on past claims experience. The TMF is operated by NSW Self Insurance Corporation (SiCorp), an entity controlled by the ultimate parent.

Lease expenses

The consolidated entity recognises the lease payments associated with the following types of leases as an expense on a straight-line basis:

- Leases that meet the definition of short-term. i.e. where the lease term at commencement of the lease is 12 months or less. This excludes leases with a purchase option.
- Leases of assets that are valued at \$10,000 or under when new.

Variable lease payments are not included in the measurement of the lease liability (i.e. variable lease payments that do not depend on an index or a rate, initially measured using the index or rate as at the commencement date). These payments are recognised in the period in which the event or condition that triggers those payments occurs.

4. Depreciation and amortisation

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Depreciation - buildings	812,353	660,710	9,012	7,217
Depreciation - plant and equipment	260,267	243,810	1,149	774
Depreciation - infrastructure systems	37,407	31,862	114	104
Depreciation - right-of-use land and buildings	71,974	99,513	130	29,190
Depreciation - right-of-use plant and equipment	89,255	87,620	45	37
Amortisation - intangible assets	106,350	92,250	453	745
	1,377,606	1,215,765	10,903	38,067

Depreciation - buildings for the consolidated entity is higher by \$27.14 million in 2023 due to a change in the useful lives of specialised buildings. The parent entity does not hold any specialised buildings. Refer to Note 1(h) for further details.

Refer to Note 25 Property, plant and equipment, Note 26 Leases and Note 27 Intangible assets for recognition and measurement policies on depreciation and amortisation.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

5. Grants and subsidies

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Payments to entities controlled by the Ministry	-	-	24,188,995	23,327,142
Payments to Affiliated Health Organisations ^{1,2}	817,091	880,196	475,687	529,304
Payments to other public health services not controlled by the Ministry ¹	167,901	143,750	167,901	143,750
Grants provided to support:				
- Community packages	25,234	22,639	-	-
- Grants to research organisations	118,296	121,436	89,023	90,641
- Non-Government organisations	186,906	177,977	94,740	90,549
Grants to entities controlled by the ultimate parent ³	172,475	312,939	170,244	310,713
Other grants ^{2,3}	384,158	345,813	355,350	313,459
	1,872,061	2,004,750	25,541,940	24,805,558

¹ Grants paid to public health services that are not controlled by the consolidated entity has been reclassified from 'payments to Affiliated Health Organisations' to 'payments to other public health services not controlled by the Ministry'. The prior period comparatives have been restated with an increase in 'payments to other public health services not controlled by the Ministry' of \$143.75 million and a decrease in 'payments to Affiliated Health Organisations' of \$143.75 million in the consolidated and parent entity.

² Grants paid under the Housing and Accommodation Support Initiative (HASI) and Community Living Supports (CLS) program has been reclassified from 'payments to Affiliated Health Organisations' to 'other grants'. The prior period comparatives have been restated with an increase in 'other grants' of \$92.31 million and a decrease in 'payments to Affiliated Health Organisations' of \$92.31 million in the consolidated and parent entity.

³ Grants paid to Health cluster entities that are not part of the consolidated entity has been reclassified from 'other grants' to 'grants to entities controlled by the ultimate parent'. The prior period comparatives have been restated with an increase in 'grants to entities controlled by the ultimate parent' of \$31.52 million and decrease in 'other grants' of \$31.52 million in the consolidated and parent entity.

Grants to entities controlled by the ultimate parent includes \$7.77 million (2022: \$101.80 million) of personal protective equipment and \$131.45 million (2022: \$162.02 million) of rapid antigen testing kits provided to entities controlled by ultimate parent by the consolidated and parent entity for nil consideration.

Other grants includes \$14.08 million (2022: \$2.30 million) of personal protective equipment and rapid antigen testing kits the consolidated and parent entity granted to external third parties for nil consideration. Also included within the consolidated entity balance is \$0.13 million (2022: \$0.39 million) of COVID-19 vaccines granted to external third parties for nil consideration. Refer to Note 22 for further details on COVID-19 vaccines.

Other grants also includes \$198.52 million (2022: \$204.34 million) towards various mental health programs and \$88.22 million (2022: \$92.31 million) towards the Housing and Accommodation Support Initiative (HASI) and Community Living Supports (CLS) program in the consolidated and parent entity.

Recognition and Measurement

Grants and subsidies generally comprise contributions in cash or in kind to controlled entities of the Ministry (from the parent entity), affiliated health organisations, various local government authorities and not-for-profit community organisations to support their health-related objectives and activities. Expenses are recognised on an accruals basis when the reporting entity has a present obligation under a contract to make the payment or upon the transfer of the cash or assets. The transferred assets are measured at their fair value.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

6. Finance costs

	Consolidated 2023 \$000	Consolidated ¹ 2022 \$000	Parent 2023 \$000	Parent ¹ 2022 \$000
Interest expense from lease liabilities	16,893	29,741	13	13,007
Interest expense from financial liabilities at amortised cost*	101,685	96,604	-	-
Other interest and charges	46	41	-	-
	118,624	126,386	13	13,007

¹ Cost for all bank fees, commercial card charges and debt collection fees were previously classified under 'other interest and charges' and has now been reclassified to 'operating expenses' (refer to Note 3). The prior period comparatives have been restated in the consolidated and parent entity with a decrease in 'other interest and charges' by \$3.24 million (parent entity: \$0.01 million) and an increase in 'operating expenses' by \$3.24 million (parent entity: \$0.01 million).

* Of the interest expense from financial liabilities at amortised cost, \$0.74 million (2022: \$0.78 million) related to financial liabilities relating to service concession arrangements. Refer to Note 25 for further details on service concession arrangements.

Recognition and Measurement

Finance costs consist of interest and other costs incurred in connection with the borrowing of funds. Finance costs are recognised as expenses in the period in which they are incurred, in accordance with NSW Treasury's mandate to not-for-profit NSW General Government Sector entities.

7. Revenue

Recognition and Measurement

Income is recognised in accordance with the requirements of AASB 15 *Revenue from Contracts with Customers* (AASB 15) or AASB 1058 *Income of Not-for-Profit Entities* (AASB 1058), dependent on whether there is a contract with a customer defined by AASB 15.

Comments regarding the accounting policies for the recognition of income are discussed in Notes 8 to 13.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

8. Appropriations and transfers to The Crown in right of the State of New South Wales (Crown)

Summary of compliance at a lead minister level

	2023 \$000	2022 ¹ \$000
Original budget per <i>Appropriation Act</i>	18,729,865	15,786,794
Other appropriations / expenditure:		
Variations made to appropriations during the financial year		
- Section 4.9 GSF Act (transfer of functions between GSF agencies)	8,300	-
- Section 4.11 GSF Act (variations of annual appropriations for Commonwealth grants)	8,506	9,167
- Section 4.13 GSF Act Exigency of Government	-	1,247,904
- COVID-19 pandemic and inflation (per section 34 of the Appropriations Act)	-	162,313
Total spending authority from parliamentary appropriations, other than deemed appropriations	18,746,671	17,206,178
Add:		
The spending authority from deemed appropriations during the year	13,827,842	14,195,737
The unutilised spending authority from deemed appropriations in prior years	2,880,038	2,018,835
Total	35,454,551	33,420,750
Less: total expenditure out of the Consolidated Fund	(31,826,332)	(30,469,741)
Variance	3,628,219	2,951,009
Less:		
The spending authority from appropriations lapsed at 30 June	(1,158,094)	(70,971)
Deemed appropriations balance carried forward to following years	2,470,125	2,880,038
	2023 \$000	2022 \$000
Appropriations (per Statement of Comprehensive Income)	17,588,577	17,135,207
Total amount drawn down against Annual Appropriations:	17,588,577	17,135,207

¹ Prior period amounts have been restated to align with amendments to sections 4.7 and 4.9 of the Government Sector Finance Act 2018.

The *Appropriation Act 2022* (Appropriations Act) appropriates the sum of \$18,729.86 million to the Minister for Health out of the Consolidated Fund for the services of the Ministry of Health for the year 2023. The spending authority of the Minister from the *Appropriations Act* has been delegated or subdelegated to officers of the Ministry of Health and entities that it is administratively responsible for, listed in Note 1 to the financial statements, with separate instruments of delegation issued to cluster agencies Mental Health Commission of New South Wales and Health Care Complaints Commission.

The *Treasury and Energy Legislation Amendment Act 2022* made some amendments to sections 4.7 and 4.9 of the *Government Sector Finance Act 2018* (the GSF Act). These amendments commenced on 14 November 2022 and are applied retrospectively. As a result, the lead Minister for each entity above, being the Minister for Health, is taken to have been given an appropriation out of the Consolidated Fund under the authority of section 4.7 of the GSF Act, at the time the entity receives or recovers any deemed appropriation money, for an amount equivalent to the money that is received or recovered by the entity. These deemed appropriations are taken to have been given for the services of the Ministry of Health.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

8. Appropriations and transfers to The Crown in right of the State of New South Wales (Crown) (continued)

Summary of compliance at a lead minister level (continued)

In addition, government money that a GSF agency receives or recovers, from another GSF agency, of a kind prescribed by the GSF regulations that forms part of the Consolidated Fund, is now capable of giving rise to deemed appropriations where the receiving agency has a different lead Minister to the agency making the payment, or one or both of the agencies is a special office (as defined in section 4.7(8)).

On 16 June 2023, the *GSF Amendment (Deemed Appropriations) Regulation 2023* was approved to bring the GSF regulations in line with the above deemed appropriation amendments to the GSF Act.

The delegation / sub-delegations for 2023 and 2022, authorising officers to spend Consolidated Fund money, impose limits to the amounts of individual transactions, but do not specify an aggregate expenditure limit for the respective entities. However, as it relates to expenditure in reliance on a sum appropriated through an annual *Appropriations Act*, the delegation / sub-delegations are referable to the overall authority to spend set out in the relevant *Appropriations Act*. The individual transaction limits have been properly observed. The information in relation to the limit from the *Appropriations Act* is disclosed in the summary of compliance table above.

The summary of compliance has been prepared on the basis of aggregating the spending authorities of both the Minister for Health for the services of the Ministry of Health and the lead Ministers for the services of the entities listed above that receives or recovers deemed appropriation money. It reflects the status at the point in time this disclosure statement is being made.

The State Budget and related Appropriation Bill for year commencing 1 July 2023 was delayed and only tabled in September 2023. Pursuant to section 4.10 of the GSF Act, the Treasurer authorised the payment of specified sums out of the Consolidated Fund to meet the requirements of this period.

Recognition and Measurement

Parliamentary appropriations other than deemed appropriations

Income from appropriations, other than deemed appropriations (of which the accounting treatment is based on the underlying transaction), does not contain enforceable and sufficiently specific performance obligations as defined by AASB 15. Therefore, except as specified below, appropriations (other than deemed appropriations) are recognised as income when the entity obtains control over the asset comprising the appropriations. Control over appropriations is normally obtained upon the receipt of cash.

Appropriations are not recognised as income in the following circumstances:

- Equity appropriations to fund payments to adjust a for-profit entity's capital structure are recognised as equity injections (i.e. contribution by owners) on receipt and equity withdrawals on payment to a for-profit entity.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

9. Sale of goods and services from contracts with customers

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Sale of goods				
Sales and recoveries of pharmaceutical supplies	512,050	401,375	-	-
Sales of prostheses	62,288	55,989	-	-
Other ¹	105,988	69,885	73,370	38,483
	680,326	527,249	73,370	38,483
Rendering of services				
Patients				
Ambulance transportation fees	72,595	67,325	-	-
Fees for clinical services	57,089	52,236	-	-
Fees for medical services rendered	1,070,410	880,287	10,755	3,350
Interstate patient inflows	124,910	113,976	124,910	113,976
Motor accident third party insurance covered	165,379	134,825	-	-
Other patient fees	83,835	77,073	-	-
General Community				
Car parking fees	30,218	23,699	-	-
Commercial activities	50,240	50,652	-	-
Fees for non-medical services	3,860	3,507	-	-
Non-NSW Health entities				
Services provided to non NSW Health organisations	29,296	17,437	-	-
Entities controlled by the ultimate parent				
Fees for capital works performed	5,333	-	-	-
Other				
Fees for private usage of hospital's facilities	424,971	383,323	-	-
General user charges fees	52,663	57,327	2,782	4,589
Personnel service fees recharged	26,893	26,622	26,893	26,622
Hotel quarantine fees	(537)	68,424	-	-
Other services ¹	33,804	33,553	78	130
	2,230,959	1,990,266	165,418	148,667
	2,911,285	2,517,515	238,788	187,150

¹ Enteral nutrition income under 'Other - other services' has been reclassified to 'Sale of goods other' in the current year in the consolidated entity. The prior period 'Sale of goods other' has been restated higher by \$0.02 million and 'Other - other services' has been restated lower by \$0.02 million to reflect this change.

Sale of goods other in the consolidated and parent entity includes the sale of personal protective equipment of \$73.37 million (2022: \$38.48 million) sold to the Commonwealth for inclusion in the national medical stockpile.

The negative revenue for hotel quarantine fees is due to \$2.20 million of hotel quarantine fees being reversed due to approved exemptions and waivers. The hotel quarantine requirement in NSW ended on the 1 November 2021 for fully vaccinated arrivals and 30 April 2022 for unvaccinated arrivals.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

9. Sale of goods and services from contracts with customers (continued)

Recognition and Measurement

Sales of goods

Revenue from sale of goods is recognised when the consolidated entity satisfies the performance obligation by transferring the promised goods.

Type of good	Nature of timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Sales and recoveries of pharmaceutical supplies	The performance obligation of transferring pharmaceutical products is typically satisfied at the point in time when the products are dispensed to customers, which denotes acceptance by the customer, and therefore deemed as the point in time when the control is transferred to the customer. The payments are typically due within 30 days after the invoice date.	Revenue from these sales is recognised based on the price specified on the invoice, and revenue is only recognised to the extent that it is highly probable that a significant reversal will not occur. No element of financing is deemed present as the sales are made with a short credit term. No volume discount or warranty is provided on the sale.
Sales of prostheses	Relates to revenue generated for surgically implanted prostheses and medical devices. The performance obligation of transferring these products is typically satisfied at the point in time when the products are implanted in the body of the patient, which denotes acceptance by the customer, and therefore deemed as the point in time when the control is transferred to the customer. The payments are typically due within 30 days after the invoice date.	Revenue from these sales is recognised based on the price specified on the invoice, and revenue is only recognised to the extent that it is highly probable that a significant reversal will not occur. No element of financing is deemed present as the sales are made with a short credit term. No volume discount or warranty is provided on the sale.
Other	Relates to sale of various products including the sale of low value medical equipment, schedule 3 medical equipment, sale of publications, old wares and refuse and other general goods. The performance obligation of transferring these products is typically satisfied at the point in time when the products are purchased by the customer and takes delivery, which denotes acceptance by the customer, and therefore deemed as the point in time when the control is transferred to the customer. The payments are typically due within 30 days after the invoice date.	Revenue from these sales is recognised based on the price specified on the invoice, and revenue is only recognised to the extent that it is highly probable that a significant reversal will not occur. No element of financing is deemed present as the sales are made with a short credit term. No volume discount or warranty is provided on the sale.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

9. Sale of goods and services from contracts with customers (continued)

Recognition and Measurement (continued)

Rendering of services

Revenue from rendering of services is recognised when the consolidated entity satisfies the performance obligation by transferring the promised services.

Type of service	Nature of timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Patient services - Ambulance transportation, clinical and medical services, interstate patient flows and motor accident third party insurance	The performance obligations in relation to patient services are typically satisfied as the health services are delivered to the chargeable inpatients and non-inpatients. Public patients are not charged for health services provided at public hospitals. Chargeable patients, including Medicare ineligible patients, privately insured patients, eligible veterans and compensable patients are billed for health services provided under various contractual arrangements. Billings are typically performed upon patient discharge and are based on the rates specified by the Ministry of Health. The payments are typically due within 30 days after the invoice date.	Revenue is recognised on an accrual basis when the service has been provided to the patient. In limited circumstances the price is not fully recovered, e.g. due to inadequate insurance policies, overseas patients returning to their home country before paying, etc. The likelihood of occurrences is considered on a case by case basis. In most instances revenue is initially recognised at full amounts and subsequently adjusted when more information is provided. No element of financing is deemed present as majority of the services are made with a short credit term.
Non-patient services provided to the General community, non-NSW Health entities and entities controlled by the ultimate parent	Various non-patient related services are provided to the general community, non-NSW health entities and entities controlled by the ultimate parent. The performance obligations for these services are typically satisfied by transferring the promised services to its respective customers. The payments are typically due within 30 days after the invoice date.	Revenue is recognised when promised services are delivered. No element of financing is deemed present as the services are made with a short credit term.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

9. Sale of goods and services from contracts with customers (continued)

Recognition and Measurement (continued)

Rendering of services (continued)

Type of service	Nature of timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Fees for private usage of hospital's facilities	Specialist doctors with rights of private practice are subject to an infrastructure charge, including service charges where applicable for the use of hospital facilities at rates determined by the Ministry of Health. The performance obligations for these services are typically satisfied when the hospital facilities are made available and used by the doctors and staff specialists. The payments are typically due when monies are collected from patient billings for services provided under the arrangement.	Revenue is recognised when promised services are delivered. No element of financing is deemed present as the services are made with a short credit term.
Other	Various other services are provided for general user charges, hotel quarantine fees (revenue recognised for compulsory quarantine of all overseas travellers while overseas borders are closed to restrict transmission of COVID-19), personnel services recharged and other small services. The performance obligations for these services are satisfied by transferring the promised services to its respective customers. Prices are determined by the Ministry of Health and billed once services have been provided. The payments are typically due within 30 days after the invoice date.	Revenue is recognised when promised services are delivered. No element of financing is deemed present as the services are made with a short credit term.

Refer to Note 32 for the disclosure of the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied (or partially unsatisfied) at the end of the reporting period, and when the consolidated entity expects to recognise the unsatisfied portion as revenue.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

10. Investment revenue

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Interest income from financial assets at amortised cost	63,750	11,863	3,875	857
Finance income on the net investment in the lease	2,176	2,123	-	-
Net gain / (loss) from TCorpIM Funds measured at fair value through profit or loss	7,249	(8,347)	-	-
Royalties	42	231	-	-
Dividends	22	24	-	-
	73,239	5,894	3,875	857

Recognition and Measurement

Interest income from financial assets at amortised cost

Interest revenue is calculated by applying the effective interest rate to the gross carrying amount of a financial asset except for financial assets that subsequently become credit impaired. For financial assets that become credit impaired, the effective interest rate is applied to the amortised cost of the financial asset (i.e. after deducting the loss allowance for expected credit losses).

Finance income on the net investment in the lease

Finance income on the net investment in the lease relates to finance income recognised from the accounting of finance leases as a lessor. Finance income arising from finance leases is recognised over the lease term, based on a pattern reflecting a constant periodic rate of return on the lessor's net investment in the lease.

Net gain / (loss) from TCorpIM Funds measured at fair value through profit or loss

Net gain / (loss) from TCorpIM Funds measured at fair value through profit or loss includes distributions received as well as movements in the fair value.

Royalties

Royalties are usually recognised when the underlying performance obligation is satisfied. It is recognised at the estimated amount if the consideration is variable.

Dividends

Dividend income is recognised when the consolidated entity's right to receive the payment has been established.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

11. Grants and other contributions

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Grants to acquire / construct a recognisable non-financial asset to be controlled by the entity				
Grants to acquire / construct non-financial asset	64,438	29,597	-	-
Other grants with sufficiently specific performance				
Commonwealth National Health Reform Funding	6,325,492	5,976,535	6,325,492	5,976,535
Commonwealth National Partnership Agreement on COVID-19 Response / Priority Groups COVID-19 Testing and Vaccination				
- Hospital services payment	418,294	625,460	418,294	625,460
- State public health / PCR testing payment	245,993	1,514,279	245,993	1,514,279
- Vaccination dose delivery payment	2,404	37,829	2,404	37,829
Commonwealth Government grants for community based services	83,897	85,193	-	-
Commonwealth Government grants - other	35,680	28,467	6,179	2,160
Clinical drug trials and research grants	85,832	73,731	-	-
Grants from entities controlled by the ultimate parent	7,270	5,457	1,950	-
Other grants	84,611	75,169	1,899	1,500
Grants without specific performance obligations				
Commonwealth National Health Reform Funding	1,199,831	1,167,225	1,199,831	1,167,225
Commonwealth National Partnership Agreement on COVID-19				
- Fixed upfront vaccination payment	-	32,000	-	32,000
Commonwealth Government COVID-19 vaccines	2,011	129,706	-	-
Commonwealth Government grants - other	259,544	319,746	177,795	217,410
Clinical drug trials and research grants	14,616	12,572	-	-
Grants from entities controlled by the ultimate parent	145,542	287,324	105,378	85,639
Other grants	71,711	46,704	41,322	-
Donations				
Donations	65,105	51,613	-	-
	9,112,271	10,498,607	8,526,537	9,660,037

Commonwealth National Health Reform Funding and Commonwealth National Partnership Agreement on COVID-19 Response revenue includes adjustments from the reconciliation of the prior year activity performed by the National Health Funding Pool Administrator as required under Section 238(1)(a) of the *National Health Reform Act 2011*. The adjustments included additional revenue of \$317.8 million (2022: reduction of \$22.6 million) recognised under 'Hospital services payment' under the 'National Partnership Agreement on COVID-19 Response' and a reduction of \$317.8 million (2022: increase of \$22.6 million) under the 'Commonwealth National Health Funding Reform Funding'.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

11. Grants and other contributions (continued)

The consolidated entity received the majority of COVID-19 vaccines directly from the Commonwealth government and the remainder were received from external third parties. The total value of COVID-19 vaccines recognised was \$2.01 million (2022: \$129.71 million) under Commonwealth Government COVID-19 vaccines and \$0.13 million (2022: \$0.32 million) from external third parties under other grants. All COVID-19 vaccines were received for nil consideration and recorded at current replacement cost at the time of receipt. Refer to Note 22 for further details on COVID-19 vaccines.

Commonwealth government grants - other in the consolidated entity includes \$73.12 million of COVID-19 and Japanese encephalitis pharmaceutical supplies received from the Commonwealth (2022: \$93.98 million of personal protective equipment, rapid antigen testing kits and COVID-19 pharmaceutical supplies received from the Commonwealth) for nil consideration and recorded at current replacement cost at the time of receipt.

Recognition and Measurement

Grants and other contributions

Income from grants to acquire / construct a recognisable non-financial asset to be controlled by the consolidated entity is recognised when the consolidated entity satisfies its obligations under the transfer. The consolidated entity satisfies the performance obligation under the transfer over time as the non-financial assets are being constructed. The percentage of cost incurred is used to recognise income, because this most closely reflects the progress to completion.

Revenue from grants with sufficiently specific performance obligations are recognised when the consolidated entity satisfies a performance obligation by transferring the promised goods or services.

The consolidated entity typically receives grants in respect of:

- Commonwealth government funded grant under the National Health Reform Agreement to improve the state's health outcomes and ensure sustainability of the health system;
- Commonwealth government funded grant under the National Partnership Agreement on COVID-19 Response which provides stability and certainty of funding while responding to the COVID-19 pandemic;
- Commonwealth government funded grant under the National Partnership Agreement for Priority Groups COVID-19 Testing and Vaccination to deliver testing and vaccination programs to protect priority populations groups from COVID-19;
- Commonwealth government funded vaccinations, including COVID-19 vaccinations which are provided free of charge to the community. Refer to Note 22 for further details; and
- Other various grants in respect of research, clinical drug trials and other community, health and wellbeing related projects.

The consolidated entity uses various methods to recognise revenue over time, depending on the nature and terms and conditions of the grant contract. The payments are typically based on an agreed timetable or on achievement of different milestones set up in the contract. Revenue is recognised as follows:

- Commonwealth National Health Reform - consists of Activity Based Funding, Public Health Funding and Block Funding. Activity Based Funding is recognised under AASB 15 *Revenue from Contracts with Customers* (AASB 15), while Public Health and Block Funding is recognised under AASB 1058 *Income of Not-for-Profit Entities* (AASB 1058) due to lack of specific performance obligations. Revenue for Activity Based Funding is recognised when the hospital activities are performed. The revenue is calculated by the activity multiplied by the agreed National Weighted Activity Unit price. The Commonwealth undertakes an annual reconciliation of reported activity (revenue) against funding payments made for that year. Any differences arising from the reported activity (revenue) in previous years, is adjusted in the current year annual reconciliation.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

11. Grants and other contributions (continued)

Recognition and Measurement (continued)

Grants and other contributions (continued)

- Commonwealth National Partnership Agreement on COVID-19 Response (ended 31 December 2022) - consisted of four financial arrangements:

Schedule A - The Commonwealth shared the funding equally (paid for 50 per cent of costs) with the state government for hospitals and state public health authorities to assess, diagnose, treat and contain COVID-19. Revenue was recognised when the actual costs were incurred as either a hospital services payment or a state public health payment depending on the related activities.

Schedule B - The Commonwealth shared the funding equally (paid for 50 per cent of costs) with the state government to purchase private hospital service activities as needed and the Commonwealth provided 100 per cent of the funding for viability payments to identified private hospitals to ensure the state had access to private hospital beds, staffing and resources to support their ongoing response to the pandemic. Revenue was recognised when the actual costs were incurred for services purchased from private hospitals as a hospital service payment and viability payments as a state public health payment.

Schedule C - The Commonwealth government provided states and territories two payments for COVID-19 vaccinations, a fixed upfront payment to ensure funds were available to setup up state-run vaccination clinics regardless of the amount of vaccination activity delivered and a vaccination dose delivery payment of a 50 per cent contribution to the agreed price per vaccination dose delivered. Revenue was recognised when actual vaccines are delivered except for the fixed upfront vaccination payment which was recognised under AASB 1058 due to lack of specific performance obligations.

Schedule D - The Commonwealth provided 100 per cent of the funding to support aged care preparedness and response during COVID-19. This funding was targeted to ensure prevention, preparedness and response activities were in place to address outbreaks of COVID-19 in residential aged care facilities and to provide additional targeted training. Revenue was recognised when the actual costs were incurred as a state public health payment.

- Commonwealth National Partnership Agreement for Priority Groups COVID-19 Testing and Vaccination (commenced on 1 January 2023) - consists of two financial arrangements:

PCR Testing Payment - The Commonwealth shares the funding equally (pays for 50 per cent of costs) with the state government for costs incurred by states and territories for PCR testing for COVID-19. Revenue is recognised when the actual testing cost is incurred as a PCR testing payment.

Vaccination Dose Delivery Payment - The Commonwealth government provides states and territories a 50 per cent contribution to the agreed price per COVID-19 vaccine dose delivered. Revenue is recognised when the vaccine doses are delivered as a vaccination dose delivery payment.

- Other grants and contributions - consist of various types of grants and contributions received. The performance obligations are typically satisfied when the specified activities / milestones agreed in the grant contract are completed/met. Where there are no specific performance obligations, revenue is recognised on receipt of funding under AASB 1058. The payments are typically made in advance or based on an agreed timetable.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

11. Grants and other contributions (continued)

Recognition and Measurement (continued)

Grants and other contributions (continued)

Revenue from these grants is recognised based on the grant amount specified in the funding agreement / funding approval, and revenue is only recognised to the extent that it is highly probable that a significant reversal will not occur. No element of financing is deemed present as funding payments are usually received in advance or shortly after the relevant obligation is satisfied.

Refer to Note 32 for the transaction price allocated to the performance obligations that have not been satisfied at the end of the year and when it is expected to be recognised as revenue.

Income from grants without sufficiently specific performance obligations is recognised when the consolidated entity obtains control over the granted assets (e.g. cash).

Volunteer services

Receipt of volunteer services is recognised when and only when the fair value of those services can be reliably determined and the services would have been purchased if not donated. The consolidated entity receives volunteer services for the below activities:

- Chaplaincies and Pastoral Care
- Pink Ladies / Hospital Auxiliaries
- Patient Support Groups
- Community Organisations
- Health Education
- Patient and Family Support
- Patient Services, Fund Raising
- Practical Support to Patients and Relatives
- Counselling, Transport, Home Help and Patient Activities

Receipt of these services, while important, is not recognised because typically such services would not have been purchased if not donated.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

12. Acceptance by The Crown in right of the State of New South Wales (Crown) of employee benefits

The following liabilities and / or expenses have been assumed by the Crown or other government entities:

	Consolidated	Consolidated ¹	Parent	Parent
	2023	2022	2023	2022
	\$000	\$000	\$000	\$000
Superannuation - defined benefit plan	55,731	63,602	697	802
Long service leave provision	364,626	(161,698)	7,298	(179)
Payroll tax	38	37	38	37
	420,395	(98,059)	8,033	660

¹ 'Long service leave provision' has been restated to be lower by \$16.81 million in the prior year for the consolidated entity. Refer to Note 17 for further details regarding restatement as a result of an error.

Significant fluctuations in the actuarial factors for the long service leave provision in 2022 resulted in negative movements in the consolidated and parent entity for the year ended 30 June 2022.

13. Other income

	Consolidated	Consolidated	Parent	Parent
	2023	2022	2023	2022
	\$000	\$000	\$000	\$000
Commissions	2,209	2,113	-	-
Discounts	3,198	1,591	-	-
Insurance refunds	9,424	10,697	922	1,863
Rental income				
- rental income from subleasing right-of-use assets	17	13	-	-
- other rental income	37,856	33,673	12,197	11,417
Revenue related to service concession arrangements	9,903	13,358	-	-
Other	13,024	14,931	5,718	4,774
	75,631	76,376	18,837	18,054

Recognition and Measurement

Insurance refunds

Insurance activities are conducted through the NSW Treasury Managed Fund (TMF) Scheme of self insurance for Government entities. Insurance refunds are recognised when TMF accepts the insurance claim.

Rental income

Rental income is accounted for on a straight-line basis over the lease term. The rental income is incidental to the purpose for holding the property.

Revenue related to service concession arrangements

Revenue reflects the progressive unwinding of the 'grant of right to operate liability' (Note 35) over the remaining period of the arrangement. Refer to Note 25 for further details on service concession arrangements.

Other income

Other income arises from varying arrangements. Income is generally recognised on an accrual basis and / or when the right to receive the income has been established in accordance with the substance of the relevant agreement.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

14. Gains / (losses) on disposal

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Gains / (losses) on disposal of:				
Property, plant and equipment				
Written down value of assets disposed	45,625	68,478	6,433	11,226
Less: Proceeds from disposal	20,378	15,849	6,428	10,133
Less: Non-cash consideration for disposal	-	39,415	-	-
Less: Proceeds received in advance for disposal	-	15,546	-	-
Net gains / (losses) on disposal	(25,247)	2,332	(5)	(1,093)
Right-of-use assets				
Written down value of assets disposed	19,537	646,231	16,766	441,970
Less: lease liabilities extinguished	19,409	771,746	16,582	556,110
Net gains / (losses) on disposal*	(128)	125,515	(184)	114,140
Intangible assets				
Written down value of assets disposed	1,993	313	-	47
Net gains / (losses) on disposal	(1,993)	(313)	-	(47)
Assets held for sale				
Written down value of assets disposed	4,972	311	-	-
Less: Proceeds from disposal	4,911	435	-	-
Net gains / (losses) on disposal	(61)	124	-	-
Financial assets				
Written down value of financial assets	9,334	132,365	-	-
Less: Proceeds from sale of financial assets	9,334	132,365	-	-
Net gains / (losses) on disposal	-	-	-	-
Total gains / (losses) on disposal	(27,429)	127,658	(189)	113,000

* In 2022, \$125.30 million (parent entity: \$114.14 million) of the net gains / (losses) on disposal is a result of the derecognition of the right-of-use asset of \$640.39 million (parent entity: \$441.95 million) and lease liability of \$765.69 million (parent entity: \$556.09 million) with Property NSW, an entity of the ultimate parent. Please refer to Note 26 for further details on the derecognition.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

15. Other gains / (losses)

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Inventory write down				
- Medical and surgical supplies	(164,955)	(55,370)	-	-
- Drug supplies	(520)	(16,671)	-	-
Gains / (losses) on derivative financial instruments at fair value through profit or loss	1,795	11,501	-	-
Foreign exchange gains / (losses)	(356)	350	(41)	-
Other	-	(5,565)	-	-
	(164,036)	(65,755)	(41)	-

Inventory write down loss consists of \$137.69 million (2022: \$372.76 million) of various items written-off and an increase in the allowance for impairment of \$27.79 million (2022: decrease in the allowance for impairment of \$300.72 million) in respect of the inventory balance held at reporting date.

Recognition and Measurement

Impairment losses on non-financial assets

Impairment losses may arise on non-financial assets held by the entity from time to time. Accounting for impairment losses is dependent upon the individual asset (or group of assets) subject to impairment. Accounting Policies and events giving rise to impairment losses are disclosed in the following notes:

- Note 20 Receivables
- Note 21 Contract assets
- Note 22 Inventories
- Note 25 Property, plant and equipment
- Note 26 Leases
- Note 27 Intangible assets

16. Conditions on restrictions on income of not-for-profit entities

The consolidated entity receives various types of grants and donations from different grantors / donors, some of which may not have enforceable performance obligations. The consolidated entity determines the grantor / donor expectations in determining the externally imposed restrictions and discloses them in accordance with different types of restrictions. The types of restrictions and income earned with restrictions are detailed in Note 30 Restricted assets.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

17. Prior period error

Correction of permanent part time long service leave

During the year it was identified that the long service leave entitlement for certain employees has not been correctly calculated and recognised. The issue only impacted employees who have had a period of part time service under the Health Employees' Conditions of Employment Award during their employment duration. It was identified that the accrual for enhanced entitlement did not start on the completion of first 10 years of service by the employee, rather it was delayed in some instances and only started upon the completion of full-time equivalency of 10 years of service. This has resulted in an under accrual and / or underpayment of long service leave entitlements for such employees in the current and prior years. The error has been corrected during the year, with retrospective adjustments made in the prior periods.

The consolidated entity's liability for long service leave are assumed by The Crown in right of the State of New South Wales. The consolidated entity accounts for the liability as having been extinguished, resulting in the amount assumed being shown as part of the non-monetary revenue item described as 'Acceptance by the Crown of employee benefits'. Specific on-costs relating to long service leave assumed by The Crown in right of the State of New South Wales are borne by the consolidated entity.

The impact to the consolidated entity's Statement of Comprehensive Income and Statement of Financial Position from restating the balances in the prior year due to above matter are shown below. There was no impact on the parent entity as all employees of the parent entity are on a separate award to the impacted employees.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

17. Prior period error (continued)

Correction of permanent part time long service leave (continued)

Statement of Comprehensive Income for the year ended 30 June 2022 (extract)

CONSOLIDATED

		Original Actual 2022 \$'000	Adjustment Actual 2022 \$'000	Restated Actual 2022 \$'000
	Notes			
Continuing operations				
Expenses excluding losses				
Employee related expenses	2	16,185,112	(19,167)	16,165,945
Total expenses excluding losses		29,210,766	(19,167)	29,191,599
Revenue				
Acceptance by the Crown Entity of employee benefits and other liabilities	12	(81,253)	(16,806)	(98,059)
Total revenue		30,152,346	(16,806)	30,135,540
Operating result		941,580	2,361	943,941
Net result from continuing operations		940,044	2,361	942,405
Net result		940,044	2,361	942,405
Other comprehensive income				
Total other comprehensive income		2,169,321	-	2,169,321
TOTAL COMPREHENSIVE INCOME		3,109,365	2,361	3,111,726

Note: The above table is an extract only, showing only those financial statement line items affected by the correction of an error.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

17. Prior period error (continued)

Correction of permanent part time long service leave (continued)

Statement of Financial Position as at 1 July 2021 (extract)

CONSOLIDATED

	Notes	Original Actual 1 July 2021 \$'000	Adjustment Actual 1 July 2021 \$'000	Restated Actual 1 July 2021 \$'000
LIABILITIES				
Current liabilities				
Provisions	34	2,851,737	17,315	2,869,052
Total current liabilities		5,125,448	17,315	5,142,763
Non-current liabilities				
Provisions	34	62,674	1,557	64,231
Total non-current liabilities		2,522,033	1,557	2,523,590
Total liabilities		7,647,481	18,872	7,666,353
Net assets		21,909,693	(18,872)	21,890,821
EQUITY				
Accumulated funds		14,364,873	(18,872)	14,346,001
Total equity		21,909,693	(18,872)	21,890,821

Note: The above table is an extract only, showing only those financial statement line items affected by the correction of an error.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

17. Prior period error (continued)

Correction of permanent part time long service leave (continued)

Statement of Financial Position as at 30 June 2022 (extract)

CONSOLIDATED

	Notes	Original Actual 2022 \$'000	Adjustment Actual 2022 \$'000	Restated Actual 2022 \$'000
LIABILITIES				
Current liabilities				
Provisions	34	3,466,486	15,167	3,481,653
Total current liabilities		6,157,973	15,167	6,173,140
Non-current liabilities				
Provisions	34	59,886	1,344	61,230
Total non-current liabilities		1,898,404	1,344	1,899,748
Total liabilities		8,056,377	16,511	8,072,888
Net assets		25,019,058	(16,511)	25,002,547
EQUITY				
Accumulated funds		15,317,397	(16,511)	15,300,886
Total equity		25,019,058	(16,511)	25,002,547

Note: The above table is an extract only, showing only those financial statement line items affected by the correction of an error.

The correction of the prior year error did not have an impact on the Statement of Cash Flows for the consolidated entity.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2023

18. Outcomes of the consolidated entity
(a) Outcome statements of the consolidated entity (from 1 July 2022)

CONSOLIDATED

CONSOLIDATED ENTITY EXPENSES AND INCOME	Outcome 1*		Outcome 2*		Outcome 3*		Outcome 4*		Outcome 5*		Outcome 6*		Not Attributable***		Total		
	2023	2022**	2023	2022**	2023	2022**	2023	2022**	2023	2022**	2023	2022**	2023	2022**	2023	2022**	
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	
Continuing operations																	
Expenses excluding losses																	
Employee related expenses	575,294	-	4,172,811	-	2,596,191	-	9,197,198	-	402,123	-	248,388	-	17,192,005	-	8,969,218	-	
Operating expenses	561,391	-	2,077,919	-	1,184,700	-	4,896,012	-	159,484	-	89,712	-	8,969,218	-	1,377,606	-	
Depreciation and amortisation	39,370	-	360,231	-	226,781	-	717,222	-	20,838	-	13,164	-	1,872,061	-	114,853	-	
Grants and subsidies	177,902	-	694,597	-	94,302	-	749,746	-	40,661	-	114,853	-	1,872,061	-	114,853	-	
Finance costs	2,559	-	33,784	-	16,764	-	60,319	-	3,268	-	1,930	-	118,624	-	118,624	-	
Total expenses excluding losses	1,356,516	-	7,339,342	-	4,118,738	-	15,620,497	-	626,374	-	468,047	-	29,529,514	-	29,529,514	-	
Revenue																	
Appropriations***	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acceptance by the Crown of employee benefits and other liabilities	17,092	-	114,174	-	56,193	-	216,842	-	9,259	-	6,835	-	17,588,577	-	420,395	-	
Sale of goods and services from contracts with customers	11,569	-	862,196	-	165,214	-	1,863,319	-	8,987	-	-	-	2,911,285	-	73,239	-	
Investment revenue	2,066	-	17,425	-	6,523	-	44,744	-	2,481	-	-	-	9,112,271	-	75,631	-	
Grants and other contributions	482,401	-	1,728,029	-	965,459	-	5,574,644	-	266,266	-	95,472	-	17,340,025	-	403,332	-	
Other income	2,131	-	17,964	-	6,722	-	46,254	-	2,559	-	1	-	30,181,398	-	(27,429)	-	
Total revenue	515,259	-	2,739,788	-	1,200,111	-	7,745,803	-	289,552	-	102,308	-	17,588,577	-	17,588,577	-	
Gains / (losses) on disposal	-	-	-	-	-	-	-	-	-	-	-	-	(27,429)	-	(27,429)	-	
Impairment losses on financial assets	-	-	-	-	-	-	-	-	-	-	-	-	(57,087)	-	(57,087)	-	
Other gains / (losses)	-	-	-	-	-	-	-	-	-	-	-	-	(164,036)	-	(164,036)	-	
Net result from continuing operations	(841,257)	-	(4,599,554)	-	(2,918,627)	-	(7,874,694)	-	(336,822)	-	(365,739)	-	17,340,025	-	403,332	-	
Net result from discontinued operations	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Net result	(841,257)	-	(4,599,554)	-	(2,918,627)	-	(7,874,694)	-	(336,822)	-	(365,739)	-	17,340,025	-	403,332	-	
Other comprehensive income																	
Items that will not be reclassified to net result in subsequent periods																	
Changes in revaluation surplus of property, plant and equipment	39,780	-	363,978	-	229,140	-	724,682	-	21,054	-	13,300	-	1,391,934	-	1,391,934	-	
Total other comprehensive income	39,780	-	363,978	-	229,140	-	724,682	-	21,054	-	13,300	-	1,391,934	-	1,391,934	-	
Total comprehensive income	(801,477)	-	(4,235,576)	-	(2,689,487)	-	(7,150,012)	-	(315,768)	-	(352,439)	-	17,340,025	-	1,795,266	-	

* The name and purpose of each outcome is summarised in Note 18 (b).

** Outcome groups have been redefined in 2023 and as a result it is impracticable to adjust comparatives into the new outcome groups.

*** Appropriations are made on an entity basis and not to individual outcomes. Consequently, appropriations are included in the 'Not Attributable' column.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2023

18. Outcomes of the consolidated entity (continued)
(a) Outcome statements of the consolidated entity (from 1 July 2022) (continued)

CONSOLIDATED

CONSOLIDATED ENTITY ASSETS AND LIABILITIES	Outcome 1*		Outcome 2*		Outcome 3*		Outcome 4*		Outcome 5*		Outcome 6*		Not Attributable		Total		
	2023	2022**	2023	2022**	2023	2022**	2023	2022**	2023	2022**	2023	2022**	2023	2022**	2023	2022**	
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
ASSETS																	
Current assets																	
Cash and cash equivalents	113,709	-	615,214	-	345,250	-	1,309,376	-	52,505	-	39,234	-	2,475,288	-	1,152,214	-	
Receivables	4,578	-	341,236	-	65,388	-	737,455	-	3,557	-	-	-	2,260	-	451,621	-	
Contract assets	10	-	669	-	128	-	1,446	-	7	-	-	-	97,322	-	46	-	
Inventories	28,268	-	104,628	-	59,652	-	246,526	-	8,030	-	4,517	-	1,853,192	-	304	-	
Financial assets at fair value	4,471	-	24,189	-	13,574	-	51,481	-	2,064	-	1,543	-	-	-	-	-	
Other financial assets	3	-	11	-	6	-	24	-	1	-	-	-	-	-	-	-	
Non-current assets held for sale	9	-	79	-	50	-	158	-	5	-	3	-	-	-	-	-	
Total current assets	151,048	-	1,086,026	-	484,048	-	2,346,466	-	66,169	-	45,298	-	4,179,055	-	-	-	-
Non-current assets																	
Receivables	597	-	44,500	-	8,527	-	96,171	-	464	-	-	-	150,259	-	9,148	-	
Financial assets at fair value	420	-	2,274	-	1,276	-	4,839	-	194	-	145	-	88,541	-	-	-	
Other financial assets	4,068	-	22,006	-	12,350	-	46,836	-	1,878	-	1,403	-	-	-	-	-	
Property, plant and equipment																	
- Land and buildings	744,183	-	6,809,151	-	4,286,664	-	13,557,058	-	393,878	-	248,819	-	26,039,753	-	-	-	
- Plant and equipment	43,480	-	397,831	-	250,452	-	792,084	-	23,013	-	14,537	-	1,521,397	-	-	-	
- Infrastructure systems	25,196	-	230,547	-	145,140	-	459,021	-	13,336	-	8,425	-	881,665	-	-	-	
Right-of-use assets	17,911	-	163,880	-	103,170	-	326,286	-	9,480	-	5,988	-	626,715	-	-	-	
Intangible assets	20,921	-	191,423	-	120,509	-	381,125	-	11,073	-	6,995	-	732,046	-	-	-	
Total non-current assets	856,776	-	7,861,612	-	4,928,088	-	15,663,420	-	453,316	-	286,312	-	30,049,524	-	-	-	-
TOTAL ASSETS	1,007,824	-	8,947,638	-	5,412,136	-	18,009,886	-	519,485	-	331,610	-	34,228,579	-	-	-	-
LIABILITIES																	
Current liabilities																	
Payables	121,516	-	449,778	-	256,436	-	1,059,772	-	34,521	-	19,419	-	1,941,442	-	-	-	
Contract liabilities	3,019	-	10,815	-	6,043	-	34,890	-	1,666	-	598	-	57,031	-	-	-	
Borrowings	8,297	-	44,892	-	25,193	-	95,545	-	3,831	-	2,863	-	180,621	-	-	-	
Provisions	110,016	-	797,982	-	496,479	-	1,758,814	-	76,899	-	47,500	-	3,287,690	-	-	-	
Other current liabilities	5,521	-	29,873	-	16,765	-	63,580	-	2,550	-	1,905	-	120,194	-	-	-	
Total current liabilities	248,369	-	1,333,340	-	800,916	-	3,012,601	-	119,467	-	72,285	-	5,566,978	-	-	-	-
Non-current liabilities																	
Contract liabilities	30	-	105	-	59	-	340	-	16	-	6	-	556	-	-	-	
Borrowings	67,974	-	367,771	-	206,388	-	782,736	-	31,387	-	23,454	-	1,479,710	-	-	-	
Provisions	1,817	-	13,185	-	8,203	-	29,060	-	1,271	-	785	-	54,321	-	-	-	
Other non-current liabilities	14,636	-	79,187	-	44,439	-	168,535	-	6,758	-	5,050	-	318,605	-	-	-	
Total non-current liabilities	84,457	-	460,248	-	259,089	-	980,671	-	39,432	-	29,295	-	1,853,192	-	-	-	-
TOTAL LIABILITIES	332,826	-	1,793,588	-	1,060,005	-	3,993,272	-	158,899	-	101,580	-	7,440,170	-	-	-	-
NET ASSETS	674,998	-	7,154,050	-	4,352,131	-	14,016,614	-	360,586	-	230,030	-	26,788,409	-	-	-	-

* The name and purpose of each outcome is summarised in Note 18 (b).

** Outcome groups have been redefined in 2023 and as a result it is impracticable to adjust comparatives into the new outcome groups.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2023

18. Outcomes of the consolidated entity

(a) Outcome statements of the consolidated entity (until 30 June 2022)
CONSOLIDATED

CONSOLIDATED ENTITY EXPENSES AND INCOME	Outcome 1 *		Outcome 2 *		Outcome 3 *		Outcome 4 *		Outcome 5 *		Not Attributable **		Total	
	2023 \$000	2022 ** \$000	2023 \$000	2022 ** \$000	2023 \$000	2022 ** \$000	2023 \$000	2022 ** \$000	2023 \$000	2022 ** \$000	2023 \$000	2022 ** \$000	2023 \$000	2022 ** \$000
Continuing operations														
Expenses excluding losses														
Employee related expenses	-	8,648,294	-	3,981,205	-	2,375,049	-	555,479	-	605,918	-	-	-	16,165,945
Operating expenses	-	5,197,218	-	2,353,765	-	1,134,232	-	732,356	-	261,182	-	-	-	9,678,753
Depreciation and amortisation	-	622,021	-	316,943	-	211,845	-	34,157	-	30,799	-	-	-	1,215,765
Grants and subsidies	-	819,568	-	705,655	-	93,956	-	194,702	-	190,869	-	-	-	2,004,750
Finance costs	-	65,203	-	34,360	-	18,728	-	2,698	-	5,397	-	-	-	126,386
Total expenses excluding losses	-	15,352,304	-	7,391,928	-	3,833,810	-	1,519,392	-	1,094,165	-	-	-	29,191,599
Revenue														
Appropriations ***	-	-	-	-	-	-	-	-	-	-	-	17,135,207	-	17,135,207
Acceptance by the Crown of employee benefits and other liabilities	-	(63,739)	-	(16,855)	-	(12,972)	-	(1,499)	-	(2,994)	-	-	-	(98,059)
Sale of goods and services from contracts with customers	-	1,584,519	-	771,715	-	145,159	-	7,115	-	9,007	-	-	-	2,517,515
Investment revenue	-	3,601	-	1,402	-	525	-	166	-	200	-	-	-	5,894
Grants and other contributions	-	6,326,528	-	2,365,002	-	972,744	-	496,351	-	337,982	-	-	-	10,498,607
Other income	-	46,718	-	18,136	-	6,789	-	2,151	-	2,582	-	-	-	76,376
Total revenue	-	7,897,627	-	3,139,400	-	1,112,245	-	504,284	-	346,777	-	-	-	30,135,540
Gains / (losses) on disposal	-	-	-	-	-	-	-	-	-	-	-	127,658	-	127,658
Impairment losses on financial assets	-	-	-	-	-	-	-	-	-	-	-	(63,439)	-	(63,439)
Other gains / (losses)	-	-	-	-	-	-	-	-	-	-	-	(65,755)	-	(65,755)
Net result from continuing operations	-	(7,454,677)	-	(4,252,528)	-	(2,721,565)	-	(1,015,108)	-	(747,388)	-	-	-	942,405
Net result from discontinued operations	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net result	-	(7,454,677)	-	(4,252,528)	-	(2,721,565)	-	(1,015,108)	-	(747,388)	-	-	-	942,405
Other comprehensive income														
Items that will not be reclassified to net result in subsequent periods	-	1,109,890	-	565,529	-	377,999	-	60,947	-	54,956	-	-	-	2,169,321
Changes in revaluation surplus of property, plant and equipment	-	1,109,890	-	565,529	-	377,999	-	60,947	-	54,956	-	-	-	2,169,321
Total other comprehensive income	-	(6,344,787)	-	(3,686,999)	-	(2,343,566)	-	(954,161)	-	(692,432)	-	-	-	3,111,726

* The name and purpose of each outcome is summarised in Note 18 (b).

** Outcome groups have been redefined in 2023 and as a result it is impracticable to adjust comparatives into the new outcome groups.

*** Outcome balances have been restated in 2022. See Note 17 for details regarding restated prior year balances as the result of an error in the consolidated entity.

**** Appropriations are made on an entity basis and not to individual outcomes. Consequently, appropriations are included in the 'Not Attributable' column.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2023

18. Outcomes of the consolidated entity (continued)

(a) Outcome statements of the consolidated entity (until 30 June 2022) (continued)
CONSOLIDATED

	Outcome 1*		Outcome 2*		Outcome 3*		Outcome 4*		Outcome 5*		Not Attributable		Total	
	2023 \$000	2022** \$000	2023 \$000	2022** \$000	2023 \$000	2022** \$000	2023 \$000	2022** \$000	2023 \$000	2022** \$000	2023 \$000	2022** \$000	2023 \$000	2022** \$000
ASSETS														
Current assets														
Cash and cash equivalents	-	1,518,352	-	731,048	-	379,164	-	150,232	-	108,210	-	-	-	2,887,006
Receivables	-	920,413	-	448,272	-	84,320	-	4,133	-	5,232	-	-	-	1,462,370
Contract assets	-	822	-	401	-	75	-	4	-	5	-	-	-	1,307
Inventories	-	453,783	-	205,513	-	99,033	-	63,944	-	22,804	-	-	-	845,077
Financial assets at fair value	-	51,791	-	24,936	-	12,933	-	5,124	-	3,691	-	-	-	98,475
Other financial assets	-	41	-	19	-	10	-	4	-	3	-	-	-	77
Non-current assets held for sale	-	1,690	-	861	-	576	-	93	-	84	-	-	-	3,304
Total current assets	-	2,946,892	-	1,411,050	-	576,111	-	223,534	-	140,029	-	-	-	5,297,616
Non-current assets														
Receivables	-	14,285	-	6,957	-	1,309	-	64	-	81	-	-	-	22,696
Financial assets at fair value	-	5,212	-	2,510	-	1,302	-	516	-	371	-	-	-	9,911
Other financial assets	-	45,446	-	21,882	-	11,349	-	4,497	-	3,239	-	-	-	86,413
Property, plant and equipment	-	-	-	-	-	-	-	-	-	-	-	-	-	-
- Land and buildings	-	12,357,036	-	6,296,355	-	4,208,482	-	678,559	-	611,855	-	-	-	24,152,287
- Plant and equipment	-	759,667	-	387,078	-	258,723	-	41,715	-	37,615	-	-	-	1,484,798
- Infrastructure systems	-	364,161	-	185,553	-	124,024	-	19,997	-	18,031	-	-	-	711,766
Right-of-use assets	-	313,492	-	159,735	-	106,767	-	17,215	-	15,522	-	-	-	612,731
Intangible assets	-	356,718	-	181,760	-	121,488	-	19,588	-	17,663	-	-	-	697,217
Total non-current assets	-	14,216,017	-	7,241,830	-	4,833,444	-	782,151	-	704,377	-	-	-	27,777,819
TOTAL ASSETS	-	17,162,909	-	8,652,880	-	5,409,555	-	1,005,685	-	844,406	-	-	-	33,075,435
LIABILITIES														
Current liabilities														
Payables	-	1,275,957	-	577,867	-	278,463	-	179,799	-	64,122	-	-	-	2,376,208
Contract liabilities	-	33,764	-	12,622	-	5,191	-	2,649	-	1,804	-	-	-	56,030
Borrowings	-	88,378	-	42,551	-	22,069	-	8,744	-	6,298	-	-	-	168,040
Provisions	-	1,862,581	-	857,430	-	511,513	-	119,633	-	130,496	-	-	-	3,481,653
Other current liabilities	-	47,968	-	23,096	-	11,979	-	4,747	-	3,419	-	-	-	91,209
Total current liabilities	-	3,308,648	-	1,513,566	-	829,215	-	315,572	-	206,139	-	-	-	6,173,140
Non-current liabilities														
Contract liabilities	-	651	-	244	-	100	-	51	-	35	-	-	-	1,081
Borrowings	-	790,485	-	380,598	-	197,400	-	78,214	-	56,336	-	-	-	1,503,033
Provisions	-	32,756	-	15,079	-	8,996	-	2,104	-	2,295	-	-	-	61,230
Other non-current liabilities	-	175,869	-	84,678	-	43,918	-	17,405	-	12,534	-	-	-	334,404
Total non-current liabilities	-	999,761	-	480,599	-	250,414	-	97,774	-	71,200	-	-	-	1,899,748
TOTAL LIABILITIES	-	4,308,409	-	1,994,165	-	1,079,629	-	413,346	-	277,339	-	-	-	8,072,888
NET ASSETS	-	12,854,500	-	6,658,715	-	4,329,926	-	592,339	-	567,067	-	-	-	25,002,547

* The name and purpose of each outcome is summarised in Note 18 (b).

** Outcome groups have been redefined in 2023 and as a result it is impracticable to adjust comparatives into the new outcome groups.

** Outcome balances have been restated in 2022. See Note 17 for details regarding restated prior year balances as the result of an error in the consolidated entity.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

18. Outcomes of the consolidated entity (continued)

(b) Outcome name and purpose of the consolidated entity (from 1 July 2022)

Outcome name	Outcome purpose
<p>Outcome 1 - People are healthy and well</p>	<p>This outcome reflects that preventive and population health is critical to keeping people healthier. It covers a range of functions NSW Health is responsible for including to protect and promote public health, control infectious diseases, reduce preventable diseases and death, help people manage their own health, and promote equitable health outcomes in the community.</p>
<p>Outcome 2 - Safe care is delivered within our community</p>	<p>This outcome reflects that healthcare extends beyond the hospital and needs to connect across settings to reduce the burden of chronic disease, assist people with conditions to live well and avoid complications, support people to recover from illness and injury, and prevent avoidable hospitalisations. NSW Health services funded to achieve this outcome include non-admitted and community-based services, sub-acute services, hospital in the home, and dental services.</p>
<p>Outcome 3 - Safe emergency care is delivered</p>	<p>NSW Health often provides the first point of contact for those needing access to emergency healthcare and is responsible for managing and administering ambulance and emergency services.</p>
<p>Outcome 4 - Safe care is delivered within our hospitals</p>	<p>This outcome reflects the state's responsibility to manage and administer public hospitals. When people are admitted to a hospital in NSW, they can expect world-class medical and surgical care within clinically recommended timeframes.</p>
<p>Outcome 5 - Our staff are engaged and well supported</p>	<p>This outcome reflects the requirement that a skilled workforce with access to world leading education and training is essential to deliver safe, reliable person-centred care driving the best outcomes and experiences.</p>
<p>Outcome 6 - Research and innovation and digital advances inform service delivery</p>	<p>This outcome reflects the requirement that clinical service delivery continues to transform through health and medical research, digital technologies, and data analytics.</p>

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

18. Outcomes of the consolidated entity (continued)

(b) Outcome name and purpose of the consolidated entity (until 30 June 2022)

Outcome name	Outcome purpose
<p>Outcome 1 - People receive high-quality, safe care in our hospitals</p>	<p>This outcome reflects the state's responsibility to manage and administer public hospitals. When people are admitted to a hospital in NSW, they can expect world-class medical and surgical care within clinically recommended timeframes.</p>
<p>Outcome 2 - People can access care in out of hospital settings to manage their health and wellbeing</p>	<p>This outcome reflects that healthcare extends beyond the hospital and needs to connect across settings to reduce the burden of chronic disease, assist people with conditions to live well and avoid complications, support people to recover from illness and injury, and prevent avoidable hospitalisations. NSW Health services funded to achieve this outcome include non-admitted and community based services, sub-acute services, hospital in the home, and dental services.</p>
<p>Outcome 3 - People receive timely emergency care</p>	<p>NSW Health often provides the first point of contact for those needing access to emergency healthcare and is responsible for managing and administering ambulance and emergency services.</p>
<p>Outcome 4 - Keeping people healthy through prevention and health promotion</p>	<p>This outcome reflects that preventive and population health is critical to keeping people healthier. It covers a range of functions NSW Health is responsible for including to protect and promote public health, control infectious diseases, reduce preventable diseases and death, help people manage their own health, and promote equitable health outcomes in the community.</p>
<p>Outcome 5 - Our people and systems are continuously improving to deliver the best health outcomes and experiences</p>	<p>A skilled workforce with access to world leading education and training, and a system that harnesses research and digital innovation essential to continuously improving outcomes and experiences of care across the system. These enablers are delivered by a range of statutory bodies and system managers.</p>

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

19. Cash and cash equivalents

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Cash at bank and on hand	2,475,288	2,887,006	426,486	614,647
	2,475,288	2,887,006	426,486	614,647

For the purposes of the Statement of Cash Flows, cash and cash equivalents includes cash at bank, cash on hand, short-term deposits with a maturity of three months or less, which are subject to an insignificant risk of changes in value, and net outstanding bank overdraft.

Cash and cash equivalent assets recognised in the Statement of Financial Position are reconciled at the end of the financial year to the Statement of Cash Flows as follows:

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Cash and cash equivalents (per Statement of Financial Position)	2,475,288	2,887,006	426,486	614,647
	2,475,288	2,887,006	426,486	614,647

Refer to Note 44 for details regarding credit risk and market risk arising from financial instruments.

HealthShare NSW, a controlled entity of the parent entity manages accounts payable and employee related payments on behalf of the parent entity for payments to suppliers and employees. HealthShare NSW makes payments after the parent has submitted correctly rendered invoices and exception based approved payroll reports are received. These payments are reported as expenditures and cash outflows in the financial statements of the parent.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

20. Receivables

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent ¹ 2022 \$000
Current				
Trade receivables from contracts with customers	768,201	1,070,767	156,351	571,648
Receivables from controlled health entities	-	-	15,539	10,451
Goods and Services Tax	169,314	178,108	18,050	21,490
Other receivables	136,199	149,286	24,714	33,309
	1,073,714	1,398,161	214,654	636,898
Less: allowance for expected credit losses*				
- Trade receivables from contracts with customers	(147,761)	(131,560)	(127)	-
- Other receivables	(4,640)	(3,899)	(468)	-
	921,313	1,262,702	214,059	636,898
Prepayments	230,901	199,668	3,721	11,486
Total current receivables	1,152,214	1,462,370	217,780	648,384

¹ Prior year receivables from controlled health entities has been restated higher by \$0.12 million and other receivables has been restated lower by \$0.12 million in the parent entity as a result of a reclassification of a receivables balance.

Non-current				
Trade receivables from contracts with customers	112	102	-	-
Other receivables	258	24	-	-
	370	126	-	-
Less: allowance for expected credit losses*				
- Trade receivables from contracts with customers	(112)	(100)	-	-
- Other receivables	(23)	(2)	-	-
	235	24	-	-
Prepayments	150,024	22,672	-	-
Total non-current receivables	150,259	22,696	-	-

* Movement in the allowance for expected credit losses

Trade receivables from contracts with customers and other receivables

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Balance at the beginning of the year	(135,561)	(106,092)	-	-
Amounts written off during the year	40,112	33,970	-	-
(Increase) / decrease in allowance recognised in net result ¹	(57,087)	(63,439)	(595)	-
Balance at the end of the year	(152,536)	(135,561)	(595)	-

¹ Includes impairment loss recognised of \$54.56 million (2022: \$62.02 million) in the consolidated entity and \$0.13 million (2022: \$Nil) in the parent entity on trade receivables from contracts with customers.

Details regarding credit risk of receivables that are neither past due nor impaired, are disclosed in Note 44.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

20. Receivables (continued)

Recognition and Measurement

The consolidated entity recognises a financial asset or a financial liability when, and only when, it becomes a party to the contractual provisions of the instrument. To determine when the agency becomes a party to the contractual provisions of the instrument, the consolidated entity considers:

- Whether the consolidated entity has a legal right to receive cash (financial asset) or a legal obligation to pay cash (financial liability); or
- Whether at least one of the parties has performed under the agreement.

All 'regular way' purchases or sales of financial assets are recognised and derecognised on a trade date basis. Regular way purchases or sales are purchases or sales of financial assets that require delivery of assets within the time frame established by regulation or convention in the marketplace.

Receivables are initially recognised at fair value plus any directly attributable transaction costs. Trade receivables that do not contain a significant financing component are measured at the transaction price.

Subsequent measurement

The consolidated entity holds receivables with the objective to collect the contractual cash flows and therefore measures them at amortised cost using the effective interest method, less any impairment. Changes are recognised in the net result for the year when impaired, derecognised or through the amortisation process.

Impairment

The consolidated entity recognises an allowance for expected credit losses (ECLs) for all debt financial assets not held at fair value through profit or loss. ECLs are based on the difference between the contractual cash flows and the cash flows that the consolidated entity expects to receive, discounted at the original effective interest rate.

For trade receivables, the consolidated entity applies a simplified approach in calculating ECLs. The consolidated entity recognises a loss allowance based on lifetime ECLs at each reporting date. The consolidated entity has established a provision matrix based on its historical credit loss experience for trade receivables, adjusted for forward looking factors specific to the receivable.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

21. Contract assets

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Current				
Contract assets	2,260	1,307	460	363
	2,260	1,307	460	363

Recognition and Measurement

Contract assets relate to the consolidated entity's right to consideration in exchange for goods and services transferred to customers / works completed, but not billed at the reporting date. The contract assets are transferred to receivables when the rights become unconditional. This usually occurs when the consolidated entity issues an invoice to the customer. The balance of the contract assets relates to grants and other contributions for work completed but not yet invoiced as future work is required to be completed before the consolidated entity has the rights to invoice. Once all performance obligations are met and the consolidated entity has rights to invoice for the payment to be made, the contract asset is transferred to receivables.

The contract asset balance has increased in the consolidated and parent entity during the year due to the varying billing arrangements from contracts existing at different reporting dates.

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent ¹ 2022 \$000
Contract receivables (included in Note 20)	768,313	1,070,868	171,890	582,099
	768,313	1,070,868	171,890	582,099

¹ Prior year figures in the parent entity have been restated higher by \$0.12 million as a result of items previously excluded under contract receivables.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

22. Inventories

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Current				
Held-for-distribution				
Drug supplies	152,754	127,684	31,749	38,009
Medical and surgical supplies	575,720	866,030	1,840	1,889
Food and hotel supplies	2,950	2,762	-	-
Other	5,995	4,071	-	-
	737,419	1,000,547	33,589	39,898
Current				
Held-for-resale				
Medical and surgical supplies	-	102,540	-	-
	-	102,540	-	-
Less: Allowance for impairment				
- Drug supplies	-	(11,306)	-	-
- Medical and surgical supplies	(285,798)	(246,704)	-	-
	451,621	845,077	33,589	39,898

The majority of the inventory held-for-distribution is held for consumption in the ordinary activities of the consolidated entity and upon consumption, are expensed in food supplies, medical and surgical supplies and pharmaceutical supplies (Note 3).

In 2022, medical and surgical supplies inventory held-for-resale consisted of items the consolidated entity had agreed to resell to the Commonwealth for inclusion in the national medical stockpile.

Recognition and Measurement

Material inventories are held for distribution (consumed in the ordinary activities of the consolidated entity). Inventories held for distribution are stated at cost, adjusted when applicable, for any loss of service potential. A loss of service potential is identified and measured based on the existence of a current replacement cost that is lower than the carrying amount or any loss of operating capacity due to obsolescence. Costs are assigned to individual items of stock mainly on the basis of weighted average costs.

Inventories (other than those held for distribution) are stated at the lower of cost and net realisable value. Cost is calculated using the weighted average cost method.

In 2022, the consolidated entity held an allowance for impairment of medical and surgical supplies of \$246.70 million. The allowance for impairment was based on a consumption forecast model, on medical and surgical supply categories that are likely to expire before they are consumed or are in an unserviceable condition (does not meet the clinical requirements) and have no alternative use before they expire.

In 2023, the consolidated entity wrote off \$125.86 million of medical and surgical supplies. Following the write-off, the allowance for impairment of medical and surgical supplies was reassessed and an additional impairment of \$39.09 million was recognised due to the changes in the current consumption forecast model of medical and surgical supplies. The write-off and additional allowance for impairment expensed under other gains / (losses) (Note 15) is \$164.96 million.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

22. Inventories (continued)

Recognition and Measurement (continued)

The cost of inventories acquired at no cost or for nominal consideration is the current replacement cost as at the date of acquisition. Current replacement cost is the cost the consolidated entity would incur to acquire the asset. Net realisable value is the estimated selling price in the ordinary course of business less the estimated costs of completion and the estimated costs necessary to make the sale.

Obsolete items are disposed of in accordance with instructions issued by the Ministry.

At the beginning of 2021, the rollout of the Commonwealth's COVID-19 vaccine program commenced, with the aim of providing free vaccines to all Australians. The consolidated entity played a key role in the rollout within NSW, including in relation to logistics, vaccination delivery, safety and reporting. The Commonwealth assumed the responsibility for procuring and distributing vaccines to all states and territories. The consolidated entity received COVID-19 vaccines for nil consideration and provided to the public free of charge. On the basis that the consolidated entity controls the inventory once it is received from the Commonwealth, the value of the inventory received, distributed and wasted were recognised by the consolidated entity.

The value attributable to each COVID-19 vaccine received was its fair value based on replacement cost. The consolidated entity was unsuccessful in obtaining cost information from the Commonwealth because of non-disclosure agreements signed by the Commonwealth and the pharmaceutical companies supplying the COVID-19 vaccines. An internal valuation was undertaken based on publicly available information to estimate the replacement cost of the COVID-19 vaccines received by the consolidated entity.

The value of the COVID-19 vaccines received, administered and granted during the financial year ended 30 June 2023 was \$2.14 million (2022: \$130.02 million), \$2.54 million (2022: \$116.83 million) and \$0.13 million (2022: \$0.39 million), respectively. \$11.74 million (2022: \$5.36 million) of COVID-19 vaccines were written-off and \$11.31 million decrease in the allowance for impairment (2022: increase in the allowance for impairment of \$11.31 million). COVID-19 vaccine closing inventory balance as at 30 June 2023 was \$0.15 million (2022: \$12.42 million) which is included as part of drug supplies.

In addition, the consolidated entity wrote-off \$0.09 million (2022: \$Nil) of monkeypox vaccinations as a result of vaccinations being damaged or expired.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

23. Financial assets at fair value

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Current				
Derivatives	2,522	1,590	-	-
TCorpIM Funds Investment facilities	94,800	96,885	-	-
	97,322	98,475	-	-
Non-current				
Derivatives	9,148	9,911	-	-
	9,148	9,911	-	-

Refer to Note 44 for further information regarding fair value measurement, credit risk, and market risk arising from financial instruments.

Recognition and Measurement

The consolidated entity recognises a financial asset or a financial liability when, and only when, it becomes a party to the contractual provisions of the instrument. To determine when the agency becomes a party to the contractual provisions of the instrument, the consolidated entity considers:

- Whether the consolidated entity has a legal right to receive cash (financial asset) or a legal obligation to pay cash (financial liability); or
- Whether at least one of the parties has performed under the agreement.

All 'regular way' purchases or sales of financial assets are recognised and derecognised on a trade date basis. Regular way purchases or sales are purchases or sales of financial assets that require delivery of assets within the time frame established by regulation or convention in the marketplace.

Classification and measurement

The consolidated entity's financial assets at fair value are classified, at initial recognition, at fair value through profit or loss.

Transaction costs of financial assets carried at fair value through profit or loss are expensed in net results.

Financial assets at fair value through profit or loss

Financial assets at fair value through profit or loss include financial assets designated upon initial recognition at fair value through profit or loss, or financial assets mandatorily required to be measured at fair value under AASB 9 *Financial Instruments* (AASB 9).

Financial assets are held for trading if acquired for the purpose of selling or repurchasing in the near term. Derivatives are economic hedges classified as fair value through profit or loss unless they are designated as effective hedging instruments.

Derivative contracts are carried as financial assets when their fair value at the reporting date is positive. Derivative contracts maturing less than 12 months are classified as current and all other contracts as non-current.

The consolidated entity has elected not to apply hedge accounting to the economic hedges.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

23. Financial assets at fair value (continued)

Recognition and Measurement (continued)

Financial assets with cash flows that are not solely payments of principal and interest are classified and measured at fair value through profit or loss, irrespective of the business model. TCorpIM Funds are managed and their performance is evaluated on a fair value basis and therefore the business model is neither to hold to collect contractual cash flows or sell the financial asset. Hence these investments are mandatorily required to be measured at fair value through profit or loss.

Notwithstanding the criteria to be classified at amortised cost or at fair value through other comprehensive income, financial assets may be designated at fair value through profit or loss on initial recognition if doing so eliminates, or significantly reduces, an accounting mismatch.

A gain or loss on a financial asset that is subsequently measured at fair value through profit or loss is recognised in net results and presented net within other gains / (losses), except for TCorpIM Funds that are presented in 'investment revenue' in the period in which it arises.

24. Other financial assets

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Current				
Receivables on finance leases as lessor (Note 26)	46	77	-	-
Intra health loans receivable	-	-	206,553	500,800
	46	77	206,553	500,800
Non-current				
Receivables on finance leases as lessor (Note 26)	88,541	86,413	-	-
Intra health loans receivable	-	-	-	3,028
	88,541	86,413	-	3,028

The current intra health loans receivable balance within the parent entity includes \$203.04 million (2022: \$495.80 million) of cash advances provided to HealthShare NSW to make all payments to employees and most payments to suppliers of goods and services and grants and subsidies on behalf of the controlled entities.

Refer to Note 44 for further information regarding fair value measurement, credit risk, and market risk arising from financial instruments.

Recognition and Measurement

All 'regular way' purchases or sales of other financial assets are recognised and derecognised on a trade date basis. Regular way purchases or sales are purchases or sales of other financial assets that require delivery of assets within the time frame established by regulation or convention in the marketplace.

Other financial assets are initially measured at fair value plus any transaction costs.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

24. Other financial assets (continued)

Recognition and Measurement (continued)

Subsequent measurement

Financial assets at amortised cost

Other financial assets are classified and subsequently measured at amortised cost as they are held for collection of contractual cash flows solely representing payments of principal and interest. Impairment losses are presented as a separate line item in the Statement of Comprehensive Income. Any gain or loss arising on derecognition is recognised directly in net results and presented in other gains / (losses) together with foreign exchange gains and losses.

Impairment

The consolidated entity recognises an allowance for expected credit losses (ECLs) for all debt financial assets not held at fair value through profit or loss. ECLs are based on the difference between the contractual cash flows and the cash flows that the consolidated entity expects to receive, discounted at the original effective interest rate.

ECLs are recognised in two stages. For credit exposures where there has not been a significant increase in credit risk since initial recognition, ECLs are based on default events possible within the next 12-months (i.e. a 12-month ECL). If there has been a significant increase in credit risk since initial recognition, a loss allowance is required for credit losses expected over the remaining life of the exposure, irrespective of the timing of the default (i.e. a lifetime ECL). In addition, the consolidated entity considers that there has been a significant increase in credit risk when contractual payments are more than 30 days past due.

The consolidated entity's term deposits are issued by financial institutions that have strong credit ratings and are therefore considered to be low credit risk investments. Hence the consolidated entity measures the loss allowance for term deposits at an amount equal to a 12-month ECL. However, when there is a significant increase in credit risk since origination, the allowance will be based on the lifetime ECL.

The consolidated entity uses the ratings from external credit rating agencies both to determine whether there has been a significant increase in credit risk on the deposits and to estimate ECLs. These estimates are performed at every reporting date.

For lease receivables, the entity applies the simplified approach permitted by AASB 9 *Financial Instruments*, where the loss allowance is based on lifetime ECLs.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment

(a) Total property, plant and equipment

CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2021 - fair value				
Gross carrying amount	31,219,657	3,041,014	1,146,858	35,407,529
Less: accumulated depreciation and impairment	(9,698,449)	(1,663,991)	(529,423)	(11,891,863)
Net carrying amount	21,521,208	1,377,023	617,435	23,515,666
Year ended 30 June 2022				
Net carrying amount at beginning of year	21,521,208	1,377,023	617,435	23,515,666
Additions	1,361,314	302,751	2,120	1,666,185
Reclassifications to intangibles	-	(1,375)	-	(1,375)
Reclassification from inventory	-	4,694	-	4,694
Reclassification from / (to) assets held for sale	(1,263)	-	483	(780)
Disposals	(57,430)	(10,469)	(579)	(68,478)
Net revaluation increment less revaluation decrements ⁽ⁱ⁾	2,092,913	-	76,408	2,169,321
Depreciation expense	(660,710)	(243,810)	(31,862)	(936,382)
Other reclassifications within property, plant and equipment	(103,745)	55,984	47,761	-
Net carrying amount at end of year	24,152,287	1,484,798	711,766	26,348,851

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment (continued)

(a) Total property, plant and equipment (continued)

CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2022 - fair value				
Gross carrying amount	35,667,258	3,241,263	1,331,840	40,240,361
Less: accumulated depreciation and impairment	(11,514,971)	(1,756,465)	(620,074)	(13,891,510)
Net carrying amount	24,152,287	1,484,798	711,766	26,348,851

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2023				
Net carrying amount at beginning of year	24,152,287	1,484,798	711,766	26,348,851
Additions	1,518,412	345,291	1,430	1,865,133
Reclassifications to intangibles	-	(3,360)	-	(3,360)
Reclassification from inventory	-	6,394	-	6,394
Reclassification from right-of-use assets	891	-	-	891
Reclassification to assets held for sale	(1,972)	-	-	(1,972)
Disposals	(27,733)	(17,869)	(23)	(45,625)
Equity transfers out ⁽ⁱⁱⁱ⁾	(9,404)	-	-	(9,404)
Net revaluation increment less revaluation decrements ⁽ⁱ⁾	1,351,128	-	40,806	1,391,934
Depreciation expense	(812,353)	(260,267)	(37,407)	(1,110,027)
Other reclassifications within property, plant and equipment	(131,503)	(33,590)	165,093	-
Net carrying amount at end of year	26,039,753	1,521,397	881,665	28,442,815

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 30 June 2023 - fair value				
Gross carrying amount	38,802,773	3,369,330	1,539,535	43,711,638
Less: accumulated depreciation and impairment	(12,763,020)	(1,847,933)	(657,870)	(15,268,823)
Net carrying amount	26,039,753	1,521,397	881,665	28,442,815

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

(ii) Further details regarding equity transfers are disclosed in Note 36(a).

The net carrying amount of service concession assets included in each class of property, plant and equipment as at 30 June 2023:

- land and buildings \$831.6 million (2022: \$829.65 million)
- plant and equipment \$20.8 million (2022: \$25.77 million)
- infrastructure systems \$25.67 million (2022: \$24.82 million)

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment (continued)

(a) Total property, plant and equipment (continued)

CONSOLIDATED

During the current period, the net carrying amount of \$0.08 million (2022: \$Nil) for existing assets of the consolidated entity has been reclassified as service concession assets.

(b) Property, plant and equipment held and used by the consolidated entity

CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2021 - fair value				
Gross carrying amount	30,895,464	3,041,014	1,146,387	35,082,865
Less: accumulated depreciation and impairment	(9,559,352)	(1,663,991)	(529,170)	(11,752,513)
Net carrying amount	21,336,112	1,377,023	617,217	23,330,352
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2022				
Net carrying amount at beginning of year	21,336,112	1,377,023	617,217	23,330,352
Additions	1,360,034	302,751	2,120	1,664,905
Reclassifications to intangibles	-	(1,375)	-	(1,375)
Reclassification from inventory	-	4,694	-	4,694
Reclassification from / (to) assets held for sale	(1,263)	-	483	(780)
Disposals	(57,430)	(10,469)	(579)	(68,478)
Net revaluation increment less revaluation decrements ⁽ⁱ⁾	2,083,728	-	76,383	2,160,111
Depreciation expense	(651,817)	(243,810)	(31,850)	(927,477)
Other reclassifications within property, plant and equipment	(126,281)	55,984	47,761	(22,536)
Net carrying amount at end of year	23,943,083	1,484,798	711,535	26,139,416

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment (continued)

(b) Property, plant and equipment held and used by the consolidated entity (continued)

CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2022 - fair value				
Gross carrying amount	35,279,171	3,241,263	1,331,310	39,851,744
Less: accumulated depreciation and impairment	(11,336,088)	(1,756,465)	(619,775)	(13,712,328)
Net carrying amount	23,943,083	1,484,798	711,535	26,139,416
Year ended 30 June 2023				
Net carrying amount at beginning of year	23,943,083	1,484,798	711,535	26,139,416
Additions	1,518,390	345,291	1,430	1,865,111
Reclassifications to intangibles	-	(3,360)	-	(3,360)
Reclassification from inventory	-	6,394	-	6,394
Reclassification from right-of-use assets	891	-	-	891
Reclassification to assets held for sale	(1,972)	-	-	(1,972)
Disposals	(25,040)	(17,869)	(23)	(42,932)
Equity transfers out ⁽ⁱⁱⁱ⁾	(9,404)	-	-	(9,404)
Net revaluation increment less revaluation decrements ⁽ⁱ⁾	1,345,033	-	40,793	1,385,826
Depreciation expense	(802,256)	(260,267)	(37,395)	(1,099,918)
Other reclassifications within property, plant and equipment	(134,172)	(33,590)	165,093	(2,669)
Net carrying amount at end of year	25,834,553	1,521,397	881,433	28,237,383
At 30 June 2023 - fair value				
Gross carrying amount	38,413,521	3,369,330	1,538,973	43,321,824
Less: accumulated depreciation and impairment	(12,578,968)	(1,847,933)	(657,540)	(15,084,441)
Net carrying amount	25,834,553	1,521,397	881,433	28,237,383

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

(ii) Further details regarding equity transfers are disclosed in Note 36(a).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment (continued)

(c) Property, plant and equipment where the consolidated entity is the lessor under operating leases

CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2021 - fair value				
Gross carrying amount	324,193	-	471	324,664
Less: accumulated depreciation and impairment	(139,097)	-	(253)	(139,350)
Net carrying amount	185,096	-	218	185,314
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2022				
Net carrying amount at beginning of year	185,096	-	218	185,314
Additions	1,280	-	-	1,280
Net revaluation increment less revaluation decrements ⁽ⁱ⁾	9,185	-	25	9,210
Depreciation expense	(8,893)	-	(12)	(8,905)
Other reclassifications within property, plant and equipment	22,536	-	-	22,536
Net carrying amount at end of year	209,204	-	231	209,435

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment (continued)

(c) Property, plant and equipment where the consolidated entity is the lessor under operating leases (continued)
CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2022 - fair value				
Gross carrying amount	388,087	-	530	388,617
Less: accumulated depreciation and impairment	(178,883)	-	(299)	(179,182)
Net carrying amount	209,204	-	231	209,435

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2023				
Net carrying amount at beginning of year	209,204	-	231	209,435
Additions	22	-	-	22
Disposals	(2,693)	-	-	(2,693)
Net revaluation increment less revaluation decrements ⁽ⁱ⁾	6,095	-	13	6,108
Depreciation expense	(10,097)	-	(12)	(10,109)
Other reclassifications within property, plant and equipment	2,669	-	-	2,669
Net carrying amount at end of year	205,200	-	232	205,432

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 30 June 2023 - fair value				
Gross carrying amount	389,252	-	562	389,814
Less: accumulated depreciation and impairment	(184,052)	-	(330)	(184,382)
Net carrying amount	205,200	-	232	205,432

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment (continued)

(a) Total property, plant and equipment

PARENT

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2021 - fair value				
Gross carrying amount	312,927	6,579	3,879	323,385
Less: accumulated depreciation and impairment	(133,269)	(2,657)	(3,015)	(138,941)
Net carrying amount	179,658	3,922	864	184,444
Year ended 30 June 2022				
Net carrying amount at beginning of year	179,658	3,922	864	184,444
Additions	-	5,640	-	5,640
Disposals	(10,655)	(13)	(558)	(11,226)
Transfers to NSW Health entities	(5,030)	-	-	(5,030)
Equity transfers in ⁽ⁱⁱ⁾	9,559	-	558	10,117
Net revaluation increment less revaluation decrements ⁽ⁱ⁾	23,420	-	228	23,648
Depreciation expense	(7,217)	(774)	(104)	(8,095)
Other reclassifications within property, plant and equipment	(17,447)	17,447	-	-
Net carrying amount at end of year	172,288	26,222	988	199,498

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

(ii) Further details regarding equity transfers are disclosed in Note 36(a).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment (continued)

(a) Total property, plant and equipment (continued)

PARENT

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2022 - fair value				
Gross carrying amount	328,942	30,136	4,554	363,632
Less: accumulated depreciation and impairment	(156,654)	(3,914)	(3,566)	(164,134)
Net carrying amount	172,288	26,222	988	199,498

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2023				
Net carrying amount at beginning of year	172,288	26,222	988	199,498
Additions	-	2,458	-	2,458
Disposals	(6,428)	(5)	-	(6,433)
Transfers to NSW Health entities	-	(7,789)	-	(7,789)
Equity transfers in ⁽ⁱⁱ⁾	6,428	-	-	6,428
Net revaluation increment less revaluation decrements ⁽ⁱ⁾	4,519	-	67	4,586
Depreciation expense	(9,012)	(1,149)	(114)	(10,275)
Other reclassifications within property, plant and equipment	1,596	(1,596)	-	-
Net carrying amount at end of year	169,391	18,141	941	188,473

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
As at 30 June 2023				
Gross carrying amount	347,575	23,184	4,901	375,660
Less: accumulated depreciation and impairment	(178,184)	(5,043)	(3,960)	(187,187)
Net carrying amount	169,391	18,141	941	188,473

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

(ii) Further details regarding equity transfers are disclosed in Note 36(a).

The parent entity does not have any service concession assets for the periods ended 30 June 2023 and 30 June 2022. During the current period, no existing assets of the parent entity have been reclassified as service concession assets.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment (continued)

(b) Property, plant and equipment held and used by the parent entity

PARENT

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2021 - fair value				
Gross carrying amount	207,018	6,579	3,879	217,476
Less: accumulated depreciation and impairment	(59,865)	(2,657)	(3,015)	(65,537)
Net carrying amount	147,153	3,922	864	151,939
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2022				
Net carrying amount at beginning of year	147,153	3,922	864	151,939
Additions	-	5,640	-	5,640
Disposals	(10,655)	(13)	(558)	(11,226)
Transfers to NSW Health entities	(5,030)	-	-	(5,030)
Equity transfers in ⁽ⁱⁱ⁾	9,559	-	558	10,117
Net revaluation increment less revaluation decrements ⁽ⁱ⁾	15,403	-	228	15,631
Depreciation expense	(4,712)	(774)	(104)	(5,590)
Other reclassifications within property, plant and equipment	(17,447)	17,447	-	-
Net carrying amount at end of year	134,271	26,222	988	161,481

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

(ii) Further details regarding equity transfers are disclosed in Note 36(a).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment (continued)

(b) Property, plant and equipment held and used by the parent entity (continued)

PARENT

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2022 - fair value				
Gross carrying amount	207,095	30,136	4,554	241,785
Less: accumulated depreciation and impairment	(72,824)	(3,914)	(3,566)	(80,304)
Net carrying amount	134,271	26,222	988	161,481
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2023				
Net carrying amount at beginning of year	134,271	26,222	988	161,481
Additions	-	2,458	-	2,458
Disposals	(6,428)	(5)	-	(6,433)
Transfers to NSW Health entities	-	(7,789)	-	(7,789)
Equity transfers in ⁽ⁱⁱ⁾	6,428	-	-	6,428
Net revaluation increment less revaluation decrements ⁽ⁱ⁾	3,351	-	67	3,418
Depreciation expense	(6,387)	(1,149)	(114)	(7,650)
Other reclassifications within property, plant and equipment	4,284	(1,596)	-	2,688
Net carrying amount at end of year	135,519	18,141	941	154,601
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 30 June 2023 - fair value				
Gross carrying amount	223,048	23,184	4,901	251,133
Less: accumulated depreciation and impairment	(87,529)	(5,043)	(3,960)	(96,532)
Net carrying amount	135,519	18,141	941	154,601

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

(ii) Further details regarding equity transfers are disclosed in Note 36(a).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment (continued)

(c) Property, plant and equipment where the parent entity is the lessor under operating leases

PARENT

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2021 - fair value				
Gross carrying amount	105,909	-	-	105,909
Less: accumulated depreciation and impairment	(73,404)	-	-	(73,404)
Net carrying amount	32,505	-	-	32,505
Year ended 30 June 2022				
Net carrying amount at beginning of year	32,505	-	-	32,505
Net revaluation increment less revaluation decrements ⁽ⁱ⁾	8,017	-	-	8,017
Depreciation expense	(2,505)	-	-	(2,505)
Net carrying amount at end of year	38,017	-	-	38,017

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment (continued)

(c) Property, plant and equipment where the parent entity is the lessor under operating leases (continued)

PARENT

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2022 - fair value				
Gross carrying amount	121,847	-	-	121,847
Less: accumulated depreciation and impairment	(83,830)	-	-	(83,830)
Net carrying amount	38,017	-	-	38,017

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2023				
Net carrying amount at beginning of year	38,017	-	-	38,017
Net revaluation increment less revaluation decrements ⁽ⁱ⁾	1,168	-	-	1,168
Depreciation expense	(2,625)	-	-	(2,625)
Other reclassifications within property, plant and equipment	(2,688)	-	-	(2,688)
Net carrying amount at end of year	33,872	-	-	33,872

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 30 June 2023 - fair value				
Gross carrying amount	124,527	-	-	124,527
Less: accumulated depreciation and impairment	(90,655)	-	-	(90,655)
Net carrying amount	33,872	-	-	33,872

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment (continued)

Recognition and Measurement

Acquisition of property, plant and equipment

Property, plant and equipment acquired are initially recognised at cost and subsequently revalued at fair value less accumulated depreciation and impairment. Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the requirements of other Australian Accounting Standards.

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at measurement date.

Where payment for an asset is deferred beyond normal credit terms, its cost is the cash price equivalent, i.e. the deferred payment amount is effectively discounted over the period of credit.

Assets acquired at no cost, or for nominal consideration, are initially recognised at their fair value at the date of acquisition (see also assets transferred as a result of an equity transfer in Note 36).

Land and buildings which are owned by the Health Administration Corporation or the State and operated by the parent or its controlled entities are deemed to be controlled by the parent and its controlled entities and are recognised as such in the financial statements.

Capitalisation thresholds

Property, plant and equipment and intangible assets costing \$10,000 and above individually (or forming part of a network costing more than \$10,000) are capitalised.

Major inspection costs

When a major inspection is performed, its cost is recognised in the carrying amount of the plant and equipment as a replacement if the recognition criteria are satisfied.

Restoration costs

The present value of the expected cost for the restoration or cost of dismantling of an asset after its use is included in the cost of the respective asset if the recognition criteria for a provision are met.

Depreciation of property, plant and equipment

Except for certain non-depreciable assets, depreciation is provided for on a straight-line basis so as to write off the depreciable amount of each asset as it is consumed over its useful life to the consolidated entity.

All material identifiable components of assets are depreciated separately over their useful lives.

Land is not a depreciable asset. Certain heritage assets including original artworks and collections and heritage buildings may not have a limited useful life because appropriate curatorial and preservation policies are adopted. Such assets are not subject to depreciation. The decision not to recognise depreciation for these assets is reviewed annually.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Depreciation of property, plant and equipment (continued)

Details of depreciation rates initially applied for major asset categories are as follows:

	Useful lives 2023	Useful lives 2022
Buildings	30-70 years	40 years
Buildings - leasehold improvements	3-10 years	3-10 years
Plant and equipment	4-20 years	4-20 years
Infrastructure systems	40 years	40 years

Plant and equipment comprises, among others, medical, computer and office equipment, motor vehicles, furniture and fittings and PODS (a detachable or self - contained unit on ambulances used for patient treatment).

Infrastructure systems comprises public facilities which provide essential services and enhance the productive capacity of the economy including roads, bridges, water infrastructure and distribution works, sewerage treatment plants, seawalls and water reticulation systems.

The estimated useful lives, residual values and depreciation methods are reviewed at the end of each reporting period and adjusted if appropriate.

In 2023, the estimated useful lives for buildings were revised. Refer Note 1 (h) for further details regarding the change and the impacts.

Right-of-Use Assets acquired by lessees

From 1 July 2019, AASB 16 *Leases* (AASB 16) requires a lessee to recognise a right-of-use asset for most leases. The consolidated entity has elected to present right-of-use assets separately in the Statement of Financial Position.

Further information on leases is contained at Note 26.

Service concession assets

Service concession arrangements (SCAs) are contracts between a grantor and an operator where an operator provides public services related to a service concession asset on behalf of a public sector grantor for a specified period of time and manages at least some of those services.

AASB 1059 *Service Concession Arrangements* (AASB 1059) requires the grantor to recognise the service concession asset when the grantor obtains control of the asset and measures the service concession asset at current replacement cost. At the same time the grantor recognises a corresponding financial liability or unearned revenue liability or a combination of both.

This note provides disclosures required under AASB 1059 and relates to the consolidated entity's service concession arrangements in place.

Based on the consolidated entity's assessment, the following arrangements fall in scope of AASB 1059:

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Service concession assets (continued)

Description	Public Hospitals						
Name and description of the SCA	Northern Beaches Hospital and Hawkesbury Hospital are two public hospitals built under two separate Public Private Partnership (PPP) arrangements that are now treated as part of service concession arrangements.						
Period of arrangement	<table border="0"> <tr> <td>Northern Beaches Public Hospital</td> <td>20 years (2018 - 2038)</td> </tr> <tr> <td>Northern Beaches Car Park</td> <td>40 years (2018 - 2058)</td> </tr> <tr> <td>Hawkesbury Hospital</td> <td>29 years (1994 - 2023)</td> </tr> </table>	Northern Beaches Public Hospital	20 years (2018 - 2038)	Northern Beaches Car Park	40 years (2018 - 2058)	Hawkesbury Hospital	29 years (1994 - 2023)
Northern Beaches Public Hospital	20 years (2018 - 2038)						
Northern Beaches Car Park	40 years (2018 - 2058)						
Hawkesbury Hospital	29 years (1994 - 2023)						
Terms of the arrangement	The consolidated entity has contracted HealthScope (Operator for Northern Beaches Hospital) and St John of God Health Care (Operator for Hawkesbury Hospital) to build, operate and manage the hospitals and the car park for the duration of the arrangement. The construction of both hospitals was funded by the consolidated entity. Northern Beaches Hospital was paid upfront on completion of the construction works, while Hawkesbury Hospital was paid over time under a financing arrangement with the Operator. There are no remaining future construction payments. The Operator has fully funded the Northern Beaches car park, and the consolidated entity has granted rights to the Operator to operate and generate revenue from that car park. Annual service level agreements are entered into for the delivery of public health services at both hospitals with the Operator, which is funded by the consolidated entity, paid on a monthly basis.						
Rights and obligations	The consolidated entity is obligated to provide both operators access to the hospital and the carpark. The operators are responsible for the delivery of health services to public patients at the hospital which the consolidated entity is obligated to pay for under the annual service agreements. At the end of the arrangement, the operators are obligated to return all assets back to the consolidated entity. For Northern Beaches Hospital, the consolidated entity will be sharing a portion of the hospital facilities with the private operator for an additional term of 20 years after the expiry of the concession period. The consolidated entity is required to issue a notice outlining what shared services will be provided by different parties. The consolidated entity has the right to extend the Northern Beaches Hospital arrangement for up to five years, by way of giving three years notice to the operator. For Hawkesbury Hospital, an extension of 18 months was negotiated with the Operator in 2022. The extension allows both parties to define and agree on the principles of a new service agreement, which will replace the existing service agreement.						
Changes in arrangement occurring during 2022	An extension of 18 months was agreed for the Hawkesbury Hospital arrangement with the Operator. The change has no impact on the current accounting of this arrangement.						
Changes in arrangement occurring during 2023	Nil						

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Service concession assets (continued)

Carrying amounts of public hospital service concession assets

	Land and buildings	Plant and equipment	Infrastructure Systems	Total
	2022	2022	2022	2022
	\$000	\$000	\$000	\$000
Year ended 30 June 2022				
Northern Beaches Public Hospital	590,482	22,978	24,115	637,575
Northern Beaches Car Park	54,005	-	-	54,005
Hawkesbury Hospital	60,993	2,790	656	64,439
Net carrying amount	705,480	25,768	24,771	756,019

	Land and buildings	Plant and equipment	Infrastructure Systems	Total
	2023	2023	2023	2023
	\$000	\$000	\$000	\$000
Year ended 30 June 2023				
Northern Beaches Public Hospital	588,878	18,433	24,866	632,177
Northern Beaches Car Park	55,902	-	-	55,902
Hawkesbury Hospital	60,139	2,371	755	63,265
Net carrying amount	704,919	20,804	25,621	751,344

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Service concession assets (continued)

Description	Hospital car parks								
Name and description of the SCA	<p>Consist of three arrangements:</p> <ul style="list-style-type: none"> - Multi-storey carparks at Royal North Shore Hospital, RNSH P1 and RNSH P2 - Prince of Wales Hospital car parks - St George Hospital car parks 								
Period of arrangement	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">RNSH P1 car park</td> <td style="width: 50%;">26.5 years (2010 - 2036)</td> </tr> <tr> <td>RNSH P2 car park</td> <td>22 years (2014 - 2036)</td> </tr> <tr> <td>Prince of Wales hospital car park</td> <td>26 years (1997 - 2023)</td> </tr> <tr> <td>St George hospital car park</td> <td>25 years (1999 - 2024)</td> </tr> </table>	RNSH P1 car park	26.5 years (2010 - 2036)	RNSH P2 car park	22 years (2014 - 2036)	Prince of Wales hospital car park	26 years (1997 - 2023)	St George hospital car park	25 years (1999 - 2024)
RNSH P1 car park	26.5 years (2010 - 2036)								
RNSH P2 car park	22 years (2014 - 2036)								
Prince of Wales hospital car park	26 years (1997 - 2023)								
St George hospital car park	25 years (1999 - 2024)								
Terms of the arrangement	<p>The consolidated entity has contracted Infrashore (Operator) to build RNSH P2 car park and manage both RNSH P1 and P2 car parks for the duration of the arrangement. The construction of the RNSH P2 car park is funded by the consolidated entity, paid in instalments under a financing arrangement for the duration of the term. RNSH P1 car park was an existing carpark of the consolidated entity. The other two car parks (Prince of Wales hospital car park and St George hospital car park) were funded by the International Parking Group (Operator) which was contracted by the consolidated entity to build, manage and operate both car parks for the duration of the arrangement. For all these car parks, the consolidated entity has granted rights to the Operator to operate and generate revenue from the car parks. Upon grant of this right, the Operator has paid an upfront license fee to the consolidated entity.</p>								
Rights and obligations	<p>The consolidated entity is obliged to provide the operators with access to the carparks and obligated to pay for the construction of the RNSH P2 car park under the financing arrangement with the Operator. The operators are responsible for operating the car parks and at the end of the arrangement, return all assets back to the consolidated entity. There are currently no provisions for extension of the term in the existing contract.</p>								
Changes in arrangement occurring during 2022	Nil								
Changes in arrangement occurring during 2023	Nil								

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Service concession assets (continued)

Carrying amounts of hospital car park service concession assets

	Land and buildings	Plant and equipment	Infrastructure Systems	Total
	2022	2022	2022	2022
	\$000	\$000	\$000	\$000
Year ended 30 June 2022				
RNSH P1 Car Park	24,485	-	-	24,485
RNSH P2 Car Park	23,614	-	-	23,614
St George Hospital Car Park	10,032	-	-	10,032
Prince of Wales Hospital Car Park	51,618	-	-	51,618
Net carrying amount	109,749	-	-	109,749

	Land and buildings	Plant and equipment	Infrastructure Systems	Total
	2023	2023	2023	2023
	\$000	\$000	\$000	\$000
Year ended 30 June 2023				
RNSH P1 Car Park	24,649	-	-	24,649
RNSH P2 Car Park	24,394	-	-	24,394
St George Hospital Car Park	10,378	-	-	10,378
Prince of Wales Hospital Car Park	52,302	-	-	52,302
Net carrying amount	111,723	-	-	111,723

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Service concession assets (continued)

Description	Hospital facilities				
Name and description of the SCA	<p>Consist of two arrangements:</p> <p>Mental Health Recovery Centre - 10 bed residential Mental Health Sub-Acute Unit in Broken Hill that provides services to people across the Far West Local Health District. The Far West Mental Health Recovery Centre (Centre) is owned by the consolidated entity and operated by Neami Limited under a service agreement.</p> <p>Mercy Care Centre Young - 26 bed purpose-built sub-acute rehabilitation and palliative care unit in Young that provides services to the people of Young and surrounding regions. The Mercy Care Centre Young is owned by the consolidated entity and operated by Mercy Health under a 20 year lease agreement and annual service agreements.</p>				
Period of arrangement	<table border="0"> <tr> <td>Mental Health Recovery Centre</td> <td>5 years (2019 to 2023)</td> </tr> <tr> <td>Mercy Care Centre Young</td> <td>20 years (2004 to 2024)</td> </tr> </table>	Mental Health Recovery Centre	5 years (2019 to 2023)	Mercy Care Centre Young	20 years (2004 to 2024)
Mental Health Recovery Centre	5 years (2019 to 2023)				
Mercy Care Centre Young	20 years (2004 to 2024)				
Terms of the arrangement	<p>The consolidated entity has separately contracted Neami Limited (Operator for Mental Health Recovery Centre) and Mercy Health (Operator for Mercy Care Centre Young) to manage respective facilities for the duration of the arrangement. Separate funding arrangements have also been agreed to compensate the respective operators for managing the facilities. The capital assets associated with the arrangement have been provided by the consolidated entity to the operators.</p>				
Rights and obligations	<p>The consolidated entity is obligated to provide both operators with access to the respective facilities. The operators are responsible for the delivery of specified services to patients at the respective facilities. The consolidated entity is obligated to pay for those services under the funding agreements. At the end of the arrangement, the operators are obliged to return all assets back to the consolidated entity. There is no provision for an extension of the terms, however they can be separately negotiated.</p>				
Changes in arrangement occurring during 2022	Nil				
Changes in arrangement occurring during 2023	Nil				

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Service concession assets (continued)

Carrying amounts of hospital facility service concession assets

	Land and buildings 2022 \$000	Plant and equipment 2022 \$000	Infrastructure Systems 2022 \$000	Total 2022 \$000
Year ended 30 June 2022				
Mental Health Recovery Centre	5,138	-	-	5,138
Mercy Care Centre Young	9,283	-	49	9,332
Net carrying amount	14,421	-	49	14,470

	Land and buildings 2023 \$000	Plant and equipment 2023 \$000	Infrastructure Systems 2023 \$000	Total 2023 \$000
Year ended 30 June 2023				
Mental Health Recovery Centre	5,275	-	-	5,275
Mercy Care Centre Young	9,684	-	50	9,734
Net carrying amount	14,959	-	50	15,009

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Service concession assets (continued)

i. Initial recognition

For arrangements within the scope of AASB 1059, the entity recognises a service concession asset when it controls the asset. Where the asset is provided by the operator, or is an upgrade to or a major component replacement of an existing asset of the entity, the asset is recognised at current replacement cost based on AASB 13 *Fair Value Measurement* (AASB 13) principles.

Where the asset is an existing asset of the entity, the asset is reclassified as a service concession asset and remeasured at current replacement cost at the date of reclassification. Any difference between the previous carrying amount and current replacement cost is recognised as if it is a revaluation of the asset.

ii. Subsequent to initial recognition

Subsequent to the initial recognition or reclassification, the service concession asset is measured at current replacement cost and accounted for in accordance with the depreciation and impairment requirements of AASB 116 *Property, Plant and Equipment* (AASB 116) and AASB 136 *Impairment of Assets* (AASB 136).

iii. At the end of the arrangement

At the end of a service concession arrangement:

- the consolidated entity accounts for the asset in accordance with other AAS, with the entity reclassifying the asset based on its nature or function;
- reference to fair value reverts from the mandated current replacement cost under AASB 1059 to the appropriate approach under AASB 13; and
- the asset is only derecognised when the entity loses control of the asset in accordance with AASB 116.

Revaluations of property, plant and equipment

Physical non-current assets are valued in accordance with the 'Valuation of Physical Non-Current Assets at Fair Value' Policy and Guidelines Paper (TPP 21-09) and Treasurer's Direction, 'Valuation of Physical Non-Current Assets at Fair Value' (TD 21-05). TD 21-05 and TPP 21-09 adopt fair value in accordance with AASB 13 *Fair Value Measurement* and AASB 116 *Property, Plant and Equipment*.

Property, plant and equipment is measured at the highest and best use by market participants that is physically possible, legally permissible and financially feasible. The highest and best use must be available at a period that is not remote and takes into account the characteristics of the asset being measured, including any socio-political restrictions imposed by government. In most cases, after taking into account these considerations, the highest and best use is the existing use. In limited circumstances, the highest and best use may be a feasible alternative use, where there are no restrictions on use or where there is a feasible higher restricted alternative use.

Fair value of property, plant and equipment is based on a market participant's perspective, using valuation techniques (market approach, cost approach, income approach) that maximise relevant observable inputs and minimise unobservable inputs. Also refer to Note 29 for further information regarding fair value.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Revaluations of property, plant and equipment (continued)

Revaluations are made with sufficient regularity to ensure the carrying amount of each asset in the class does not differ materially from its fair value at reporting date. The consolidated entity conducts a comprehensive revaluation at least every three years on a rotational basis for its land and buildings and infrastructure. Interim desktop revaluations are conducted between comprehensive revaluations for those assets, where cumulative changes to indicators suggest fair value may differ materially from carrying value. The consolidated entity uses an independent professionally qualified valuer for such revaluations.

The last comprehensive revaluation for the parent entity was completed on 31 December 2021 and was based on an independent assessment.

Comprehensive revaluations are conducted in December for the controlled entities on a rolling basis and are based on an independent assessment. A schedule of revaluations has been developed which rolls over every three years. Interim or out of schedule revaluations are conducted where cumulative changes to indicators suggest fair value may differ materially from the carrying value.

Indices obtained from external professionally qualified valuers in 2023 indicated a material cumulative increase in market prices for land and a material increase in construction and labour costs for building and infrastructure from the last comprehensive revaluation. Management has applied these indices to perform an interim revaluation and has recognised the resulting revaluation increment for land, building and infrastructure. A similar assessment was performed in 2022 resulting in a revaluation increment recognised for land, building and infrastructure.

Non-specialised assets with short useful lives are measured at depreciated historical cost, as an approximation of fair value. The consolidated entity has assessed that any difference between fair value and depreciated historical cost is unlikely to be material.

For other assets valued using other valuation techniques, any balances of accumulated depreciation at the revaluation date in respect of those assets are credited to the asset accounts to which they relate. The net asset accounts are then increased or decreased by the revaluation increments or decrements.

Revaluation increments are recognised in other comprehensive income and credited to revaluation surplus in equity. However, to the extent that an increment reverses a revaluation decrement in respect of the same class of asset previously recognised as a loss in the net result, the increment is recognised immediately as a gain in the net result.

Revaluation decrements are recognised immediately as a loss in the net result, except to the extent that it offsets an existing revaluation surplus on the same class of assets, in which case, the decrement is debited directly to the revaluation surplus.

As a not-for-profit entity, revaluation increments and decrements are offset against one another within a class of non-current assets, but not otherwise.

When revaluing non-current assets using the cost approach, the gross amount and the related accumulated depreciation are separately restated. Where the income approach or market approach is used, accumulated depreciation is eliminated against the gross carrying amount of the asset and the net amount restated to the revalued amount of the asset.

Where an asset that has previously been revalued is disposed of, any balance remaining in the revaluation surplus in respect of that asset is transferred to accumulated funds.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

25. Property, plant and equipment (continued)

Recognition and Measurement (continued)

Revaluations of property, plant and equipment (continued)

The residual values, useful lives and methods of depreciation of property, plant and equipment are reviewed at each financial year end and adjusted if appropriate.

Impairment of property, plant and equipment

As a not-for-profit entity with no cash generating units, impairment under AASB 136 *Impairment of Assets* is unlikely to arise. As property, plant and equipment 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.

The consolidated entity assesses, at each reporting date, whether there is an indication that an asset may be impaired. If any indication exists, or when annual impairment testing for an asset is required, the consolidated entity estimates the asset's recoverable amount. When the carrying amount of an asset exceeds its recoverable amount, the asset is considered impaired and is written down to its recoverable amount.

Specialised assets held for continuing use of their service capacity are rarely sold and their cost of disposal is typically negligible. Their recoverable amount is expected to be materially the same as fair value, where they are regularly revalued under AASB 13.

As a not-for-profit entity, an impairment loss is recognised in the net result to the extent the impairment loss exceeds the amount in the revaluation surplus for the class of asset.

After an impairment loss has been recognised, it is reversed only if there has been a change in the assumptions used to determine the asset's recoverable amount. The reversal is limited so that the carrying amount of the asset does not exceed its recoverable amount, nor exceed the carrying amount that would have been determined, net of depreciation, had no impairment loss been recognised for the asset in prior years. The reversal is recognised in other comprehensive income and is treated as a revaluation increase, except to the extent that an impairment loss on the same class of asset was previously recognised in net result, where a reversal of that impairment loss is also recognised in net result.

Derecognition of property, plant and equipment

Property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal. Gains and losses on disposals are determined by comparing the proceeds with the carrying amount of the asset and are included in the consolidated Statement of Comprehensive Income.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

26. Leases

(a) Entity as a lessee

The consolidated entity leases various property, equipment and motor vehicles. Lease contracts are typically made for fixed periods of 1 to 40 years (parent entity: 1 to 4 years), but may have extension options. Lease terms are negotiated on an individual basis and contain a wide range of different terms and conditions. The lease agreements do not impose any covenants but leased assets may not be used as security for borrowing purposes. The consolidated entity does not provide residual value guarantees in relation to leases.

Extension and termination options are included in a number of property and equipment leases. These terms are used to maximise operational flexibility in terms of managing contracts. The majority of extension and termination options held are exercisable only by the consolidated entity and not by the respective lessor. In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise an extension option, or not exercise a termination option. Extension options (or periods after termination options) are only included in the lease term if the lease is reasonably certain to be extended (or not terminated). Potential future cash outflows of \$264.39 million (2022: \$278.20 million) (parent entity: \$Nil, 2022: \$Nil) have not been included in the lease liability because it is not reasonably certain that the leases will be extended (or not terminated). The assessment is reviewed if a significant event or a significant change in circumstances occurs which affects this assessment and that is within the control of the lessee. During the current financial year, the financial effect of revising lease terms to reflect the effect of exercising extensions and termination options was an increase in recognised lease liabilities and right-of-use assets of \$7.51 million (2022: \$0.18 million) (parent entity: \$Nil, 2022: \$Nil).

AASB 16 *Leases* (AASB 16) requires a lessee to recognise a right-of-use asset and a corresponding lease liability for most leases.

The consolidated entity has elected to recognise payments for short-term leases and low value leases as expenses on a straight line basis, instead of recognising a right-of-use asset and lease liability. Short-term leases are leases with a lease term of 12 months or less. Low value assets are assets with a fair value of \$10,000 or less when new and comprise mainly of small office and medical equipment items.

During the financial year ended 30 June 2022, the consolidated and parent entity derecognised all leases with Property NSW (PNSW), an entity of the ultimate parent. A new 'substitution right' clause was added to the lease arrangements with PNSW, providing PNSW with a substantive substitution right to relocate the consolidated and parent entity during the term of the agreement. As a result of this new clause, those agreements were no longer accounted for as a lease within the scope of AASB 16.

The corresponding right of use assets and lease liabilities have been derecognised on 30 June 2022, the effective date of the new clause. The net impact of the derecognition is recognised in 'Gains / (Losses) on disposal' (refer to Note 14). From 1 July 2022, the associated accommodation and warehouse charges are recognised as 'occupancy agreement expenses - Property NSW' (refer to Note 3) when incurred over the agreement duration.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

26. Leases (continued)

(a) Entity as a lessee (continued)

The consolidated entity continues to carry the responsibility to make good, and to control the fit-out during the remaining occupancy period as the entity receives the economic benefits via using the fit-out or expected compensation from PNSW upon relocation. Therefore, the consolidated entity's accounting treatment for make-good provision and fit-out costs in relation to the relevant accommodation and warehouses remains unchanged.

Right-of-use assets under leases

The following table presents right-of-use assets that do not meet the definition of investment property.

There are no right-of-use assets that meet the definition of investment property.

CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Total \$000
Balance at 1 July 2022	293,514	319,217	612,731
Additions	96,156	70,971	167,127
Reassessments	23,527	4,987	28,514
Disposals	(17,713)	(1,824)	(19,537)
Depreciation expense	(71,974)	(89,255)	(161,229)
Reclassifications to property, plant and equipment	(891)	-	(891)
Balance at 30 June 2023	322,619	304,096	626,715

	Land and Buildings \$000	Plant and Equipment \$000	Total \$000
Balance at 1 July 2021	839,227	275,470	1,114,697
Additions	145,166	127,307	272,473
Reassessments	53,432	5,493	58,925
Disposals*	(644,798)	(1,433)	(646,231)
Depreciation expense	(99,513)	(87,620)	(187,133)
Balance at 30 June 2022	293,514	319,217	612,731

* 30 June 2022 disposals includes the derecognition of the right-of-use assets of \$640.39 million with Property NSW.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

26. Leases (continued)

(a) Entity as a lessee (continued)

Right-of-use assets under leases (continued)

PARENT

	Land and Buildings \$000	Plant and Equipment \$000	Total \$000
Balance at 1 July 2022	17,574	97	17,671
Additions	-	47	47
Reassessments	(1)	-	(1)
Disposals	(16,766)	-	(16,766)
Depreciation expense	(130)	(45)	(175)
Balance at 30 June 2023	677	99	776

	Land and Buildings \$000	Plant and Equipment \$000	Total \$000
Balance at 1 July 2021	488,036	67	488,103
Additions	-	86	86
Reassessments	679	-	679
Disposals*	(441,951)	(19)	(441,970)
Depreciation expense	(29,190)	(37)	(29,227)
Balance at 30 June 2022	17,574	97	17,671

* 30 June 2022 disposals includes the derecognition of the right-of-use assets of \$441.95 million with Property NSW.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

26. Leases (continued)

(a) Entity as a lessee (continued)

Lease liabilities

The following table presents liabilities under leases:

CONSOLIDATED

	2023	2022
	\$000	\$000
Balance at 1 July	624,017	1,238,328
Additions	166,913	272,271
Interest expenses	16,893	29,741
Payments	(177,002)	(203,502)
Terminations / derecognition*	(19,409)	(771,746)
Other adjustments	28,514	58,925
Balance at 30 June	639,926	624,017

* 30 June 2022 terminations / derecognition includes the derecognition of lease liabilities of \$765.69 million with Property NSW.

PARENT

	2023	2022
	\$000	\$000
Balance at 1 July	17,489	592,304
Additions	47	86
Interest expenses	13	13,007
Payments	(181)	(32,477)
Terminations / derecognition*	(16,582)	(556,110)
Other adjustments	(1)	679
Balance at 30 June	785	17,489

* 30 June 2022 terminations / derecognition includes the derecognition of lease liabilities of \$556.09 million with Property NSW.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

26. Leases (continued)

(a) Entity as a lessee (continued)

The following amounts were recognised in the Statement of Comprehensive Income during the period in respect of leases where the consolidated entity is the lessee:

CONSOLIDATED

	2023 \$000	2022 \$000
Depreciation expense of right-of-use assets	161,229	187,133
Interest expense on lease liabilities	16,893	29,741
Expenses relating to short-term leases	41,361	54,270
Expenses relating to leases of low-value assets	20,325	36,215
Variable lease payments not included in the measurement of lease liabilities	-	13
Income from subleasing right-of-use assets	(17)	(13)
(Gains) / losses on disposal*	128	(125,515)
Total amount recognised in the statement of comprehensive income	239,919	181,844

* In 2022, (Gains) / losses on disposal includes \$125.30 million of net gains on disposal as a result of the derecognition of leases with Property NSW.

The consolidated entity had total cash outflows for leases of \$238.69 million for the year ending 30 June 2023 (2022: \$294.00 million).

The following amounts were recognised in the Statement of Comprehensive Income during the period in respect of leases where the parent entity is the lessee:

PARENT

	2023 \$000	2022 \$000
Depreciation expense of right-of-use assets	175	29,227
Interest expense on lease liabilities	13	13,007
Expenses relating to short-term leases	15	68
Expenses relating to leases of low-value assets	293	810
(Gains) / losses on disposal*	184	(114,140)
Total amount recognised in the statement of comprehensive income	680	(71,028)

* In 2022, (Gains) / losses on disposal includes \$114.14 million of net gains on disposal as a result of the derecognition of leases with Property NSW.

The parent entity had total cash outflows for leases of \$0.49 million for the year ending 30 June 2023 (2022: \$33.36 million).

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

26. Leases (continued)

(a) Entity as a lessee (continued)

Leases at significantly below market terms and conditions principally to enable the entity to further its objectives

The consolidated entity entered into a number of leases, with lease terms ranging from 1 to 99 years with various organisations, including local councils, health charities, Catholic churches and other NSW State entities for the use of various community health buildings. There are also some leases for the use of various helipads across the state. These contracts generally specify lease payments of \$Nil or negligible amounts per annum, and the leased premises are used by the consolidated entity to provide different community health services and access to helipads. These community health buildings and helipads account for a small portion of similar assets used by the consolidated entity for the purposes of providing health services. Therefore, these lease arrangements do not have a significant impact on the consolidated entity's operations.

Recognition and measurement

The consolidated entity assesses at contract inception whether a contract is, or contains, a lease. That is, if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration.

The consolidated entity recognises lease liabilities to make lease payments and right-of-use assets representing the right to use the underlying assets, except for short-term leases and leases of low-value assets.

i. Right-of-use assets

The consolidated entity recognises right-of-use assets at the commencement date of the lease (i.e. the date the underlying asset is available for use). Right-of-use assets are initially measured at the amount of initial measurement of the lease liability (refer ii below), adjusted by any lease payments made at or before the commencement date, lease incentives, any initial direct costs incurred, and estimated costs of dismantling and removing the asset or restoring the site.

The right-of-use assets are subsequently measured at cost. They are depreciated on a straight-line basis over the shorter of the lease term and the estimated useful lives of the assets, as follows:

	Useful lives
Land and buildings	1 to 40 years
Plant and machinery	1 to 15 years
Motor vehicles and other equipment	1 to 5 years
Aeromedical	1 to 10 years

If ownership of the leased asset transfers to the consolidated entity at the end of the lease term or the cost reflects the exercise of a purchase option, depreciation is calculated using the estimated useful life of the asset.

The right-of-use assets are also subject to impairment. The consolidated entity assesses, at each reporting date, whether there is an indication that an asset may be impaired. If any indication exists, or when annual impairment testing for an asset is required, the consolidated entity estimates the asset's recoverable amount. When the carrying amount of an asset exceeds its recoverable amount, the asset is considered impaired and is written down to its recoverable amount. After an impairment loss has been recognised, it is reversed only if there has been a change in the assumptions used to determine the asset's recoverable amount. The reversal is limited so that the carrying amount of the asset does not exceed its recoverable amount, nor exceed the carrying amount that would have been determined, net of depreciation, had no impairment loss been recognised for the asset in prior years. Such reversal is recognised in the net result.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

26. Leases (continued)

(a) Entity as a lessee (continued)

Recognition and measurement (continued)

ii. Lease liabilities

At the commencement date of the lease, the consolidated entity recognises lease liabilities measured at the present value of lease payments to be made over the lease term. Lease payments include:

- fixed payments (including in substance fixed payments) less any lease incentives receivable;
- variable lease payments that depend on an index or a rate;
- amounts expected to be paid under residual value guarantees;
- exercise price of a purchase option reasonably certain to be exercised by the consolidated entity; and
- payments of penalties for terminating the lease, if the lease term reflects the entity exercising the option to terminate.

Variable lease payments that do not depend on an index or a rate are recognised as expenses (unless they are incurred to produce inventories) in the period in which the event or condition that triggers the payment occurs.

The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined, which is generally the case for real estate leases, the incremental borrowing rate is used. The consolidated entity does not borrow funds in the market. Instead it receives an allocation of the appropriations from the Crown and where the Crown needs additional funding, Treasury Corporation (TCorp) goes to the market to obtain these funds. As a result, the consolidated entity is using TCorp rates as its incremental borrowing rate. These rates are published by NSW Treasury on a regular basis.

After the commencement date, the amount of lease liabilities is increased to reflect the accretion of interest and reduced for the lease payments made. In addition, the carrying amount of lease liabilities is remeasured if there is a modification, a change in the lease term, a change in the lease payments (e.g. changes to future payments resulting from a change in an index or rate used to determine such lease payments) or a change in the assessment of an option to purchase the underlying asset.

The consolidated entity's lease liabilities are included in borrowings in Note 33.

iii. Short-term leases and leases of low-value assets

The consolidated entity applies the short-term lease recognition exemption to its short-term leases of buildings, machinery, motor vehicles and equipment (i.e., those leases that have a lease term of 12 months or less from the commencement date and do not contain a purchase option). It also applies the lease of low-value assets recognition exemption to leases of office equipment that are considered to be low value. Lease payments on short-term leases and leases of low value assets are recognised as expense on a straight-line basis over the lease term.

iv. Leases that have significantly below-market terms and conditions principally to enable the entity to further its objectives

The initial and subsequent measurement of right-of-use assets under leases at significantly below-market terms and conditions that are entered into principally to enable the consolidated entity to further its objectives is the same as normal right-of-use assets. They are measured at cost, subject to impairment.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

26. Leases (continued)

(b) Entity as a lessor

Recognition and measurement

The consolidated entity leases some retail spaces located within the hospital precincts under operating leases with rental payable monthly. Lease payments generally contain uplift clauses to align to the market conditions.

The consolidated entity also leases land and buildings to non-government organisations (NGO's) and universities under operating leases arrangements. Generally there are no rental payments as the consolidated entity provides market rental assistance grants which offset the rental payments.

The consolidated entity also leases out certain areas and floors within its buildings on a long term basis, which are treated as finance leases. All lease payments are generally paid upfront and the asset gets derecognised from non-current assets.

Lessor for finance leases

Future minimum rentals receivable (undiscounted) under non-cancellable finance leases as at 30 June are, as follows:

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Within one year	47	78	-	-
One to two years	-	47	-	-
Total (excluding GST)	47	125	-	-

Reconciliation of net investment in leases

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Future undiscounted rentals receivable	47	125	-	-
Unguaranteed residual amounts - undiscounted	313,686	313,686	-	-
Less: unearned finance income	(225,146)	(227,321)	-	-
Net investment in finance lease	88,587	86,490	-	-

Leases that the consolidated entity transfers substantially all the risks and rewards incidental to ownership of an asset are classified as finance leases. Subleases are classified by reference to the right-of-use asset arising from the head lease, rather than by reference to the underlying asset.

At the lease commencement date, the consolidated entity recognises a receivable for assets held under a finance lease in its Statement of Financial Position at an amount equal to the net investment in the lease. The net investment in leases is classified as financial assets at amortised cost and equals the lease payments receivable by a lessor and the unguaranteed residual value, plus initial direct costs, discounted using the interest rate implicit in the lease.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

26. Leases (continued)

(b) Entity as a lessor (continued)

Recognition and measurement (continued)

Finance income arising from finance leases is recognised over the lease term, based on a pattern reflecting a constant periodic rate of return on the lessor's net investment in the lease.

Lessor for operating leases

Future minimum rental receivables (undiscounted) under non-cancellable operating leases as at 30 June are as follows:

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Within one year	13,122	11,323	1,257	1,413
One to two years	11,172	8,491	1,377	1,071
Two to three years	10,670	7,897	1,304	1,024
Three to four years	9,931	7,638	1,121	988
Four to five years	9,469	7,162	1,047	1,016
Later than five years	108,619	89,843	7,954	7,495
Total (excluding GST)	162,983	132,354	14,060	13,007

An operating lease is a lease other than a finance lease. Rental income arising from operating leases is accounted for on a straight-line basis over the lease terms and is included in other revenue in the Statement of Comprehensive Income due to its operating nature. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the underlying asset and recognised over the lease term on the same basis as rental income. Contingent rents are recognised as revenue in the period in which they are earned.

Leases not yet commenced to which the lessee is committed

Ambulance Service of NSW has entered into a 10 year contract with Pel-Air Aviation Pty Ltd to provide aeromedical services. The contract has a lease component for the right-to-use of the contracted aircraft. Stage 2, which includes two additional aircraft, has not yet commenced operating and as a result, no right-of-use asset or liability has been recognised at the reporting date in respect of those two aircraft. Future cash outflows from the lease of these two aircraft is expected to be \$67.62 million.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

27. Intangible assets

CONSOLIDATED

	Software \$000	Total \$000
At 1 July 2021		
Cost (gross carrying amount)	1,265,650	1,265,650
Less: accumulated amortisation and impairment	(576,096)	(576,096)
Net carrying amount	689,554	689,554
	Software \$000	Total \$000
Year ended 30 June 2022		
Net carrying amount at beginning of year	689,554	689,554
Additions	98,851	98,851
Reclassifications from property, plant and equipment	1,375	1,375
Disposals	(313)	(313)
Amortisation (recognised in depreciation and amortisation)	(92,250)	(92,250)
Net carrying amount at the end of the year	697,217	697,217
	Software \$000	Total \$000
At 1 July 2022		
Cost (gross carrying amount)	1,363,369	1,363,369
Less: accumulated amortisation and impairment	(666,152)	(666,152)
Net carrying amount	697,217	697,217
	Software \$000	Total \$000
Year ended 30 June 2023		
Net carrying amount at beginning of year	697,217	697,217
Additions	139,812	139,812
Reclassifications from property, plant and equipment	3,360	3,360
Disposals	(1,993)	(1,993)
Amortisation (recognised in depreciation and amortisation)	(106,350)	(106,350)
Net carrying amount at the end of the year	732,046	732,046
	Software \$000	Total \$000
At 30 June 2023		
Cost (gross carrying amount)	1,495,526	1,495,526
Less: accumulated amortisation and impairment	(763,480)	(763,480)
Net carrying amount	732,046	732,046

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

27. Intangible assets (continued)

PARENT

	Software \$000	Total \$000
At 1 July 2021		
Cost (gross carrying amount)	4,801	4,801
Less: accumulated amortisation and impairment	(1,672)	(1,672)
Net carrying amount	3,129	3,129
Year ended 30 June 2022		
Net carrying amount at beginning of year	3,129	3,129
Additions	871	871
Disposals	(47)	(47)
Amortisation (recognised in depreciation and amortisation)	(745)	(745)
Net carrying amount at the end of the year	3,208	3,208
At 1 July 2022		
Cost (gross carrying amount)	4,750	4,750
Less: accumulated amortisation and impairment	(1,542)	(1,542)
Net carrying amount	3,208	3,208
Year ended 30 June 2023		
Net carrying amount at beginning of year	3,208	3,208
Additions	4,317	4,317
Amortisation (recognised in depreciation and amortisation)	(453)	(453)
Net carrying amount at the end of the year	7,072	7,072
At 30 June 2023		
Cost (gross carrying amount)	8,362	8,362
Less: accumulated amortisation and impairment	(1,290)	(1,290)
Net carrying amount	7,072	7,072

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

27. Intangible assets (continued)

Recognition and Measurement

The consolidated entity recognises intangible assets only if it is probable that future economic benefits will flow to the consolidated entity and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost. Where an asset is acquired at no or nominal cost, the cost is its fair value as at the date of acquisition. Following initial recognition, intangible assets are subsequently measured at fair value only if there is an active market. If there is no active market for the consolidated entity's intangible assets, the assets are carried at cost less any accumulated amortisation and impairment losses.

All research costs are expensed. Development costs are only capitalised when certain criteria are met.

The useful lives of intangible assets are assessed to be finite.

The consolidated entity's intangible assets are amortised using the straight-line method over a period of four to fifteen years. Computer software developed or acquired by the consolidated entity are recognised as intangible assets.

The amortisation period and the amortisation method for an intangible asset with a finite useful life are reviewed at least at the end of each reporting period.

Intangible assets with indefinite useful lives are not amortised, but are tested for impairment annually. The assessment of indefinite life is reviewed annually to determine whether the indefinite life continues to be supportable. If not, the change in useful life from indefinite to finite is made on a prospective basis.

Intangible assets are tested for impairment where an indicator of impairment exists. If the recoverable amount is less than its carrying amount, the carrying amount is reduced to recoverable amount and the reduction is recognised as an impairment loss.

28. Non-current assets held for sale

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Assets held for sale				
Land and buildings	304	3,304	-	-
	304	3,304	-	-

Further details regarding the fair value measurement are disclosed in Note 29.

Recognition and Measurement

The consolidated entity has certain non-current assets classified as held for sale, where their carrying amount will be recovered principally through a sale transaction, 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. Interest and other expenses attributable to the liabilities of a disposal group classified as held for sale are continued to be recognised.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

29. Fair value measurement of non-financial assets

Fair value measurement and hierarchy

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value 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.

When measuring fair value, the valuation technique used maximises the use of relevant observable inputs and minimises the use of unobservable inputs. Under AASB 13 *Fair Value Measurement*, the consolidated entity categorises, for disclosure purposes, the valuation techniques based on the inputs used in the valuation techniques as follows:

- Level 1 – quoted (unadjusted) prices in active markets for identical assets / liabilities that the entity can access at the measurement date.
- Level 2 – inputs other than quoted prices included within Level 1 that are observable, either directly or indirectly.
- Level 3 – inputs that are not based on observable market data (unobservable inputs).

The consolidated entity recognises transfers between levels of the fair value hierarchy at the end of the reporting period during which the change has occurred.

(a) Fair value hierarchy

CONSOLIDATED	Level 1	Level 2	Level 3	Total Fair
	\$000	\$000	\$000	Value \$000
2023				
Land and buildings ⁽ⁱ⁾	-	843,232	21,932,830	22,776,062
Infrastructure systems ⁽ⁱ⁾	-	295	865,130	865,425
Non-current assets held for sale (Note 28)	-	304	-	304
	-	843,831	22,797,960	23,641,791
2022				
Land and buildings ^{(i), (ii)}	-	737,098	19,556,547	20,293,645
Infrastructure systems ^{(i), (iii)}	-	232	712,356	712,588
Non-current assets held for sale (Note 28)	-	3,304	-	3,304
	-	740,634	20,268,903	21,009,537

(i) Leasehold improvements, work in progress and newly completed buildings are carried at cost, therefore excluded from figures above and as a result the balances in Note 25 will not reconcile with balances disclosed above.

(ii) Land and buildings – Level 3 has been restated higher by \$276.27 million as a result of some assets incorrectly excluded and some incorrectly included in the 2022 financial statements.

(iii) Infrastructure systems – Level 3 has been restated higher by \$17.52 million as a result of some assets incorrectly excluded in the 2022 financial statements.

There were no transfers between Level 1 and 2 during the year ended 30 June 2023 and 2022.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

29. Fair value measurement of non-financial assets (continued)

(a) Fair value hierarchy (continued)

PARENT	Level 1	Level 2	Level 3	Total Fair
	\$000	\$000	\$000	Value \$000
2023				
Land and buildings	-	-	169,391	169,391
Infrastructure systems	-	-	941	941
	-	-	170,332	170,332
2022				
Land and buildings	-	-	172,288	172,288
Infrastructure systems	-	-	988	988
	-	-	173,276	173,276

There were no transfers between Level 1 and 2 during the year ended 30 June 2023 and 2022.

(b) Valuation techniques, inputs and processes

The consolidated entity obtains independent valuations for its non-financial assets at least every three years. The valuer used by the consolidated entity is independent of the respective entities.

At the end of each reporting period, the consolidated entity updates its assessment of the fair value of each category of non-financial assets, taking into account the most recent independent valuations. The best evidence of fair value is current prices in an active market for similar assets. Where such information is not available, the consolidated entity considers information from other sources, such as the indices provided by independent external valuers. These fair value adjustments are reflected in Note 25 Total property, plant and equipment - reconciliation.

The valuations techniques used maximise the use of observable inputs where available and rely as little as possible on entity or asset specific estimates. The level in the fair value hierarchy is determined on the basis of the lowest level input that is significant to the measurement in its entirety. If significant inputs required to measure fair value of an asset are observable, the asset is included in level 2 of the fair value hierarchy. If one or more of the significant inputs is not based on observable market data, the asset is included in level 3 of the fair value hierarchy. All resulting fair value estimates for non-financial assets are included in level 3 with the exception of some land and buildings and non-current assets held for sale included in level 2.

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for the year ended 30 June 2023

29. Fair value measurement of non-financial assets (continued)

(b) Valuation techniques, inputs and processes (continued)

The non-financial assets categorised in (a) above have been measured based on the following valuation techniques and inputs:

- **For land**, the valuation by the valuers is made on a market approach, comparing similar assets (not identical) and observable inputs. The most significant input is price per square metre. All commercial and non-restricted land is included in level 2 as these land valuations have a high level of observable inputs, although these lands are not identical. The majority of the restricted land has been classified as level 3 as, although observable inputs have been used, a significant level of professional judgement is required to adjust inputs in determining the land valuations. Certain parcels of land have zoning restrictions, for example hospital grounds, and values are adjusted accordingly.
- **For buildings and infrastructure systems**, many assets are of a specialised nature or use, and thus the most appropriate valuation method is depreciated replacement cost. These assets are included as level 3 as these assets have a high level of unobservable inputs. However, residential and commercial properties are valued on a market approach and are included in level 2.
- **Non-current assets held for sale** are a non-recurring item that is measured at the lesser of its carrying amount or fair value less cost to sell. These assets are categorised as level 2 except when an asset was a level 3 asset prior to transfer to non-current assets held for sale, and continues to be recognised as a level 3 asset where the carrying amount is less than the fair value (less cost) to sell.

Level 3 disclosures:

The fair value of buildings computed by suitably qualified independent valuers using a methodology known as the depreciated replacement cost valuation technique. The following table highlights the key unobservable (level 3) inputs assessed during the valuation process, the relationship to the estimated fair value and the sensitivity to changes in unobservable inputs.

Assets	Valuation Techniques	Valuation Inputs
Land under specialised building(s)	Market approach	This valuation method involves comparing the subject property to comparable sale prices in similar location on a rate per square metre basis, adjusted for restrictions specific for the property (e.g. mandated use and / or zoning).
Specialised Buildings	Depreciated replacement cost approach	This valuation method involves establishing the current replacement cost of the modern equivalent asset for each type of building on a rate per square metre basis; depreciated to reflect the building's remaining useful life which is determined by a number of factors including asset condition and asset life.
Non-Specialised Buildings	Depreciated replacement cost approach	This valuation method involves establishing the current replacement cost of the modern equivalent asset for each type of building on a rate per square metre basis; depreciated to reflect the building's remaining useful life.
Infrastructure systems	Depreciated replacement cost approach	This valuation method involves establishing the current replacement cost of the modern equivalent infrastructure asset on a rate per square metre basis; depreciated to reflect the assets remaining useful life.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

29. Fair value measurement of non-financial assets (continued)

(c) Reconciliation of recurring Level 3 fair value measurements

CONSOLIDATED

	Land and Buildings \$000	Infrastructure Systems \$000	Total Level 3 Recurring \$000
2023			
Fair value as at 1 July 2022	19,556,547	712,356	20,268,903
Additions*	1,841,603	147,073	1,988,676
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment'	1,327,571	41,149	1,368,720
Transfers from Level 2	2,156	-	2,156
Transfers to Level 2	(4,054)	-	(4,054)
Disposals	(5,284)	-	(5,284)
Depreciation expense	(778,102)	(35,930)	(814,032)
Equity transfers (out) - Note 36 (a)	(9,403)	-	(9,403)
Reclassification	1,796	482	2,278
Fair value as at 30 June 2023	21,932,830	865,130	22,797,960

* Additions include assets previously carried at cost which have been revalued under the level 3 fair value hierarchy for the first time as a result of a comprehensive revaluation or an interim desktop revaluation.

CONSOLIDATED

	Land and Buildings \$000	Infrastructure Systems \$000	Total Level 3 Recurring \$000
2022			
Fair value as at 1 July 2021	16,044,981	571,293	16,616,274
Additions ^{(i), (ii) *}	2,244,445	103,893	2,348,338
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment' ^{(i), (ii)}	1,889,510	76,884	1,966,394
Transfers from Level 2	23,830	-	23,830
Transfers to Level 2	(2,042)	(9,087)	(11,129)
Disposals	(13,755)	(97)	(13,852)
Depreciation expense ^{(i), (ii)}	(630,678)	(30,755)	(661,433)
Reclassification	256	225	481
Fair value as at 30 June 2022	19,556,547	712,356	20,268,903

(i) Prior year land and buildings 'additions' has been restated higher by \$257.77 million, 'revaluation increments / decrements recognised in other comprehensive income' restated higher by \$24.10 million and 'depreciation expense' restated higher by \$5.60 million as a result of an error in the previous year.

(ii) Prior year infrastructure systems 'additions' has been restated higher by \$16.43 million, 'revaluation increments / decrements recognised in other comprehensive income' restated higher by \$1.40 million and 'depreciation expense' restated higher by \$0.31 million as a result of an error in the previous year.

* Additions include assets previously carried at cost which have been revalued under the level 3 fair value hierarchy for the first time as a result of a comprehensive revaluation or an interim desktop revaluation.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

29. Fair value measurement of non-financial assets (continued)

(c) Reconciliation of recurring Level 3 fair value measurements (continued)

PARENT

	Land and Buildings \$000	Infrastructure Systems \$000	Total Level 3 Recurring \$000
2023			
Fair value as at 1 July 2022	172,288	988	173,276
Additions*	1,596	-	1,596
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment'	4,519	67	4,586
Depreciation expense	(9,012)	(114)	(9,126)
Fair value as at 30 June 2023	169,391	941	170,332

* Additions include assets previously carried at cost which have been revalued under the level 3 fair value hierarchy for the first time as a result of a comprehensive revaluation or an interim desktop revaluation.

	Land and Buildings \$000	Infrastructure Systems \$000	Total Level 3 Recurring \$000
2022			
Fair value as at 1 July 2021	119,550	573	120,123
Additions*	37,631	291	37,922
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment'	23,419	228	23,647
Disposals	(4,623)	(76)	(4,699)
Depreciation expense	(7,217)	(104)	(7,321)
Equity transfers in - Note 36 (a)	3,528	76	3,604
Fair value as at 30 June 2022	172,288	988	173,276

* Additions include assets previously carried at cost which have been revalued under the level 3 fair value hierarchy for the first time as a result of a comprehensive revaluation or an interim desktop revaluation.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

30. Restricted assets

The financial statements include the following assets which are restricted by externally imposed conditions, eg. donor requirements. The assets are only available for application in accordance with the terms of the donor restrictions. They consist of cash assets and rights and obligations to receive and make payments as at 30 June 2023.

CONSOLIDATED	1 July 2022		30 June 2023	
	Opening equity \$000	Revenue \$000	Expense \$000	Closing equity \$000
Category				
Community welfare	15,883	23,135	(19,463)	19,555
Facility improvements	844,389	216,049	(241,066)	819,372
Hold Funds in Perpetuity	14,691	1,230	(1,173)	14,748
Patient welfare	83,834	40,559	(28,002)	96,391
Private practice disbursements (No.2 Accounts)	510,377	111,764	(95,376)	526,765
Public contributions	46,415	23,334	(8,145)	61,604
Research	266,010	115,154	(91,734)	289,430
Section 19(2) primary care - exemption initiative	4,318	2,919	(2,717)	4,520
Staff welfare	20,410	6,399	(2,241)	24,568
Training and education including conferences	93,212	21,257	(18,244)	96,225
Other	8,597	254	-	8,851
Total Restricted Assets	1,908,136	562,054	(508,161)	1,962,029

PARENT	1 July 2022		30 June 2023	
	Opening equity \$000	Revenue \$000	Expense \$000	Closing equity \$000
Category				
Facility improvements	43,392	43,403	(9,730)	77,065
Research	30,548	-	(1,516)	29,032
Total Restricted Assets	73,940	43,403	(11,246)	106,097

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

30. Restricted assets (continued)

Restricted assets are held for the following purpose and cannot be used for any other purpose.

Category	Purpose
Community welfare	Improvements to service access, health literacy, public and preventative health care.
Facility improvements	Repairs, maintenance, renovations and/or new equipment or building related expenditure.
Hold funds in perpetuity	Donor has explicitly requested funds be invested permanently and not otherwise expended.
Patient welfare	Improvements such as medical needs, financial needs and standards for patients' privacy and dignity.
Private practice disbursements	Staff specialists' private practice arrangements to improve the level of clinical services provided (No. 2 Accounts).
Public contributions	Donations, gifts, bequests or legacies received without any donor-specified conditions as to its use. Such contributions are restricted as a result of the requirements of the Accounts and Audit Determination for Public Health Entities in NSW.
Section 19(2) primary care - exemption initiative	Improving access to primary care in rural and remote areas under the Council of Australian Governments (COAG) s19(2) Exemptions Initiative.
Research	Research to gain knowledge, understanding and insight.
Staff welfare	Staff benefits such as staff recognition awards, functions and staff amenity improvements.
Training and education including conferences	Professional training, education and conferences.
Other	This does not meet the definition of any of the above categories.

Unclaimed monies

All money and personal effects of patients which are left in the custody of the consolidated entity by any patient who is discharged or dies in hospital and which are not claimed by the person lawfully entitled thereto within a period of twelve months are recognised as the property of the respective health entity.

All such money and the proceeds of the realisation of any personal effects are lodged to the credit of the Samaritan Fund which is used specifically for the benefit of necessitous patients or necessitous outgoing patients.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

31. Payables

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Accrued salaries, wages and on-costs	319,679	260,745	2,944	2,484
Salaries and wages deductions	101,926	95,053	18	39
Payroll tax and fringe benefits tax	1,710	3,042	1,143	904
Trade operating creditors ¹	1,349,137	1,786,935	296,919	499,521
Interest	69	14	-	-
Other creditors				
- Capital works	163,651	225,590	-	-
- Payables to controlled health entities ¹	-	-	259,092	372,051
- Other ¹	5,270	4,829	-	-
Total current payables	1,941,442	2,376,208	560,116	874,999

¹ Manual creditors has been reclassified from 'other creditors - other' to 'trade operating creditors' and 'payables to controlled health entities' in the current year. The prior period 'other creditors - other' has been restated lower by \$838.90 million (parent entity: \$134.59 million), 'trade operating creditors' higher by \$838.90 million (parent entity: \$134.58 million) and 'payables to controlled health entities' higher by \$Nil (parent entity: \$0.003 million) to reflect this change.

Details regarding liquidity risk, including a maturity analysis of the above payables are disclosed in Note 44.

Recognition and Measurement

Payables represent liabilities for goods and services provided to the consolidated entity and other amounts. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

Payables are financial liabilities at amortised cost, initially measured at fair value, net of directly attributable transaction costs. These are subsequently measured at amortised cost using the effective interest method. Gains and losses are recognised in the net result when the liabilities are derecognised as well as through the amortisation process.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

32. Contract liabilities

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Current				
Contract liabilities	57,031	56,030	545	1,670
	57,031	56,030	545	1,670
Non-current				
Contract liabilities	556	1,081	-	-
	556	1,081	-	-

Recognition and Measurement

Contract liabilities are in respect of consideration received in advance from the sale of goods and services from contracts with customers and grants and other contributions.

The balance of the contract liabilities at the 30 June 2023 was impacted by the timing of payments received for the sales of goods and services from contracts with customers and grants and other contributions. The satisfaction of the specific performance obligations within the contracts hadn't been met at the 30 June 2023. Revenue from the contract liabilities will be recognised when the specific performance obligations have been met.

The current contract liability balance has increased in the consolidated entity and reduced in the parent entity during the year due to the timing of meeting the specific performance obligations within the contracts. The non-current contract liability has decreased in the consolidated entity as some long term grants and other contribution funds were reclassified to current within the current year.

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Revenue recognised that was included in the contract liability balance at the beginning of the year	55,696	45,415	1,670	319
Revenue recognised from performance obligations satisfied in previous periods	4,334	3,391	-	-
Transaction price allocated to the remaining performance obligations from contracts with customers	133,210	158,057	2,448	17,253

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

32. Contract liabilities (continued)

The transaction price allocated to the remaining performance obligations relates to the following revenue classes and is expected to be recognised as follows:

CONSOLIDATED

	2024	2025	2026	≥ 2027
Specific revenue class	\$000	\$000	\$000	\$000
Sales of goods and services from contracts with customers	26,081	1,195	1,114	1,115
Grants and other contributions	62,109	33,523	7,198	875
	88,190	34,718	8,312	1,990

PARENT

	2024	2025	2026	≥ 2027
Specific revenue class	\$000	\$000	\$000	\$000
Grants and other contributions	2,448	-	-	-
	2,448	-	-	-

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

33. Borrowings

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Current				
Derivatives	624	-	-	-
Other loans and deposits	7,321	7,349	-	-
Lease liabilities (see Note 26)	148,156	141,085	156	11,007
Service concession financial liabilities*	1,557	1,447	-	-
Public, Private Partnerships (PPP)				
Long Bay Forensic Hospital	3,283	2,968	-	-
Calvary Mater Newcastle Hospital	2,983	2,557	-	-
Orange Hospital & Associated Health Services	4,271	3,503	-	-
Royal North Shore Hospital Redevelopment	12,426	9,131	-	-
	180,621	168,040	156	11,007
Non-Current				
Other loans and deposits	30,850	38,170	-	-
Lease liabilities (see Note 26)	491,770	482,932	629	6,482
Service concession financial liabilities*	28,055	29,629	-	-
Public, Private Partnerships (PPP)				
Long Bay Forensic Hospital	58,040	61,323	-	-
Calvary Mater Newcastle Hospital	59,382	62,365	-	-
Orange Hospital & Associated Health Services	146,144	150,415	-	-
Royal North Shore Hospital Redevelopment	665,469	678,199	-	-
	1,479,710	1,503,033	629	6,482

* This relates to contractual payments made to the operator, refer to Note 25 for further details on the consolidated entity's service concession arrangements.

No assets have been pledged as security / collateral for liabilities and there are no restrictions on any title to property.

The Public, Private Partnerships (PPP) relate to the provision of service-enabling infrastructure that includes private sector delivering a combination of design, construction, financing, maintenance, operations and delivery of clinical and non-clinical services. Payments are made by the consolidated entity to the private sector entities on the basis of delivery of assets or service delivery. The liability to pay private sector entities is based on financing arrangements involving Consumer Price Index (CPI)-linked finance and fixed finance.

Details regarding liquidity risk, including a maturity analysis of the above borrowings are disclosed in Note 44.

Borrowings represents interest bearing liabilities mainly through NSW Treasury Corporation, lease liabilities, service concessions arrangement liabilities, other interest bearing liabilities and derivatives.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

33. Borrowings (continued)

Recognition and Measurement

Financial liabilities at amortised cost

Borrowings classified as financial liabilities at amortised cost are initially measured at fair value, net of directly attributable transaction costs. These are subsequently measured at amortised cost using the effective interest method. Gains and losses are recognised in the net result when the liabilities are derecognised as well as through the amortisation process.

Financial liabilities at fair value through profit or loss

Financial liabilities at fair value through profit or loss include financial liabilities held-for-trading such as derivative financial liabilities designated upon initial recognition as at fair value through profit or loss.

Financial liabilities are classified as held-for-trading if they are incurred for the purpose of repurchasing in the near term or on initial recognition are part of a portfolio of identified financial instruments that are managed together and for which there is evidence of a recent actual pattern of short-term profit-taking. Derivatives are economic hedges classified as at fair value through profit or loss unless they are designated as effective hedging instruments.

Derivatives are carried as financial liabilities when the fair value is negative. Gains or losses on derivative liabilities are recognised in the net result as the consolidated entity has elected not to apply hedge accounting.

Management only designates an instrument at FVPL upon initial recognition when one of the following criteria are met. Such designation is determined on an instrument-by-instrument basis:

- the designation eliminates, or significantly reduces, the inconsistent treatment that would otherwise arise from measuring the assets or liabilities or recognising gains or losses on them on a different basis; or
- the liabilities are part of a group of financial liabilities, that are managed and their performance evaluated on a fair value basis, in accordance with a documented risk management or investment strategy; or
- the liabilities contain one or more embedded derivatives, unless they do not significantly modify the cash flows that would otherwise be required by the contract, or it is clear with little or no analysis when a similar instrument is first considered that separation of the embedded derivative(s) is prohibited.

The consolidated entity has not designated any financial liability as at fair value through profit or loss.

The changes in fair value of liabilities designated at fair value through profit or loss are recorded in profit or loss with the exception that movements in fair value due to changes in the entity's own credit risk are recorded in other comprehensive income and do not get recycled to net result.

Financial guarantees

A financial guarantee contract is a contract that requires the issuer to make specified payments to reimburse the holder for a loss it incurs because a specified debtor fails to make payment when due in accordance with the original or modified terms of a debt instrument.

Financial guarantee contracts are recognised as a financial liability at the time the guarantee is issued. The liability is initially measured at fair value, being the premium received. Subsequent to initial recognition, the consolidated entity's liability under each guarantee is measured at the higher of the amount initially recognised less cumulative amortisation, and an expected credit loss provision.

The consolidated and parent entity has not granted any financial guarantees.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

33. Borrowings (continued)

Changes in liabilities arising from financing activities

CONSOLIDATED

	Derivatives \$000	Other loans and deposits \$000	Leases \$000	Service concession arrangements \$000	Total liabilities from financing \$000
1 July 2021	-	1,039,180	1,238,328	32,435	2,309,943
Cash flows	-	(23,200)	(173,761)	(1,359)	(198,320)
New leases	-	-	272,271	-	272,271
Lease terminations*	-	-	(771,746)	-	(771,746)
Lease reassessments	-	-	58,925	-	58,925
30 June 2022	-	1,015,980	624,017	31,076	1,671,073
1 July 2022	-	1,015,980	624,017	31,076	1,671,073
Cash flows	(11)	(25,811)	(160,109)	(1,464)	(187,395)
New leases	-	-	166,913	-	166,913
Lease terminations	-	-	(19,409)	-	(19,409)
Lease reassessments	-	-	28,514	-	28,514
Non-cash changes other	635	-	-	-	635
30 June 2023	624	990,169	639,926	29,612	1,660,331

* 30 June 2022 lease terminations include derecognition of lease liabilities of \$765.69 million with Property NSW. Please refer to Note 26 for further details on the derecognition.

Cash flows from derivatives in the above table will not reconcile to the Statement of Cash Flows as the Statement of Cash Flows presents a net cash movement of financial assets and liabilities.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

33. Borrowings (continued)

Changes in liabilities arising from financing activities (continued)

PARENT

	Leases \$000	Total liabilities from financing \$000
1 July 2021	592,304	592,304
Cash flows	(19,470)	(19,470)
New leases	86	86
Lease terminations*	(556,110)	(556,110)
Lease reassessments	679	679
30 June 2022	17,489	17,489
1 July 2022	17,489	17,489
Cash flows	(168)	(168)
New leases	47	47
Lease terminations	(16,582)	(16,582)
Lease reassessments	(1)	(1)
30 June 2023	785	785

* 30 June 2022 lease terminations include derecognition of lease liabilities of \$556.09 million with Property NSW. Please refer to Note 26 for further details on the derecognition.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

34. Provisions

	Consolidated 2023 \$000	Consolidated ¹ 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Current				
Employee benefits and related on-costs				
Annual leave - obligations expected to be settled within 12 months	1,591,399	1,429,119	15,910	13,157
Annual leave - obligations expected to be settled after 12 months	948,405	992,628	7,396	8,168
Death and disability (ambulance officers)	-	822	-	-
Long service leave consequential on-costs - obligations expected to be settled within 12 months	35,783	32,249	568	470
Long service leave consequential on-costs - obligations expected to be settled after 12 months	413,360	407,552	6,717	6,198
Allocated days off	87,243	83,260	-	-
Sick leave	149	192	-	-
Parental leave - obligations expected to be settled within 12 months	117,484	-	-	-
Provision for other employee benefits*	-	387,989	-	3,321
Other	-	778	-	-
	3,193,823	3,334,589	30,591	31,314
Other Provisions				
Restoration costs	13,913	11,784	-	-
Other	79,954	135,280	50,600	11,404
	93,867	147,064	50,600	11,404
Total current provisions	3,287,690	3,481,653	81,191	42,718
Non-current				
Employee benefits and related on-costs				
Long service leave consequential on-costs	44,265	43,341	720	659
	44,265	43,341	720	659
Other Provisions				
Restoration costs	10,056	15,995	-	-
Other	-	1,894	-	-
	10,056	17,889	-	-
Total non-current provisions	54,321	61,230	720	659

¹ 'Long service leave consequential on-costs' has been restated to be higher by \$16.51 million in the prior year for the consolidated entity. Refer to Note 17 for further details regarding restatement as a result of an error.

* In 2022, provisions for other employee benefits included a one-off payment to employees of \$387.99 million in the consolidated entity and \$3.32 million in the parent entity for the recognition of service during the COVID-19 pandemic.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

34. Provisions (continued)

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Aggregate employee benefits and related on-costs				
Provisions - current	3,193,823	3,334,589	30,591	31,314
Provisions - non-current	44,265	43,341	720	659
Accrued salaries, wages and on-costs and salaries and wages deductions (Note 31)	421,605	355,798	2,962	2,523
	3,659,693	3,733,728	34,273	34,496

Movements in provisions (other than employee benefits)

Movements in each class of provision during the financial year, other than employee benefits, are set out below:

Restoration costs

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Carrying amount at beginning of year	27,779	25,685	-	-
- Additional provisions recognised	4,090	3,275	-	-
- Amounts used	(7,336)	(765)	-	-
- Unused amounts reversed	(564)	(416)	-	-
Carrying amount at end of year	23,969	27,779	-	-

The majority of 'restoration costs' represent the expected cost to restore a leased asset at the end of the lease term. Lease end dates vary across the consolidated entity's lease portfolio and therefore the timing of the payments to restore the leased asset at the end of the term will vary. The majority of the 'restoration cost' provision is as per the lease contracts.

The remaining balance consists of site remediation costs with the majority of the payments not expected to be made until 2024.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

34. Provisions (continued)

Movements in provisions (other than employee benefits) (continued)

Other

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Carrying amount at beginning of year	137,174	85,456	11,404	-
- Additional provisions recognised*	57,706	112,542	50,600	11,404
- Amounts used	(101,187)	(56,160)	(11,404)	-
- Unused amounts reversed	(13,739)	(4,664)	-	-
Carrying amount at end of year	79,954	137,174	50,600	11,404

* In 2022, additional provisions recognised included a one-off payment to visiting medical officers of \$18.28 million (parent entity: \$Nil) and affiliated health organisations of \$19.89 million (parent entity: \$11.40 million) for the recognition of service during the COVID-19 pandemic.

The majority of the 'other' provision represent various contractual related obligations. The consolidated and parent entity has recognised the provision amount by taking into consideration all available information at the reporting date and making the best management estimation of the obligation. The timing of the payments will vary for each contractual related obligations.

Recognition and Measurement

Employee benefits and related on-costs

Salaries and wages, annual leave, allocated days off (ADOs), parental leave, sick leave and on-costs

Salaries and wages (including non-monetary benefits) and paid sick leave that are expected to be settled wholly within 12 months after the end of the period in which the employees render the service are recognised and measured at the undiscounted amounts of the benefits.

Annual leave, ADOs and parental leave are not expected to be settled wholly before twelve months after the end of the annual reporting period in which the employees render the related service. As such, it is required to be measured at present value in accordance with AASB 119 *Employee Benefits* (although short-cut methods are permitted).

Actuarial advice obtained by NSW Treasury, an entity controlled by the ultimate parent, has confirmed that using the nominal annual leave balance plus the annual leave entitlements accrued while taking annual leave (calculated using 8.4% to 14.03% of nominal value of annual leave) can be used to approximate the present value of the annual leave liability. The consolidated entity has assessed the actuarial advice based on the consolidated entity's circumstances to annual leave, ADOs and parental leave and has determined that the effect of discounting is immaterial. All annual leave is classified as a current liability even where the consolidated entity does not expect to settle the liability within 12 months as the consolidated entity does not have an unconditional right to defer settlement.

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

34. Provisions (continued)

Recognition and Measurement (continued)

Long service leave and superannuation

The consolidated entity's liability for long service leave and defined benefit superannuation are assumed by The Crown in right of the State of New South Wales. The consolidated entity accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as 'Acceptance by the Crown of employee benefits and other liabilities'.

Specific on-costs relating to long service leave assumed by The Crown in right of the State of New South Wales are borne by the consolidated entity.

Long service leave is measured at the present value of expected future payments to be made in respect of services provided up to the reporting date. Consideration is given to certain factors based on an actuarial review, including expected future wage and salary levels, experience of employee departures, and periods of service. Expected future payments are discounted using the long-term Commonwealth Government bond rate at the reporting date.

The superannuation expense for the financial year is determined by using the formula specified in the NSW Treasury's, an entity controlled by the ultimate parent entity, Directions. The expense for certain superannuation schemes (i.e. Basic Benefit and Aware Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (i.e. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

Consequential on-costs

Consequential costs to employment are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised. This includes outstanding amounts of payroll tax, workers' compensation insurance premiums and fringe benefits tax.

Other provisions

Other provisions are recognised when the consolidated entity has a present legal or constructive obligation as a result of a past event; it is probable that an outflow of resources will be required to settle the obligation; and a reliable estimate can be made of the amount of the obligation. When the consolidated entity expects some or all of a provision to be reimbursed, for example, under an insurance contract, the 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 consolidated Statement of Comprehensive Income.

Any provisions for restructuring are recognised only when the consolidated entity has a detailed formal plan, and the entity has raised a valid expectation in those affected by the restructuring that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected.

If the effect of the time value of money is material, provisions are discounted at a pre-tax rate that reflects the current market assessments of the time value of money and the risks specific to the liability. When discounting is used, the increase in the provision due to the passage of time (i.e. unwinding of discount rate) is recognised as a finance cost.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

35. Other liabilities

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Current				
Unearned revenue	76,476	46,937	-	-
Grant of right to operate liability under service concessions*	9,903	9,903	-	-
Liabilities under transfer to acquire or construct non-financial assets to be controlled by the entity	33,815	33,896	3,000	3,000
Other	-	473	-	-
	120,194	91,209	3,000	3,000
Non-current				
Unearned revenue	97,888	102,089	-	-
Grant of right to operate liability under service concessions*	165,319	175,222	-	-
Liabilities under transfer to acquire or construct non-financial assets to be controlled by the entity	55,185	56,869	-	-
Other	213	224	-	-
	318,605	334,404	-	-

* This is the unearned revenue portion of the revenue from exchange of assets and is progressively reduced over the period of the arrangement. Refer to Note 13 and Note 25 for further information on service concession arrangements.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

35. Other liabilities (continued)

CONSOLIDATED

Reconciliation of financial assets and corresponding liabilities arising from transfers to acquire or construct non-financial assets to be controlled by the consolidated entity:

	2023 \$'000	2022 \$'000
Opening balance of liabilities arising from transfers to acquire / construct non-financial assets to be controlled by the entity	90,765	59,521
Add: receipt of cash during the financial year	62,673	60,841
Deduct: income recognised during the financial year	64,438	29,597
Closing balance of liabilities arising from transfers to acquire / construct non-financial assets to be controlled by the entity	89,000	90,765

PARENT

Reconciliation of financial assets and corresponding liabilities arising from transfers to acquire or construct non-financial assets to be controlled by the parent entity:

	2023 \$'000	2022 \$'000
Opening balance of liabilities arising from transfers to acquire / construct non-financial assets to be controlled by the entity	3,000	-
Add: receipt of cash during the financial year	-	3,000
Closing balance of liabilities arising from transfers to acquire / construct non-financial assets to be controlled by the entity	3,000	3,000

Refer to Note 11 for a description of the consolidated and parent entity's obligations under transfers received to acquire or construct non-financial assets to be controlled by the consolidated and parent entity.

The consolidated and parent entity expects to recognise as income any liability for unsatisfied obligations as at the end of the reporting period evenly in the next 1 to 2 financial years, as the related asset(s) are constructed. There are also some liabilities in relation to future replacement of capital assets, the timing of revenue recognition is mostly unknown at this stage.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

36. Equity

Revaluation surplus

The revaluation surplus is used to record increments and decrements on the revaluation of non-current assets. This accords with the consolidated entity's policy on the revaluation of property, plant and equipment as discussed in Note 25.

Accumulated funds

The category 'accumulated funds' includes all current and prior period retained funds.

Reserves

Separate reserve accounts are recognised in the financial statements only if such accounts are required by specific legislation or Australian Accounting Standards (e.g. revaluation surplus and foreign currency translation reserve).

Increase / (decrease) in net assets from equity transfer

		Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Transfer of property, plant and equipment	(a)	(9,404)	-	6,428	10,118
		(9,404)	-	6,428	10,118

(a) Transfer of property, plant and equipment

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Carrying amount at transfer date				
Land & buildings	(9,404)	-	6,428	9,560
Infrastructure	-	-	-	558
Fair value at transfer date	(9,404)	-	6,428	10,118

CONSOLIDATED

The *Greater Sydney Parklands Trust Act 2022* commenced on 1 July 2022, which amended the *Paramatta Park Trust Act 2001* to provide for Wistaria Gardens to be vested in the Parramatta Park Trust, an entity controlled by the ultimate parent. The transfer of Wistaria Gardens to the Parramatta Park Trust was completed on the 1 July 2022 and was treated as an equity transfer. The Wistaria Garden assets were carried at fair value. The carrying amount of the assets prior to the transfer was \$9.4 million.

PARENT

In 2023, in accordance with the Real Property Disposal Framework, the following assets were transferred from Ambulance Service of NSW and Northern Sydney Local Health District, controlled entities of the Ministry of Health, at fair value of the asset: Yass ambulance station, 88 Meehan Street Yass \$0.4 million and 10 Kooloora Avenue Freshwater \$6.0 million.

In 2022, in accordance with the Real Property Disposal Framework, the following assets were transferred from Ambulance Service of NSW, Illawarra Shoalhaven Local Health District, Mid North Coast Local Health District and Northern Sydney Local Health District, controlled entities of the Ministry of Health, at the fair value of the asset: Bulli Hospital, 29 Hospital Road Bulli \$5.0 million, Macksville Hospital, 14 - 22 Boundary Street Macksville \$1.6 million, Macquarie Hospital, 120 Coxs Road North Ryde \$2.9 million and Wagga Wagga ambulance station, 54 Johnston Street Wagga Wagga \$0.6 million.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

36. Equity (continued)

Increase / (decrease) in net assets from equity transfer (continued)

Recognition and Measurement

Equity transfers

The transfer of net assets between entities as a result of an administrative restructure, transfers of programs / functions and parts thereof between entities controlled by the ultimate parent is designated or required by Accounting Standards to be treated as contributions by owners and is recognised as an adjustment to 'accumulated funds'. This treatment is consistent with AASB 1004 and Australian Accounting Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities*.

Transfers arising from an administrative restructure involving not-for-profit and for-profit government entities are recognised at the amount at which the assets and liabilities were recognised by the transferor immediately prior to the restructure. Subject to below, in most instances this will approximate fair value.

All other equity transfers are recognised at fair value, except for intangibles. Where an intangible has been recognised at (amortised) cost by the transferor because there is no active market, the consolidated entity recognises the asset at the transferor's carrying amount. Where the transferor is prohibited from recognising internally generated intangibles, the consolidated entity does not recognise that asset.

37. Commitments

(a) Capital commitments

Aggregate capital expenditure for the acquisition of land and buildings, plant and equipment, infrastructure and intangible assets, contracted for at balance date and not provided for:

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Within one year	1,575,788	1,090,185	-	-
Later than one year and not later than five years	1,515,715	1,127,277	-	-
Later than five years	518	111,545	-	-
Total (including GST)	3,092,021	2,329,007	-	-

(b) Input tax receivable related to capital commitments for expenditure

The total of capital 'commitments' payable, i.e. \$3,092 million as at 30 June 2023, includes input tax credits of \$281.10 million that are expected to be recoverable from the Australian Taxation Office (2022: \$211.70 million).

Output tax payable related to commitments for revenue

The total of 'commitments' receivable, i.e. \$179 million as at 30 June 2023, includes input tax of \$16.30 million that is expected to be payable to the Australian Taxation Office (2022: \$13.20 million).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

38. Trust funds

CONSOLIDATED

The consolidated entity holds money in trust in relation to patient trusts, refundable deposits, private patient trust funds and third party funds. As the consolidated entity performs only a custodial role in respect of trust monies, they are excluded from the financial statements as the consolidated entity cannot use them for the achievement of its own objectives. The following is a summary of the transactions in the trust account.

2023	Opening Cash	Add:	Less:	Closing Cash
	Balance	Receipts	Expenditure	Balance
	\$000	\$000	\$000	\$000
Patient Trust	4,696	5,901	(5,183)	5,414
Refundable Deposits	13,798	4,202	(7,560)	10,440
Private Patient Trust Funds	5,700	551,275	(553,052)	3,923
Third Party Funds	41,175	156,723	(131,880)	66,018
Total trust funds	65,369	718,101	(697,675)	85,795

2022	Opening Cash	Add:	Less:	Closing Cash
	Balance	Receipts	Expenditure	Balance
	\$000	\$000	\$000	\$000
Patient Trust	4,908	6,756	(6,968)	4,696
Refundable Deposits	11,759	6,106	(4,067)	13,798
Private Patient Trust Funds	11,951	502,479	(508,730)	5,700
Third Party Funds	40,960	72,464	(72,249)	41,175
Total trust funds	69,578	587,805	(592,014)	65,369

PARENT

The parent entity holds money in a trust in relation to Nationally Funded Centres (NFC), Health Chief Executives Forum (HCEF) formerly known as Australian Health Ministers' Advisory Council (AHMAC) and other third party funds. As the parent entity performs only a custodial role in respect of trust monies, they are excluded from the financial statements as the parent entity cannot use them for the achievement of its own objectives. The following is a summary of the transactions in the trust account.

2023	Opening Cash	Add:	Less:	Closing Cash
	Balance	Receipts	Expenditure	Balance
	\$000	\$000	\$000	\$000
Third Party Funds	11,225	71,040	(56,225)	26,040
Total trust funds	11,225	71,040	(56,225)	26,040

2022	Opening Cash	Add:	Less:	Closing Cash
	Balance	Receipts	Expenditure	Balance
	\$000	\$000	\$000	\$000
Third Party Funds	16,141	10,537	(15,453)	11,225
Total trust funds	16,141	10,537	(15,453)	11,225

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

38. Trust funds (continued)

The following list provides a brief description of the purpose of the trust fund categories.

Category	Purpose
Patient Trust	The safe custody of patients' valuables including monies.
Refundable Deposits	A sum of money held in trust as a security deposit.
Private Patient Trust Funds	The revenue derived from private patient and other billable services provided by Staff Specialists.
Third Party Funds	A sum of money held in trust on behalf of external parties, e.g. external foundations, volunteer groups and auxiliaries.

Any amounts drawn down from trust funds under the private practice arrangements are not included in the key management personnel compensation amounts or disclosed as a related party transaction in Note 45.

39. Contingent liabilities and contingent assets

CONSOLIDATED

a) Contingent liabilities

A claim has been lodged against the consolidated entity for unspecified compensation in respect of alleged underpayment of employee award entitlements. The consolidated entity is defending the action. It is not practical to estimate the potential effect of these claims at the present time.

b) Contingent assets

The consolidated entity is not aware of any contingent assets which would have a material effect on the disclosures in these financial statements.

PARENT

The Ministry is not aware of any contingent liabilities or assets which would have a material effect on the disclosures in these financial statements.

Ministry of Health

Notes to and forming part of the Financial Statements for the year ended 30 June 2023

40. Interests in other entities

a) Interests in associates

Set out below are the associates of Hunter New England Local Health District (HNELHD) as at 30 June 2023 which, in the opinion of management at HNELHD, are material to the group. 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	
			2023 %	2022 %			2023 \$000	2022 \$000
Hunter Medical Research Institute	Australia	Not applicable	25	25	31 December	Equity method	-	-

Hunter Medical Research Institute is a company limited by guarantee, whose constitution prohibits the distribution of funds to its members. Accordingly the carrying amount has been equity accounted at \$Nil value and as such no financial information has been disclosed.

b) Interests in joint control

Central Coast Local Health District has entered into an agreement called Affiliation Agreement for the Central Coast Research Institute (CCRI) with the University of Newcastle, to undertake research.

The agreement requires equal appointment of directors to the CCRI's Governance Board, which will be managing the relevant activities of the CCRI. Both parties have direct rights to the assets of the CCRI and are jointly and severally liable for the liabilities incurred. CCRI is therefore classified as a joint operation and Central Coast Local Health District recognises its direct right to the jointly held assets, liabilities, revenues and expenses and its share of any jointly held or incurred assets, liabilities, revenues and expenses. These have been incorporated in the financial statements under the appropriate headings.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

41. Reconciliation of cash flows from operating activities to net result

Reconciliation of cash flows from operating activities to the net result as reported in the Statement of Comprehensive Income as follows:

	Consolidated 2023 \$000	Consolidated ¹ 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Net cash used on operating activities	1,947,626	2,699,428	(484,920)	658,818
Depreciation and amortisation expense	(1,377,606)	(1,215,765)	(10,903)	(38,067)
Allowance for impairment	(222,562)	(135,480)	(595)	-
Effects of exchange rate changes	(46)	131	-	-
(Increase) / decrease in other liabilities	(13,671)	(1,059)	-	(3,000)
Decrease / (increase) in provisions	200,874	(609,601)	(38,533)	(16,970)
Increase / (decrease) in inventory	(221,586)	286,025	(6,309)	8,121
Increase / (decrease) in prepayments and other assets	(256,806)	321,606	(430,004)	301,745
Increase / (decrease) in contract assets	953	(487)	97	87
Decrease / (increase) in payables	363,909	(547,292)	314,876	(446,102)
Decrease / (increase) in contract liabilities	(476)	13,476	1,125	22,430
Increase / (decrease) in financial instruments at fair value	9,044	929	-	-
Net gain / (loss) on sale of property, plant and equipment	(27,301)	2,143	(5)	(1,140)
Net gain / (loss) on disposal of right-of-use assets	(128)	125,515	(184)	114,140
Assets donated or brought to account (Note 42)	839	2,244	(7,789)	(5,030)
Other	269	592	-	-
Net result	403,332	942,405	(663,144)	595,032

¹ 'Decrease / (increase) in provisions' has been restated to be lower by \$2.36 million in the prior year for the consolidated entity. Refer to Note 17 for further details regarding restatement as a result of an error.

42. Non-cash financing and investing activities

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Assets donated or brought to account	839	2,244	(7,789)	(5,030)
Property, plant and equipment acquired by a lease	167,127	272,473	47	86
Property, plant and equipment contributed by external organisation	-	8,934	-	-
	167,966	283,651	(7,742)	(4,944)

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

43. Budget Review - Consolidated

The budgeted amounts are drawn from the original budgeted financial statements presented to Parliament in respect of the reporting period. Subsequent amendments to the original budget (e.g. adjustment for transfer of functions between entities as a result of Administrative Arrangements Orders) are not reflected in the budgeted amounts. Major variances between the original budgeted amounts and the actual amounts disclosed in the financial statements are explained below.

NET RESULT

The actual net result (\$403 million) is lower than the budgeted net result (\$617 million) by \$214 million for the year ended 30 June 2023.

A reconciliation of the movements between the actual and budgeted net result is presented below:

	\$000
Net result - actual	403,332
Employee related expenses were lower than budget due to the one-off payment for the recognition of service during COVID-19 which was recognised in the prior year and lower spend against workforce initiatives.	(1,032,722)
Operating expenses were lower than budget resulting from reduced medical and surgical supplies, specialised health services and outsourced patient care expenses as the COVID-19 response eased.	(148,089)
Depreciation and amortisation were lower than budget due to the timing of new capital projects coming into service.	(7,143)
Grants and subsidies expenses were higher than expected with higher than anticipated payments made to affiliated health organisations.	38,586
Finance costs were lower than budget from the timing of interest in connection with borrowings.	(5,643)
Appropriation funding was lower than budget as appropriations were only drawn down from the Consolidated Fund to meet the cash requirements for the financial year.	1,141,288
Acceptance by the Crown of employee benefits and other liabilities was lower than budget due to the timing of employees qualifying for long service leave entitlements and the decrease in the actuarial valuation to long service leave benefits assumed by the Crown.	80,855
Sale of goods and services from contracts with customers exceeded budget with fees for medical services rendered and fees for private usage of hospital facilities increasing due to increasing patient activity levels.	(126,578)
Investment revenue exceeded budget as a result of higher interest rates on financial assets at amortised cost and higher distributions and unit price increases on TCorpIM fund investments.	(40,054)
Grants and other contributions revenue was lower than budget resulting from reduced National Health Reform Funding Agreement revenue due to lower activity levels but partly offset by higher revenue recognised under the Commonwealth National Partnership Agreements for COVID-19.	40,816
Other income were lower than budget due to varying other arrangements not occurring throughout the year.	33,979
Gains / (losses) on disposal exceeded budget due to the disposal of various items of property, plant and equipment below their written down value and other gains / (losses) exceeded budget from increased write-off of and impairment of medical and surgical supplies.	181,182
Impairment losses on financial assets includes higher than expected credit losses for receivables than budget.	57,087
Net result - budget	616,896

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

43. Budget Review - Consolidated (continued)

ASSETS AND LIABILITIES

The actual net assets (\$26,788 million) is higher than the budgeted net assets (\$23,921 million) by \$2,867 million as at 30 June 2023.

A reconciliation of the movements between significant assets and liabilities is presented below:

	\$000
Net assets - actual	26,788,409
Cash and cash equivalents were higher than expected resulting from the timing of year end creditor and payroll payments, the divestment of TCorpIM fund investments into cash holdings and higher restricted financial asset holdings.	(881,103)
Receivables were higher than budget under trade receivables from contracts with customers as a result of increased debtor balances for the Commonwealth National Partnership Agreements on COVID-19 and prepayment balances for capital projects.	(186,772)
Inventories were higher than budget due to lower consumption rates of medical and surgical supplies than expected, including rapid antigen tests.	(310,077)
Financial assets at fair value were lower than budget primarily as a result of the divestment of a number of TCorpIM fund investments into cash holdings and no new financial assets were entered into throughout the financial year.	75,786
Property, plant and equipment was higher than expected primarily due to increases resulting from revaluation adjustments not captured in the budget.	(1,862,326)
Right-of-use assets were higher than budget due to lease remeasurements and additional aeromedical and property leases.	(105,724)
Intangibles were lower than original budget primarily resulting from reduced capital spend.	156,300
Payables were lower than expected resulting from decreased operating costs and trade creditors payable at year end. This reduction was partly offset by increases in accrued salaries, wages and on-costs due to timing differences.	(121,635)
Contract liabilities were lower than budget due to the timing of meeting the specific performance obligations within contracts.	(43,366)
Borrowings were higher than expected resulting from the additional recognition of leases.	108,474
Provisions were higher than expected primarily resulting from annual leave accrued, first time recognition of parental leave accrued, contractual non employee provisions and prior period error correction on long service leave consequential on-costs.	283,116
Other liabilities were higher than budget due primarily to the recognition of increased revenue deferrals.	20,776
Net movement across several asset classes due to other minor variations.	(629)
Net assets - budget	23,921,229

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

43. Budget Review - Consolidated (continued)

CASH FLOWS

Operating activities net cash inflows were lower than budget by \$688 million attributable to receipts being lower than budget for appropriations but slightly offset by higher sale of goods and services and grants and other contributions. Similar to receipts, payments were lower than budget due mainly to lower employee related expenses.

Investing activities net cash outflows were lower than budget by \$562 million attributable to decreases in purchases of property, plant and equipment and intangibles, and increases in proceeds from the sale of property, plant and equipment and intangibles and financial assets sales.

Financing net cash outflows were higher than expected by \$14 million. This was attributable primarily to higher repayments of the principal portion of lease liabilities and service concession financial liabilities than budgeted.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

44. Financial instruments

The consolidated entity's principal financial instruments are outlined below. These financial instruments arise directly from the consolidated entity's operations or are required to finance its operations. The consolidated entity does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The consolidated entity's main risks arising from financial instruments are outlined below, together with the consolidated entity's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout these financial statements.

The Secretary of NSW Health has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risks faced by the consolidated and parent entities, to set risk limits and controls and to monitor risks. Compliance with policies is reviewed on a continuous basis.

(a) Financial instrument categories

CONSOLIDATED

Class	Note	Category	Carrying amount	
			2023 \$000	2022 \$000
Financial Assets				
Cash and cash equivalents	19	Amortised cost	2,475,288	2,887,006
Receivables ¹	20	Amortised cost	752,234	1,084,618
Contract assets ²	21	Amortised cost	2,260	1,307
Financial assets at fair value	23	Fair value through profit or loss - mandatory classification	106,470	108,386
Other financial assets	24	Amortised cost	88,587	86,490
Total financial assets			3,424,839	4,167,807
Financial Liabilities				
Payables ³	31	Financial Liabilities (at amortised cost)	1,939,732	2,373,166
Borrowings	33	Financial Liabilities (at amortised cost)	1,659,707	1,671,073
		Fair value through profit or loss - mandatory classification	624	-
Other liabilities ³	35	Financial Liabilities (at amortised cost)	213	697
Total financial liabilities			3,600,276	4,044,936

Notes

¹ Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

² While contract assets are also not financial assets, they are explicitly included in the scope of AASB 7 Financial Instruments: Disclosures for the purpose of the credit risk disclosures.

³ Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

44. Financial instruments (continued)

(a) Financial instrument categories (continued)

PARENT

Class	Note	Category	Carrying amount	
			2023 \$000	2022 \$000
Financial Assets				
Cash and cash equivalents	19	Amortised cost	426,486	614,647
Receivables ¹	20	Amortised cost	196,009	615,408
Contract assets ²	21	Amortised cost	460	363
Other financial assets	24	Amortised cost	206,553	503,828
Total financial assets			829,508	1,734,246
Financial Liabilities				
Payables ³	31	Financial Liabilities (at amortised cost)	558,973	874,095
Borrowings	33	Financial Liabilities (at amortised cost)	785	17,489
Total financial liabilities			559,758	891,584

Notes

¹ Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

² While contract assets are also not financial assets, they are explicitly included in the scope of AASB 7 Financial Instruments: Disclosures for the purpose of the credit risk disclosures.

³ Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

The consolidated entity determines the classification of its financial assets and liabilities after initial recognition and, when allowed and appropriate, re-evaluates this at each financial year end.

(b) Derecognition of financial assets and financial liabilities

A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when the contractual rights to the cash flows from the financial assets expire; or if the entity transfers its rights to receive cash flows from the asset or has assumed an obligation to pay the received cash flows in full without material delay to a third party under a pass through arrangement and either:

- the consolidated entity has transferred substantially all the risks and rewards of the asset; or
- the consolidated entity has neither transferred nor retained substantially all the risks and rewards for the asset, but has transferred control.

When the consolidated entity has transferred its rights to receive cash flows from an asset or has entered into a pass through arrangement, it evaluates if, and to what extent, it has retained the risks and rewards of ownership. Where the consolidated entity has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset continues to be recognised to the extent of the consolidated entity continuing involvement in the asset. In that case, the consolidated entity also recognises an associated liability. The transferred asset and the associated liability are measured on a basis that reflects the rights and obligations that the entity has retained.

Continuing involvement that takes the form of a guarantee over the transferred asset is measured at the lower of the original carrying amount of the asset and the maximum amount of consideration that the consolidated entity could be required to repay.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

44. Financial instruments (continued)

(b) Derecognition of financial assets and financial liabilities (continued)

A financial liability is derecognised when the obligation specified in the contract is discharged or cancelled or expires. When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as the derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised in the net result.

(c) Offsetting financial instruments

Financial assets and financial liabilities are offset and the net amount is reported in the Statement of Financial Position if there is a currently enforceable legal right to offset the recognised amounts and there is an intention to settle on a net basis, or to realise the assets and settle the liabilities simultaneously.

(d) Financial risks

i. Credit risk

Credit risk arises when there is the possibility that the counterparty will default on their contractual obligations, resulting in a financial loss to the consolidated entity. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for credit losses or allowance for impairment).

Credit risk arises from financial assets of the consolidated entity, including cash, receivables and authority deposits. No collateral is held by the consolidated entity. The consolidated entity has not granted any financial guarantees.

Credit risk associated with the consolidated entity's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards.

The consolidated entity considers a financial asset in default when contractual payments are 90 days past due. However, in certain cases, the consolidated entity may also consider a financial asset to be in default when internal or external information indicates that the entity is unlikely to receive the outstanding contractual amounts in full before taking into account any credit enhancements held by the consolidated entity.

Cash and cash equivalents

Cash comprises cash on hand and bank balances within the NSW Treasury Banking System. Interest is earned on daily bank balances at the monthly average NSW Treasury Corporation (TCorp) 11am unofficial cash rate, adjusted for a management fee to NSW Treasury. The TCorp IM Funds cash facility is discussed in market risk below.

Accounting policy for impairment of trade receivables and other financial assets

Receivables - trade receivables, other receivables, contract assets and lease receivables

Collectability of trade receivables, other receivables, contract assets and lease receivables is reviewed on an ongoing basis. Procedures as established in the Treasurer's Directions are followed to recover outstanding amounts, including letters of demand.

The consolidated entity applies the AASB 9 simplified approach to measuring expected credit losses which uses a lifetime expected loss allowance for all trade receivables, other receivables, contract assets and lease receivables.

To measure the expected credit losses, trade receivables, other receivables, contract assets and lease receivables have been grouped based on shared credit risk characteristics and the days past due.

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Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

44. Financial instruments (continued)

(d) Financial risks (continued)

i. Credit risk (continued)

Accounting policy for impairment of trade receivables and other financial assets (continued)

Receivables - trade receivables, other receivables, contract assets and lease receivables (continued)

The expected loss rates are based on historical observed loss rates. The historical loss rates are adjusted to reflect current and forward-looking information on macroeconomic factors affecting the ability of the customers to settle the receivables. The consolidated entity has not identified any relevant factors, and accordingly has not adjusted the historical loss rates.

Trade receivables, other receivables, contract assets and lease receivables are written off when there is no reasonable expectation of recovery. Indicators that there is no reasonable expectation of recovery include, amongst others a failure to make contractual payments for a period of greater than 90 days past due.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

44. Financial instruments (continued)

(d) Financial risks (continued)

i. Credit risk (continued)

The loss allowance for trade receivables, other receivables, contract assets and lease receivables as at 30 June 2023 and 2022 was determined as follows:

CONSOLIDATED

	Current	<30 days	30-60 days	61-90 days	>91 days	Total
30 June 2023	\$000	\$000	\$000	\$000	\$000	\$000
Expected credit loss rate	1.51%	5.91%	15.69%	23.99%	37.47%	15.32%
Estimated total gross carrying amount ¹	546,785	50,704	24,504	18,872	354,752	995,617
Expected credit loss	8,250	2,998	3,845	4,527	132,916	152,536
30 June 2022	\$000	\$000	\$000	\$000	\$000	\$000
Expected credit loss rate	1.32%	7.29%	15.54%	24.69%	30.81%	10.36%
Estimated total gross carrying amount ¹	859,231	39,776	24,226	15,511	369,232	1,307,976
Expected credit loss	11,303	2,899	3,764	3,830	113,765	135,561

PARENT

	Current	<30 days	30-60 days	61-90 days	>91 days	Total
30 June 2023	\$000	\$000	\$000	\$000	\$000	\$000
Expected credit loss rate	0.03%	2.43%	98.11%	0.00%	0.46%	0.33%
Estimated total gross carrying amount ^{1,2}	74,343	1,068	53	35	106,026	181,525
Expected credit loss	26	26	52	-	491	595
30 June 2022	\$000	\$000	\$000	\$000	\$000	\$000
Expected credit loss rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated total gross carrying amount ^{1,2,3}	438,836	2,153	2,163	2,137	160,031	605,320
Expected credit loss	-	-	-	-	-	-

Notes

¹ The analysis excludes statutory receivables and prepayments as these are not within the scope of AASB 7 Financial Instruments: Disclosures. Therefore the 'total' will not reconcile to the receivables total in Note 20 and the contract assets total in Note 21.

² The estimated total gross carrying amount for the parent entity also excludes receivables from controlled health entities.

³ The estimated total gross carrying amount for the parent entity has been restated lower by \$0.12 million in the prior period due to an amount being reclassified from other receivables to receivables from controlled health entities.

The consolidated entity is not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors as at 30 June 2023 and 30 June 2022.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

44. Financial instruments (continued)

(d) Financial risks (continued)

ii. Liquidity risk

Liquidity risk is the risk that the consolidated entity will be unable to meet its payment obligations when they fall due. The consolidated entity continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets. The objective is to maintain a balance between continuity of funding and flexibility through effective management of cash, investments and liquid assets and liabilities.

The consolidated entity has negotiated no loan outside of arrangements with the Crown. During the current and prior year, there were no defaults of loans payable. No assets have been pledged as collateral.

Liquidity risk is minimised by the use of service agreements between the Secretary of NSW Health and controlled health entities. The annual service agreements, requires controlled entities to manage their financial liquidity and in particular, meet benchmarks for the payment of creditors. Where the controlled entities fail to meet service agreement performance standards, the parent as the state manager can take action in accordance with annual performance framework requirements, including providing financial support and increased management interaction.

Liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. For a supplier, that has a correctly rendered invoice, a matched purchase order and where goods have been received, an immediate payment is made irrespective of current contract payment terms.

For small business suppliers, where payment is not made within the specified time period, simple interest must be paid automatically unless an existing contract specifies otherwise.

For other suppliers, where settlement cannot be effected in accordance with the above, e.g. due to short term liquidity constraints, contact is made with creditors and terms of payment are negotiated to the satisfaction of both parties.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

44. Financial instruments (continued)

(d) Financial risks (continued)

ii. Liquidity risk (continued)

The following table summarises the maturity profile of the consolidated entity's financial liabilities together with the interest rate exposure.

Maturity analysis and interest rate exposure of financial liabilities:

	EIR ³ %	Interest Rate Exposure				Maturity Dates		
		Nominal Amount ¹ \$000	Fixed	Variable	Non -	< 1 Year \$000	1-5 Years \$000	> 5 Years \$000
			Interest Rate \$000	Interest Rate \$000	Interest Bearing \$000			
CONSOLIDATED								
2023								
Payables ²		1,939,732	-	-	1,939,732	1,939,732	-	-
Borrowings:								
- Other loans and deposits	2.52	40,822	40,822	-	-	8,186	27,203	5,433
- Lease liabilities	2.84	709,575	709,575	-	-	166,800	401,665	141,110
- Service concession financial liabilities	2.42	34,927	34,927	-	-	2,257	9,631	23,039
- PPP	10.39	1,894,976	100,828	1,794,148	-	127,830	542,748	1,224,398
		4,620,032	886,152	1,794,148	1,939,732	2,244,805	981,247	1,393,980
2022								
Payables ²		2,373,166	-	-	2,373,166	2,373,166	-	-
Borrowings:								
- Other loans and deposits	2.52	49,225	49,225	-	-	8,403	30,644	10,178
- Lease liabilities	2.32	675,471	675,471	-	-	151,937	395,662	127,872
- Service concession financial liabilities	2.42	37,532	37,532	-	-	2,200	9,387	25,945
- PPP	9.67	2,004,302	109,215	1,895,087	-	123,991	526,048	1,354,263
- Other	-	46	-	-	46	46	-	-
		5,139,742	871,443	1,895,087	2,373,212	2,659,743	961,741	1,518,258

Notes

¹ The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities based on the earliest date on which the consolidated entity can be required to pay. The tables include both interest and principal cash flows and therefore will not agree to the Statement of Financial Position.

² Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

³ Weighted Average Effective Interest Rate (EIR).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

44. Financial instruments (continued)

(d) Financial risks (continued)

ii. Liquidity risk (continued)

Maturity analysis and interest rate exposure of financial liabilities:

	EIR ³ %	Nominal Amount ¹ \$000	Interest Rate Exposure			Maturity Dates		
			Fixed Interest Rate \$000	Variable Interest Rate \$000	Non - Interest Bearing \$000	< 1 Year \$000	1-5 Years \$000	> 5 Years \$000
PARENT								
2023								
Payables ²		558,973	-	-	558,973	558,973	-	-
Borrowings:								
- Lease liabilities	1.78	1,022	1,022	-	-	304	718	-
		559,995	1,022	-	558,973	559,277	718	-
2022								
Payables ²		874,095	-	-	874,095	874,095	-	-
Borrowings:								
- Lease liabilities	0.84	17,641	17,641	-	-	11,111	6,366	164
		891,736	17,641	-	874,095	885,206	6,366	164

Notes

¹ The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities based on the earliest date on which the consolidated entity can be required to pay. The tables include both interest and principal cash flows and therefore will not agree to the Statement of Financial Position.

² Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

³ Weighted Average Effective Interest Rate (EIR).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

44. Financial instruments (continued)

(d) Financial risks (continued)

ii. Liquidity risk (continued)

The following table summarises the maturity profile of the consolidated entity's derivative financial instruments. The maturity profile of the cash flows are matched to the anticipated settlement of the commercial contracts as forecasted by the consolidated entity.

Maturity analysis of derivative financial assets at fair value through profit and loss that are hedging foreign currency

	Fair Value	Maturity Dates		
		< 1 Year	1-5 Years	> 5 Years
	\$000	\$000	\$000	\$000
CONSOLIDATED				
2023				
Financial assets:				
- Derivatives - inflows	11,670	43,837	81,887	28,687
- Derivatives - outflows	(624)	(41,115)	(75,572)	(25,098)
	11,670	2,722	6,315	3,589
2023				
Financial liabilities:				
- Derivatives - inflows	(624)	44,226	-	-
- Derivatives - outflows	(624)	(44,607)	-	-
	(624)	(381)	-	-
2022				
Financial assets:				
- Derivatives - inflows	11,501	30,574	30,352	83,612
- Derivatives - outflows	(624)	(28,937)	(26,991)	(79,183)
	11,501	1,637	3,361	4,429

Notes

Cash outflows in foreign currencies are translated at prevailing spot rates on reporting dates.

The consolidated entity had no derivative financial liabilities at fair value for the year ended 30 June 2022.

The parent entity had no derivative financial assets or liabilities at fair value for the year ended 30 June 2023 or 2022.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

44. Financial instruments (continued)

(d) Financial risks (continued)

iii. Market risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. The consolidated entity's exposures to market risk are primarily through interest rate risk on the consolidated entity's borrowings, foreign currency risk and other price risks associated with the movement in the unit price of the Hour Glass Investment Facilities. The consolidated entity does not enter into commodity contracts.

The effect on net result and equity due to a reasonably possible change in risk variable is outlined in the information below for interest rate risk, foreign currency risk and other price risk. A reasonably possible change in risk variable has been determined after taking into account the economic environment in which the consolidated entity operates and the time frame for the assessment (i.e. until the end of the next annual reporting period). The sensitivity analysis is based on risk exposures in existence at the Statement of Financial Position reporting date. The analysis was performed on the same basis for 2022. The analysis assumes that all other variables remain constant.

Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. Exposure to interest rate risk arises primarily through the consolidated entity's interest bearing liabilities.

However, controlled entities are not permitted to borrow external to the Ministry of Health (energy loans which are negotiated through NSW Treasury are excepted).

Both NSW Treasury and Ministry of Health loans are set at fixed rates and therefore are generally not affected by fluctuations in market rates. The consolidated entity does not account for any fixed rate financial instruments at fair value through profit or loss or at fair value through other comprehensive income. Therefore, for these financial instruments, a change of interest rates would not affect the carrying value or interest paid / earned.

A reasonably possible change of +/-1% is used consistent with current trends in interest rates (based on official RBA interest rate volatility over the last five years). The basis will be reviewed annually and amended where there is a structural change in the level of interest rate volatility.

The following table demonstrates the sensitivity to a reasonably possible change in interest rates:

CONSOLIDATED	2023		2022	
	-1%	1%	-1%	1%
	2023		2022	
	(\$'000)		(\$'000)	
Net result	(10,098)	10,098	(14,101)	14,101
Equity	(10,098)	10,098	(14,101)	14,101
PARENT	2023		2022	
	(\$'000)		(\$'000)	
Net result	(6,330)	6,330	(11,185)	11,185
Equity	(6,330)	6,330	(11,185)	11,185

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

44. Financial instruments (continued)

(d) Financial risks (continued)

iii. Market risk (continued)

Foreign exchange risk

Exposure to foreign exchange risk arises primarily through the contractual commercial transactions denominated in a foreign currency. The risk is measured using sensitivity analysis and cash flow forecasting.

The consolidated entity manages its foreign exchange risk by maintaining foreign currency denominated bank accounts or buying foreign currency from TCorp at the time of purchase commitment, or enters into derivative economic hedges with TCorp in accordance with the consolidated entity's risk management policies.

At year end, the consolidated entity did not hold any foreign currency denominated monetary assets and monetary liabilities, except for cash held in a US dollar denominated bank account. All funds held at year end in foreign currency are expected to be used to settle existing purchase commitments that are denominated in US currency.

The consolidated entity has outstanding forward foreign exchange contracts entered with TCorp to hedge foreign currency risks. The forward foreign exchange contracts enable the consolidated entity to exchange fixed foreign currency for fixed AUD at specified future date, enabling cash flow certainty.

The consolidated entity is exposed to foreign exchange risks associated with commercial contracts payments denominated in foreign currency. The consolidated entity's risk management strategy is to hedge foreign currency risks by maintaining foreign currency denominated bank accounts, buying foreign currencies from TCorp at the time of purchase commitment or entering into foreign exchange derivative contracts as approved within internal policies and guidelines set out under NSW Health's Procurement Policy and broader framework under *NSW Government Foreign Exchange Risk Policy* (TPP18-03). The forward foreign exchange derivative contracts are economic hedges which enables the consolidated entity to exchange a fixed amount of foreign currency for fixed AUD amount at a specified future settlement date, ensuring cash flow certainty.

A sensitivity analysis has been disclosed for the cash held in foreign currency bank account and outstanding derivative contracts at year end. A sensitivity of 10% movement in the exchange rates has been selected for use in the sensitivity analysis at the reporting date, as this is considered reasonable, based on the current Australian dollar level and the historical volatility of the Australian dollar against the US currency. Based on the value of the Australian dollar at the reporting date as compared with the currencies below, adverse or favourable movements in the foreign exchange rates would result in an increase or decrease in the Australian dollar fair value respectively.

CONSOLIDATED

2023	+10%		-10%	
	Net result \$000	Equity \$000	Net result \$000	Equity \$000
Denominated US Dollars	3,442	(313)	382	382
Derivatives	11,046	(16,545)	20,222	20,222

2022	+10%		-10%	
	Net result \$000	Equity \$000	Net result \$000	Equity \$000
Denominated US Dollars	730	(66)	81	81
Derivatives	11,501	(12,029)	14,702	14,702

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

44. Financial instruments (continued)

(d) Financial risks (continued)

iii. Market risk (continued)

Other price risk - TCorpIM Funds

Exposure to 'other price risk' primarily arises through the investment in the TCorpIM Funds, which are held for strategic rather than trading purposes. The consolidated entity has no direct equity investments. The consolidated entity holds units in the following TCorpIM Funds trusts:

Facility	Investment Sectors	Investment Horizon	2023 \$000	2022 \$000
TCorpIM Medium Term Growth Fund	Cash and fixed income, credit, equities, alternative assets and real assets	3 years to 7 years	49,868	52,385
TCorpIM Long Term Growth Fund	Cash and fixed income, credit, equities, alternative assets and real assets	7 years and over	44,932	44,500

The unit price of each facility is equal to the total fair value of net assets held by the facility divided by the total number of units on issue for that facility. Unit prices are calculated and published daily. TCorp as trustee for each of the above facilities is required to act in the best interest of the unit holders and to administer the trusts in accordance with the trust deeds. As trustee, TCorp has appointed external managers to manage the performance and risk of each facility in accordance with a mandate agreed by the parties. A significant portion of the administration of the facilities is outsourced to an external custodian.

Investment in the TCorpIM Funds facilities limits the consolidated entity's exposure to risk, as it allows diversification across a pool of funds with different investment horizons and a mix of investments.

TCorp provides sensitivity analysis information for each of the Investment facilities, which is used to demonstrate the impact on the funds' net assets as a result of a change in the unit price. This impact is based on a sensitivity rate of 10%, multiplied by the redemption value as at 30 June each year for each facility (balance from TCorpIM Funds statement). Actual movements in the price risk variables may differ to the sensitivity rate used due to a number of factors. The TCorpIM Funds are measured at fair value through profit or loss and therefore any change in unit price impacts directly on net results / equity.

	Impact on net result /			
	Change in unit price		equity	
	2023 %	2022 %	2023 \$000	2022 \$000
TCorpIM Medium Term Growth Fund	+/- 10%	+/- 10%	4,987	5,238
TCorpIM Long Term Growth Fund	+/- 10%	+/- 10%	4,493	4,450

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

44. Financial instruments (continued)

(e) Fair value measurement

i. Fair value compared to carrying amount

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value measurement is based on the presumption that the transaction to sell the asset or transfer the liability takes place either in the principal market for the asset or liability or in the absence of a principal market, in the most advantageous market for the asset or liability.

The consolidated entity's fair value does not differ from the carrying amount.

ii. Fair value recognised in the Statement of Financial Position

Derivative economic hedges and TCorpIM Funds Investment Facilities are measured at fair value. Management assessed that cash and short-term deposits, trade receivables, trade payables and other current liabilities approximate their fair values, largely due to the short-term maturities of these instruments.

When measuring fair value, the valuation technique used maximises the use of relevant observable inputs and minimises the use of unobservable inputs. Under AASB 13, the consolidated entity categorises, for disclosure purposes, the valuation techniques based on the inputs used in the valuation techniques as follows:

- Level 1 – quoted (unadjusted) prices in active markets for identical assets / liabilities that the entity can access at the measurement date.
- Level 2 – inputs other than quoted prices included within Level 1 that are observable, either directly or indirectly.
- Level 3 – inputs that are not based on observable market data (unobservable inputs).

The consolidated entity recognises transfers between levels of the fair value hierarchy at the end of the reporting period during which the change has occurred.

	Level 1	Level 2	Level 3	Total
	\$000	\$000	\$000	\$000
2023				
Financial assets at fair value				
Derivatives	-	11,670	-	11,670
TCorpIM Funds Investment Facility	-	94,800	-	94,800
Financial liabilities at fair value				
Derivatives	-	624	-	624
	Level 1	Level 2	Level 3	Total
	\$000	\$000	\$000	\$000
2022				
Financial assets at fair value				
Derivatives	-	11,501	-	11,501
TCorpIM Funds Investment Facility	-	96,885	-	96,885

The consolidated entity had no financial liabilities at fair value in the Statement of Financial Position for the year ended 30 June 2022.

The parent entity had no financial assets or liabilities at fair value in the Statement of Financial Position for the year ended 30 June 2023 or 2022.

There were no transfers between Level 1, 2 or 3 during the year ended 30 June 2023 (2022: \$Nil).

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

44. Financial instruments (continued)

(e) Fair value measurement (continued)

ii. Fair value recognised in the Statement of Financial Position (continued)

The value of the TCorpIM Funds Investments is based on the consolidated entity's share of the value of the underlying assets of the facility, based on the market value. All of the TCorpIM Funds Investment facilities are valued using 'redemption' pricing.

The fair values of derivative economic hedges are determined using standard valuation technique based on the applicable market observable rates including spot rate and forward points.

45. Related party disclosures

(a) Key management personnel compensation

Key management personnel compensation is as follows:

	Consolidated 2023 \$000	Consolidated 2022 \$000	Parent 2023 \$000	Parent 2022 \$000
Short-term employee benefits	4,110	3,550	4,110	3,550
Post-employment benefits	133	72	133	72
	4,243	3,622	4,243	3,622

Compensation for the Minister for Health is paid by the Legislature and is not reimbursed by the Ministry of Health and its controlled entities. Accordingly no such amounts are included in the key management personnel compensation disclosures above.

(b) Transactions and outstanding balances with key management personnel of the consolidated entity and its parent during the financial year

There were no material transactions or outstanding balances with key management personnel of the consolidated entity and its parent during the financial year.

(c) Transactions the consolidated entity had with government related entities during the financial year

During the financial year and comparative year, the consolidated entity entered into the various transactions with other entities consolidated as part of the NSW Total State Sector (the ultimate parent) within the normal course of business.

Operating expenses incurred as follows:

- Payroll and fringe benefits taxes
- Audit of the statutory financial statements
- Cost for mobile radio network services
- Utilities, including electricity, gas and water expenses
- Property occupancy and maintenance expenses
- Insurance costs
- Legal and consultancy costs
- Records storage and retrieval expenses
- Grants and subsidies to health cluster agencies
- Personal protective equipment and rapid antigen tests granted to entities controlled by the ultimate parent
- Revenue collection services
- Project management and advisory costs for capital works projects
- Traineeship program contributions
- Various grants and other contributions.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

45. Related party disclosures (continued)

(c) Transactions the consolidated entity had with government related entities during the financial year (continued)

Revenue earned as follows:

- Appropriations as per the Appropriations Act received from Consolidated Fund
- Motor Accident Third Party revenue is received from State Insurance Regulatory Authority and Lifetime Care and Support Authority of New South Wales
- Clinical services revenue was received from the NSW Police Force, Transport for NSW and Resilience NSW
- Various grants and other contributions
- Interest income on restricted financial assets from the Crown
- Interest income and unit price movements on TCorpIM Funds Investment facilities
- Motor vehicle rebates
- Contract revenue for the construction works
- Insurance refunds
- Revenue from acceptance of long service leave liabilities and defined benefit superannuation.

Assets and Liabilities as follows:

- Receivables / payables in respect of the above noted related party revenue and expense transactions
- Some sale proceeds for non-current property, plant and equipment assets
- Right-of-use assets with Department of Customer Service
- Some funds are invested in TCorpIM Funds Investment facilities
- Forward foreign exchange derivative contracts are purchased through NSW Treasury Corporation
- Energy Efficient Government Program loans are held with the Crown.

Transactions the parent entity had with government related entities during the financial year

Further to the above transactions entered into by the consolidated entity, the parent entity entered into the following transactions within the normal course of business with entities it controlled which are consolidated as part of these financial statements:

Operating expenses incurred as follows:

- Grants and subsidies provided to health entities
- Information technology service charges.

Revenue earned as follows:

- Interest for loans made to health entities
- Revenue from short term lease arrangements
- Recovery of outgoings from short term lease arrangements.

Assets and Liabilities as follows:

- Intra-health receivables and payables
- Receivable for loans and advances made to health entities.

Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2023

45. Related party disclosures (continued)

(d) Individually significant transactions with Government-related entities

Peppercorn Lease 1: Doonside Lease

NSW Land & Housing Corporation (LHC), an entity controlled by the ultimate parent, entered into a lease agreement with Western Sydney Local Health District (WSLHD) for the lease of the land at 32 Birdside Avenue, Doonside for a 99 year period commencing on 2 December 1991 and ending on 1 December 2090. WSLHD pay a lease rental of \$1 per year to the LHC.

Peppercorn Lease 2: Mt Druitt Lease

Department of Planning and Environment, an entity controlled by the ultimate parent, has entered into a lease agreement with Western Sydney Local Health District (WSLHD) for lease of the land located at Lots 29 and 30 in Rooty Hill, Cumberland County for a 77 year period commencing from 4 November 1973 to 31 December 2050. WSLHD will pay \$1 per year to the DPIE.

46. Events after the reporting period

No other matters have arisen subsequent to balance date that would require these financial statements to be amended.

END OF AUDITED FINANCIAL STATEMENTS

NSW Health Organisations



NSW Ministry of Health

1 Reserve Road, St Leonards NSW 2065

Telephone: (02) 9391 9000

Email: feedback@health.nsw.gov.au

website: www.health.nsw.gov.au

Business hours: 9am–5pm, Monday to Friday

Secretary

Susan Pearce AM

(Biography on page 7)



Key Achievements

- Delivered world-class care, 365 days a year, 24 hours a day, across NSW, with a patient experience that is rated highly across a range of diverse measures that underscore the overwhelming confidence and trust in the health system.
- Ongoing implementation of Future Health, the NSW Health strategic roadmap that will guide NSW Health's approach to care. There has been a keen focus on action planning and measurement and governance frameworks to support our approach.
- Established the NSW Health System Advisory Council to inform frontline healthcare delivery and ensure the views and insights of healthcare professionals working across our system inform key state-wide priorities.
- Launched the 'Time for Care' initiative to reduce and streamline non-clinical and administrative work for frontline staff to free up more time for patient care.
- Release of the *Integrated Trauma Informed Care Framework: My story, my health, my future* which brings together elements of trauma-informed care and integrated care to support clients and their families and carers accessing NSW Health services.
- Delivered the Regional Health Strategic Plan 2022-2032 – a blueprint for the next decade of regional healthcare.
- The outstanding support and resilience of our people across the state during natural disasters, including severe weather events and major flooding.
- Significant ongoing investment in our current and future workforce, with a keen focus on education, training and development. NSW Health's activities include: cadetships; traineeships; increasing clinical placement capacity; providing undergraduate and post-graduate scholarship opportunities; offering rural-specific opportunities; funding placement grants; leadership development; mentoring; research grants; online training; and professional development.
- Collaborated with key stakeholders on multiple programs designed to Close the Gap and improve Aboriginal health outcomes with culturally appropriate care. Initiatives span: expanding our Aboriginal workforce; funding new multidisciplinary hub services including in regional and rural areas; the design of new alcohol and drug services, and delivering diversion programs in partnership with the Department of Communities and Justice.
- Established a Climate Risk and Net Zero Unit to underpin our goal of a climate-resilient and sustainable health system. The NSW Health Sustainable Futures Innovation Fund was also launched, with 17 staff-led projects now underway to improve patient care and reduce our environmental footprint.
- Protected the community and responded to ongoing public health issues, including Mpox, vaping and drug alerts, in addition to the ongoing management of COVID-19. NSW Health also took time to review its operational pandemic response in order to inform responses to future public health emergencies.
- eHealth NSW completed the state-wide roll-out of the electronic Medical Record (eMR) connect program, to support a digitally enabled health system.
- Progressed our Virtual Care Strategy and expanded virtual care to deliver a range of benefits from providing people more convenient access regardless of their location, including from their own homes; to opening up exciting new models of care including greater metropolitan and regional collaboration between clinicians and allied health professionals.
- Provided high-quality, evidence-based cancer information. The Cancer Institute NSW expanded eviQ; an online resource providing evidence-based, peer-reviewed cancer treatment protocols and information and uptake increased 36%.
- Expansion of the Regional Health Division Single Employer Model which allows local health districts to employ rural generalist trainees to work in local hospitals and general practices while completing their training. The innovative model helps attract doctors to work in regional, rural and remote hospitals to improve access to primary care and essential medical services in regional communities.
- Traditional paper-based parental vaccination consent moved online in January 2023 and within six months 85% of consent for school vaccinations was provided online.
- The NSW Sexually Transmissible Infections (STI) Strategy 2022-2026 was released in September 2022, with a new focus on equity and access to testing and treatment to safeguard the sexual health and wellbeing of everyone living in NSW.

- *Connecting, listening and responding: A Blueprint for Action – Maternity Care in NSW* was published in March 2023 and aims to ensure all women in NSW receive respectful, evidence-based and equitable maternity care that improves experiences and health and wellbeing outcomes.
- Health Infrastructure continued to progress the \$669.8 million Statewide Mental Health Infrastructure Program to support delivery of mental healthcare reform across NSW.
- The *Healthy Eating and Active Living Strategy 2022-2032* launched in September 2022 and outlines our approach to addressing overweight and obesity by enabling healthy eating and active living across the community.
- The whole of health planning to support the safe and successful delivery of internationally renowned events such as Sydney World Pride and VIVID.

Statutory health corporations

Agency for Clinical Innovation

1 Reserve Road, St Leonards NSW 2065
 Telephone: (02) 9464 4666
 Email: aci-info@health.nsw.gov.au
 Website: www.aci.health.nsw.gov.au
 Business hours: 8:30am–5pm, Monday to Friday

Chief Executive Dr Jean-Frédéric Levesque

(Biography on page 11)



Year in review

This year, the Agency for Clinical Innovation continued to deliver outstanding, diverse, award-winning projects that enhanced the provision of clinical care across NSW.

The NSW Telestroke Service won two NSW Health Awards, and our Finding Your Way team were finalists for their shared decision-making model. The Patient Reported Measures team were also finalists in the prestigious Premier's Awards.

We published our new strategy which signals a change in how we work together and partner with clinicians, consumers, system leaders and innovators. We are focused on pushing the boundaries of innovation and projects that drive transformational change.

This year our governance structure changed from being board-governed to being a chief executive-governed organisation. I would like to thank the former Agency for Clinical Innovation Board who provided more than a decade of strong leadership and guidance to our organisation.

I am very proud of the overwhelmingly positive culture that our staff continue to foster, and I thank them for their dedication to the agency.

Key achievements

- Supported the adoption of *My rehab, my journey – Gadjigadji* in 35 sites across NSW, guiding clinicians and health staff to create a culturally safe environment for Aboriginal people in long stay hospital wards. Gadjigadji was co-designed with Aboriginal workforce and community, and improves experiences of care using clinical yarning, videos, artwork, stories and tools.
- Supported the implementation of Immune Effector Cell treatments, which modulate particular cells of the immune system to target infections or cancer. The standard frontline therapies for B cell haematological cancers are generally successful, resulting in a five-year relative survival rate of up to 90%, particularly in Australians up to 39 years of age.
- Launched a new Evidence Digest to share emerging, significant innovations that have the potential to change clinical practice and delivery. Editions of the digest covered artificial intelligence in health, alternative models of care, and digital tools and technology.
- Completed eight rounds of the Stroke Rural and Regional Mentorship Program, which supported the skill development of rural-based stroke clinicians. The program provided clinicians with rotations through high-volume metropolitan stroke centres and peer support from senior stroke clinicians.
- Implemented *Be Pain Smart*, an innovative model of care, online resource and training program aimed at reducing the impact of chronic pain for people living with a spinal cord and/or brain injury. Results from a sample of adult patients showed 75% reported clinically significant improvement in pain scores.
- Published 12 evidence-based guides, tools and resources to support clinicians and health services to improve elective surgery in NSW. The resources cover value-based surgery, enhanced recovery after surgery, rehabilitation, and same-day joint replacement surgery.

- Published a digital guide on *effective communication in neonatal services* to provide advice, tools and resources that enhance in-person and virtual communication with families and carers of babies in a neonatal intensive care unit or special care nursery.
- Launched the new look Innovation Exchange, an online platform to share and promote innovative projects taking place across NSW Health. The platform showcases local projects submitted by clinicians that can be adapted to suit healthcare challenges in other areas without the need to duplicate work.
- Published an interactive guide to support local health districts and community partners to deliver healthcare to refugee communities in regional NSW. The guide documents how districts have established trauma-informed and culturally safe services for people from refugee backgrounds and their learnings along the way.
- Continued to scale patient reported measures across health services, giving patients the opportunity to provide direct, timely feedback about their experiences. More than 77,000 surveys were completed by consumers and carers across 25 different patient cohorts.

Bureau of Health Information

1 Reserve Road, St Leonards NSW 2065

Telephone: 9464 4444

Email: BHI-enq@health.nsw.gov.au

Website: www.bhi.nsw.gov.au

Business hours: 8:30am–5pm, Monday to Friday

Chief Executive Dr Diane Watson

Dr Diane Watson has led the establishment of three reporting agencies in Australia that use big data to drive decisions on healthcare provision nationally and locally. For more than 30 years, Diane has held senior management positions measuring, monitoring and reporting on the performance of healthcare systems to drive improvements in health, patient care and productivity. Diane was the inaugural Chief Executive Officer of the Victorian Agency for Health Information and the inaugural Chief Executive of the National Health Performance Authority.



Year in review

In 2022-23, the Bureau of Health Information further enhanced the value of its healthcare performance reporting to ensure it continues to inform improvements and strengthen accountability across the NSW Health System.

This was achieved by pursuing innovations and efficiencies that allowed quicker delivery of high-value insights into health services in areas that matter most to patients.

A major focus of this work was the NSW Patient Survey Program, with significant improvements to processing times that will allow the bureau to provide results sooner to healthcare professionals, system managers and policymakers.

The Bureau continued to ensure its reporting is aligned with health system priorities. This was achieved through the introduction of targeted questionnaire modules in areas such as ambulance services, elective surgery, virtual care and Aboriginal patient experiences, and new short-form reports to deliver high-value insights based on advanced analysis of the results.

The Bureau also responded again to the need for information related to the COVID-19 pandemic through major report series *Healthcare in Focus* and *Healthcare Quarterly*.

To ensure the full benefits of those initiatives are realised, in 2022-23 the Bureau embedded its ongoing program of information sessions with hundreds of key representatives across NSW Health, with attendees shown how to access and use the data to drive improvements to health services.

Key achievements

- Informed healthcare improvements by surveying more than 70,000 patients about their experiences with NSW public hospital and ambulance services, using advanced analytic methods to deliver high-value insights into health system performance.
- Delivered unique and high-value reporting on experiences that matter to Aboriginal people, based on feedback from thousands of Aboriginal adults admitted to hospital, through a bespoke survey module developed in partnership with the Centre for Aboriginal Health.
- Increased public access to important healthcare performance information through ongoing digital improvements with a 9% increase in web visits, and a 63% increase in media mentions.
- Improved timeliness of reporting on NSW Patient Survey Program results through innovations in sampling, data collection and delivery. The timelines for the Adult Admitted Patient Survey 2022 and Virtual Care Survey 2022 were reduced by nine and 15 weeks respectively.
- Increased awareness and use of Bureau of Health Information data to improve health services by presenting an ongoing program of information sessions to more than 800 senior executives, health system managers and clinicians.
- Delivered further insights into the performance of the health system during the pandemic by publishing *Healthcare in Focus* and four issues of *Healthcare Quarterly*, featuring detailed information about the activity and performance of NSW public hospital and ambulance services.

- Informed improvement by providing system managers and clinicians with updated information on mortality rates and risk-standardised 30-day mortality ratios for seven clinical conditions, and reported new analysis into excess mortality in *Healthcare in Focus*.
- Strengthened the NSW Patient Survey Program by introducing agile questionnaire modules on high-priority areas, including ambulance services, elective surgery and virtual care. This enabled publication of the first short-form *Insights Series* report on patients' experiences with ambulance services to deliver high-value insights.
- Continued to maximise the value and use of Bureau of Health Information data through data linkage and sharing, including bringing together concurrent admission episode information with survey results, and developing our secure data analytics environment, making data available to experts with the skills to produce high-value insights.
- Provided excellent governance and management to secure a sixth consecutive external audit with no management letter from the Audit Office NSW, and continued to perform strongly on the Employee Engagement and Culture Index scores.

Cancer Institute NSW

1 Reserve Road, St Leonards NSW 2065

Telephone: (02) 8374 5600

Email: information@cancer.nsw.gov.au

Website: cancer.nsw.gov.au

Business hours: 9am–5pm, Monday to Friday

Chief Executive Professor Tracey O'Brien

Professor Tracey O'Brien was appointed to the position of NSW Chief Cancer Officer and Chief Executive Officer of the Cancer Institute NSW in July 2022.



With a career of more than 25 years, Tracey has emerged as a globally recognised oncologist and researcher, actively engaged in the forefront of cancer care. Her consistent achievements in fostering collaboration and driving sector innovation have earned her immense respect.

Before her current role, Tracey was Director of the Kids Cancer Centre, Sydney Children's Hospital and Director of the Transplant and Cellular Therapy Program. Tracey has held numerous high-profile national and international leadership positions, including Advisory Chair, Cancer Australia; Vice Chair (Africa, Asia and Australasia) International Centre for Bone Marrow Transplant Research and Vice President of the Australian and New Zealand Children's Oncology Group.

In recognition of her exceptional contributions, Tracey was profiled in 2023 as one of the foremost women in paediatric cancer in the world by the International Society of Paediatric Oncology.

In 2019, she was named in the Australian Financial Review's prestigious Top 10 Women of Influence, winning the Innovation category.

In addition to her medical expertise, Tracey has a Master of Law (Health) and executive MBA, and serves as a Conjoint Professor in Clinical Medicine (University of New South Wales) and Honorary Professor in Science and Engineering (Macquarie University).

Tracey's research prowess is evident through her extensive body of work, including more than 130 scientific papers and six textbook chapters, with her research cited more than 4,500 times. Tracey remains committed to mentoring the next generation of clinician leaders and maintains an active clinical practice in cancer survivorship at Sydney Children's Hospital.

Year in review

Despite improving survival rates, cancer is a significant public health issue and cause of premature death for thousands of people in NSW.

The Cancer Institute NSW provides the strategic direction for cancer control across the state, driven by the goals of the *NSW Cancer Plan 2022-2027*:

- reduce inequity in cancer outcomes
- reduce the incidence of cancer
- increase cancer survival
- enhance quality of life and experience for people at risk of and affected by cancer.

The Institute collaborates with the health system, non-government organisations, community and researchers to develop and implement person-centred cancer control initiatives aligned with the NSW Cancer Plan. A focus is equitable outcomes for groups disproportionately affected by cancer, including Aboriginal and multicultural communities.

One in three cancers can be prevented through lifestyle changes. The Institute promotes healthy living and symptom awareness through public channels, including campaigns to promote cancer screening, and smoking and vaping cessation.

The Cancer Institute NSW works to improve value-based cancer care through data analysis, benchmarking and provision of support and information to health professionals and people affected by cancer.

Through investment in world-class research that fosters innovation and builds workforce capability, the Institute is reducing the burden of cancer for people in NSW.

Key achievements

- Improved person-centred cancer care by expanding the statewide model for collecting electronic patient feedback on health-related experiences and outcomes, which is now embedded in 70% of NSW local health districts.
- Increased cancer literacy and patient experience for multicultural communities through co-designed print, web and audio-visual resources on cancer prevention, screening, care and clinical trials in 38 community languages.
- Supported best practice cancer care by maintaining more than 1,100 evidence-based cancer treatment protocols, releasing an updated anti-cancer drug administration course, and producing the first international clinical guidelines on drug dosing in kidney dysfunction.
- Worked towards achieving equitable cancer outcomes and improving culturally safe and responsive care for Aboriginal people by embedding Aboriginal care coordinators in cancer services and partnering with the Aboriginal Health & Medical Research Council to deliver the NSW Aboriginal Cancer Primary Care Pathway.
- Reduced the impact of cancer on people with diverse genders and sexualities by partnering with ACON to deliver tailored anti-tobacco and cervical screening campaigns, plus eLearning for health professionals, to improve inclusive and safe care.
- Promoted early detection of breast, bowel and cervical cancers through the delivery of comprehensive screening programs with focused approaches for Aboriginal and multicultural communities.
- Delivered public health campaigns to reduce smoking rates, address vaping in young people, increase skin cancer protection behaviours and promote participation in cancer screening. Through driving positive behaviour change and keeping people well, these campaigns deliver a return of up to \$13.50 for every dollar invested.
- Achieved the highest screening year in the history of BreastScreen NSW, with nearly 372,000 people having a breast screen.
- Addressed smoking and vaping by supporting health professionals to offer brief cessation advice during antenatal, primary care and cancer treatment consultations, providing quit support services, and through public education campaigns.
- Invested \$24 million in cancer research and clinical trials to drive improvements in cancer care and survival.

Clinical Excellence Commission

1 Reserve Road, St Leonards NSW 2065
 Locked Bag 2030
 Telephone: (02) 9269 5500
 Email: cec-spc@health.nsw.gov.au
 Website: www.cec.health.nsw.gov.au
 Business hours: 8:30am–5pm, Monday to Friday

Chief Executive Adjunct Professor Michael C. Nicholl



Professor Michael Nicholl joined the Clinical Excellence Commission as Chief Executive in August 2022 after a distinguished 40-year clinical career spanning specialist obstetric and gynaecologist roles. He was also the Senior Clinical Advisor Obstetrics to NSW Health for 15 years. Michael is a leader of excellence in safety and quality in healthcare with a firm focus on NSW public health services.

His practical experience across operational and strategic issues, together with clinical academic expertise and insight into the broader quality and safety agenda in healthcare, place him in a select group of experts in healthcare risk and measurement.

He was the first obstetrician in Australia to become a fellow of the Australasian Association for Quality in Health Care, and has worked with the Australian Institute for Health and Welfare and the Australian Commission on Safety and Quality in Health Care on key patient safety issues.

In 2017 Michael won the NSW Government insurer (iCare – Treasury Managed Fund) NSW Public Sector Risk Leadership Award.

Year in review

The Clinical Excellence Commission has regained energy and reinvigorated foundational work in patient safety across the NSW Health System this year. It was rewarding to see staff, the organisation, and our significant programs make positive impacts on ensuring patient safety and clinical quality in NSW public hospitals.

Our ongoing collaborations with local health districts and specialty health networks have a focus of creating safer care and improved experiences for patients and their carers within all healthcare settings.

Organisationally, this has allowed us to strengthen and restate our commitment to leading and embedding safety and quality across the NSW Health System with important foundational work, including patient safety of older persons, maternity and neonatal safety, and ongoing rigour in the space of infection prevention and control.

This year has also been a crucial time to redouble efforts in culture and capability and we remain mindful of the clear links between staff wellbeing and patient safety.

It was also a year of forging ahead with exciting new healthcare improvements, including the NSW Medicines Formulary and collaborations with eHealth on the single digital patient record. It is a motivating time to be working in healthcare quality and safety, and witness the drive health workers have to realise gains in this space.

Key achievements

- Redesigned the infection prevention and control response and escalation framework for managing infections across healthcare facilities. This responded to the changing landscape, outlining new alert levels to determine measures for preventing and managing acute respiratory infections.
- Risk-assessed 828 patient and clinical safety issues notified by the Therapeutic Goods Administration and other agencies. These notifications covered diverse healthcare issues, including medical devices (627), medicines (123) and biological agents (78). The Clinical Excellence Commission noted an increase in serious notifications with 17 systemwide critical responses issued and 47 safety alert broadcasts shared.
- Established the Medical Device Governance Program to coordinate the implementation of the Therapeutic Goods Administration Medical Device Reforms with other NSW Health agencies and identified stakeholders to improve patient safety for medical devices.
- Developed comprehensive training and eLearning modules for staff involved in serious adverse event reviews to support new NSW Health investigating and reporting requirements. Nearly 500 staff engaged in fundamentals, methodologies, and team leader workshops.
- For the Safety Culture Framework, we led a symposium on Restorative Just Learning Culture and workshops on Introductory Restorative Skills with 130 participants from 15 local health districts and special health networks. We also published a *Guide to Co-developing Restorative Just Learning Culture*.
- Facilitated two statewide Maternity Leaders Forums and four NSW Paediatric Leaders Safety and Quality Forums, collectively engaging more than 160 senior medical, midwifery and nursing clinicians to foster stronger safety systems and leadership within each maternity service and paediatric unit.
- Supported local health districts and special health networks with transitioning to the new NSW Medicines Formulary for medicines initiated in hospitals. The formulary governs the procurement and use of pharmaceuticals to support optimum clinical governance, better value healthcare and improved patient outcomes.

- Created and implemented a suite of resources to support reflective practice and staff wellbeing. Reflecting on one's work is integral to the safety and quality of healthcare. Reflective practice transforms the human experience of caring.
- Developed the Safety and Quality Essentials Pathway evaluation plan and conducted the first Partnership Survey with 19 NSW Health entities. The plan guides measurement of the impact and value of the pathway in strengthening safety system capability.
- Established the first near real-time maternity intelligence system in the nation. Weekly updated data from all public birthing facilities are aggregated and available through the QIDS MatIQ platform to provide insights into the safety and quality of maternity care.

Health Education and Training Institute

1 Reserve Road, St Leonards NSW 2065

Locked Bag 2030

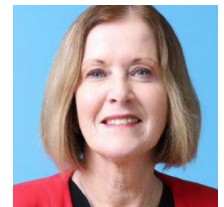
Telephone: 9844 6577

Email: heti-info@health.nsw.gov.au

Website: www.heti.nsw.gov.au and www.heti.edu.au

Business hours: 8:30am–5pm, Monday to Friday

Chief Executive Adjunct Professor Annette Solman



Annette Solman commenced as Chief Executive of the Health Education and Training Institute in June 2015. Annette is focused on strengthening relationships with health and academic partners to lead the development of innovative, contemporary evidence-based education and training for improved health outcomes that support the diverse NSW Health workforce needs.

Annette holds a Master of Nursing (Research), Bachelor of Health Science, Diploma in Health Science (Nursing) and is an Adjunct Professor at the University of Sydney and the University of Technology Sydney, and an Honorary Professorial Fellow at the University of Wollongong.

Year in review

Health Education and Training Institute (HETI) has continued to adapt the content and delivery of our education and training to serve the needs of the NSW Health workforce post pandemic.

Our world-class education and training resources available on the statewide learning management system My Health Learning continues to grow, while older resources are reviewed to be refreshed or retired.

Our mandate to provide leadership and management training for NSW Health included delivering the People Management Skills Program to more than 1,250 participants across NSW Health with a completion rate of more than 90%. This year, we reviewed, redesigned and piloted the Medical Leadership and Management program for Clinical Heads of Department, focusing on skills and knowledge directly applicable to the NSW Health context. A new stage three leadership course was designed and developed, and being delivered to our psychiatry workforce as part of the postgraduate course in psychiatry offered by HETI Higher Education.

To support the Premier's priorities, we developed the units of *Core Suicide Prevention* and *Engagement with people who may be suicidal* as training resources for NSW Health staff. We also prepared the Workplace Learning Proposal for implementation as part of the Zero Suicides in Care approach with the Mental Health Branch and Agency for Clinical Innovation.

Key achievements

- Developed a new pathway and e-learning modules for *Between the Flags - Deteriorating Patient* training in collaboration with the Clinical Excellence Commission.
- Developed the NSW Health Virtual Care Education Framework 2022-2026 in collaboration with the NSW Ministry of Health Virtual Care Taskforce.
- Developed a new website to support the expansion of the Rural Generalist Medical Training Program and for junior doctors to find rural opportunities for training.
- Developed and piloted the NSW Health General Manager Training Program.
- Delivered Financial Management Essentials training to staff from 31 NSW Health organisations.
- Facilitated clinical placements for 31,428 students with 59,034,493 student placement hours across NSW Health.
- Administered \$8.4 million in 28 scholarships and grants to 1,842 student recipients and a further \$0.7 million for Rural and Regional Scholarships to 232 student recipients on behalf of the NSW Ministry of Health to support upskilling NSW Health staff and clinical workforce recruitment.
- Allocated 1,090 medical students to NSW intern positions for clinical year 2023.
- Modularised the curriculum for post graduate qualifications in Applied Mental Health Studies to 50-hour units of study that qualify as microcredentials.
- Commenced preparations for the implementation of the new National Framework for Prevocational Medical Training in NSW.

Specialty health networks

Justice Health and Forensic Mental Health Network

1300 Anzac Parade, Malabar NSW 2036
 Telephone: (02) 9700 3000
 Email: JHFMHN-Admin@health.nsw.gov.au
 Website: www.justicehealth.nsw.gov.au
 Business hours: 8am–5pm, Monday to Friday

Chief Executive Wendy Hoey

Wendy Hoey is an experienced health leader and registered nurse, has a Graduate Certificate in Health Management and is currently studying a Master of Business Administration and Public Health at Torrens University.



Wendy has more than 20 years' experience in senior health management roles within the public sector. Prior appointments include Executive Director for Central Queensland Hospital and Health Service and Nursing Director for the Central Queensland Mental Health Service.

Wendy joined Justice Health and Forensic Mental Health Network as Executive Director of Clinical Operations in 2019, before being appointed Chief Executive in 2022.

Year in review

Justice Health and Forensic Mental Health Network (Justice Health NSW) provides safe, equitable and compassionate care to some of the most vulnerable patients across secure inpatient, custodial, court and community settings.

Our patient journey is of the utmost importance. With our 10-year strategic plan *Together for Healthier Tomorrows* in place, we are transforming our services to deliver a model of care that supports patients from initial reception and during their custodial sentence, all the way to release and reintegration into the community.

Throughout the year, Justice Health NSW has built on the solid foundations already in place to support increased collaboration, expansion of community partnerships to enhance care pathways, deliver new and innovative diversion and early intervention programs, and improve Aboriginal health outcomes in ongoing efforts to Close the Gap.

Our shared ambition is to impact the lives of our patients for the better. Our staff continue to illustrate unwavering dedication, champion change, and lead innovative research to tackle health inequalities in our patient population.

Key achievements

- Provided 3.98 million treatment events in NSW correctional settings in the 2022-23 financial year.
- Administered 6,673 COVID-19 vaccinations since July 2022 and 3,861 influenza vaccinations as part of the vaccination program, ensuring our patients have access to vaccination in line with community standards.
- Completed an organisational realignment with the establishment of a new executive leadership team. This includes the appointment of an inaugural Director Aboriginal Health to elevate the visibility of Aboriginal health and strengthen our Aboriginal workforce.
- Received funding to expand the Statewide Community and Court Liaison Service, which successfully diverts up to 2,300 people each year away from custody and into community-based mental health programs. In the next three years, the service will expand from 21 locations into a further 37 (36 Local Courts and the Surry Hills Police Cells) across NSW.
- Launched the Patient Health Information Portal on digital tablets in adult correctional centres following extensive collaboration with Corrective Services NSW. The portal contains vital health information, empowering patients to learn more about their health.
- Commenced expansion of drug and alcohol treatment pathways to people in custody and on remand – a direct outcome of the Special Commission of Inquiry into the Drug 'Ice'. Two new pathway programs have been implemented statewide, including the Alcohol Treatment Pathway and Stimulant Treatment Pathway, to improve individual health outcomes.
- Delivered large-scale Hepatitis C testing through dried blood spot and point of care testing programs after receiving a \$581,000 funding. As a result, Hepatitis C rates in NSW prisons have decreased from 13-15% in 2017 to 6-8% in 2023.
- Embedded health clinicians in the newly established Dubbo Drug Court which offers a health intervention pathway for offender reform. This critical achievement increases participant access for those in regional and rural communities and aims to reduce drug dependence and break the cycle of offending.
- Delivered the patient self-referral phone line pilot increasing access and opportunity for patients to discuss health concerns directly with nursing staff instead of via a paper-based form.

- Pioneered the first epidemiological People in NSW Public Prisons study to leverage real-world, routinely collected data to investigate the health and service utilisation of adults in NSW public prisons. The study builds our capacity to utilise real-world, large-scale data to identify important trends in health and service utilisation needs of people in custody.

The Sydney Children's Hospitals Network

Hawkesbury Road, Westmead NSW 2145

Telephone: (02) 9845 0000

Website: www.schn.health.nsw.gov.au

Business hours: 8am–5pm, Monday to Friday

Chief Executive Adjunct Associate Professor Cathryn Cox PSM



Cathryn Cox has extensive experience as a Senior Executive within NSW Health in relation to a wide range of health policy, planning, infrastructure, service development and strategic reform strategies and programs. Cathryn has been the Chief Executive of The Sydney Children's Hospitals Network since August 2020. Her early role as a physiotherapist at Royal Prince Alfred Hospital paved the way for a long-term career in health and she remains committed to a health system that is focused on delivering outcomes that matter to patients and their families, and which delivers the experiences that our patients, families and our staff deserve.

Cathryn is passionate about the role of The Sydney Children's Hospitals Network in providing world-class patient-centred care for children and young people and their families, as well as ground-breaking health research and its translation into clinical practice. Cathryn received a Public Service Medal in the 2018 Australia Day Honours awards. She is a member of a number of boards and an Adjunct Associate Professor at the University of Sydney

Year in review

The Sydney Children's Hospitals Network, incorporating Sydney Children's Hospital, Randwick, The Children's Hospital at Westmead, the Newborn and Paediatric Emergency Transport Service, Bear Cottage and the Children's Court Clinic, is the largest provider of paediatric health services in Australia.

In 2022-23, The Sydney Children's Hospitals Network cared for 159,354 children with 58,984 hospital admissions to The Children's Hospital at Westmead and Sydney Children's Hospital, Randwick (excluding virtualKIDS); 105,734 emergency department presentations; and 1,109,085 occasions of service for

non-admitted patients. Bear Cottage, the only children's hospice in NSW, had 260 admissions and the Newborn and Paediatric Emergency Transport Service conducted 3,834 retrievals.

Following a successful trial at the Network, the virtualKIDS service was permanently established, providing care closer to home and helping keep children out of emergency departments. Almost 10,000 patients were cared for by the service.

We introduced our organisational improvement plan in response to feedback from staff, outlining our commitment to a positive and productive work environment. Following extensive consultation, we also launched the Network's *Strategic Plan 2023-27* – our roadmap for realising our aspirations as a world-leading health service for children, young people and their families. We also welcomed a record number of Junior Medical Officers to the Network.

Major capital works continued at Randwick and Westmead. After completing the detailed design phase involving extensive consultation, contractors have been procured for the principal works at both sites and construction is well underway on both sites.

Key achievements

- Pioneered ground-breaking clinical trials and research, including Australian-first trial for Diffuse Intrinsic Pontine Glioma, a world-first trial for ependymoma, an Australian-first study into Acute Lymphoblastic Leukaemia and led research into Spinal Muscular Atrophy.
- Our leading experts recognised for significant contributions to paediatric healthcare: Dr Sudarshini Ramanathan won the Premier's prize for Science and Engineering; Professor Ian Alexander awarded the 2022 Peter Wills medal; Dr Matthew Crawford AM recognised in the King's Birthday Honours; Professor David Isaacs awarded the Howard Williams Medal; Dr Frank Martin awarded the Marshall M Parks Silver Award.
- We progressed our commitment to achieving net zero by 2035 by developing a Net Zero Pathway project to measure our carbon footprint, identify carbon hotspots and establish a framework of actions. We also introduced the Decarbonising Cancer Care Program, which was a finalist at the 2022 NSW Premier's Awards.
- Recognised as leaders in our field: our emergency departments rated among the best in NSW in Bureau of Health Information Emergency Department Patient Survey.
- Launched Huddle for Change pilot project, aiming to better link young people with community-based services following discharge, ensuring they receive appropriate care once they leave the emergency department. The project aims to improve outcomes for young people facing mental health and psychosocial challenges.
- Our fundraising partner, the Sydney Children's Hospitals Foundation, raised record-breaking funds at the 2023 Gold Dinner for the Kookaburra Centre, a ground-breaking Kids Complex Care Centre for children and young people.
- First paediatric heart transplant service in NSW announced, reducing the need for families to travel interstate for life-saving surgery.
- Unveiled prototype spaces for the hospital redevelopments at Randwick and Westmead which show the size, layout and functionality of clinical spaces and bedrooms and were developed in consultation with staff, our children and families, donors and consumer groups.
- Introduced leadership development opportunities through the development pathway for our Nursing Unit Managers, the Leading with Impact program with South Eastern Sydney Local Health District and Australian Graduate School of Management, and the Reflective Clinical Supervision program, aimed at developing understanding of complex human and ethical issues in the workplace.
- Instigated Parent and Carer Wellbeing Snapshots at Randwick and Westmead, collecting feedback on their experiences in the hospitals, which has led to improved refurbishment in parent and carer bathroom facilities and environmental audits of clinical spaces at Randwick.

St Vincent's Health Network

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Website: svhs.org.au

Business hours: 9am–5pm, Monday to Friday

Chief Executive A/Professor Anthony M. Schembri AM

Anthony M. Schembri AM joined St Vincent's Health Network Sydney as Chief Executive Officer in 2014. He is a Board Director of the Central and Eastern Sydney Primary Health Network, the Garvan Institute for Medical Research, the Victor Chang Cardiac Research Institute, the St Vincent's Curran Foundation, the National Centre for Clinical Research of Emerging Drugs of Concern, Co-Chair of the Nursing Research Institute of the Australian Catholic University/St Vincent's and Councillor for Sydney Partnership for Health Education Research Enterprise. Anthony holds academic appointments with the University of New South Wales, University of Notre Dame Australia and the Australian Catholic University.



Year in review

The past year has been one of COVID-19 recovery for St Vincent's Health Network Sydney.

Having wound down all of our COVID-19 testing sites and vaccination clinics, St Vincent's achieved elective surgery access targets and delivered above 2018-19 activity levels by utilising contracted care models, increasing theatre capacity, developing 23-hour clinical pathways and utilising short stay models.

St Vincent's led preparations and readiness for World Pride Sydney, with an estimated 78,000 tourists coming to Sydney, predominantly concentrated in Sydney's inner city areas in close proximity to our health service. In response, we established the Pride Health Hub, providing free Mpox vaccinations, sexual health and HIV checks.

We were also formally recognised by NSW Health as a Health Innovation Precinct, and have commenced work to elevate the St Vincent's Sydney Health Innovation Research Precinct in collaboration with our partners – St Vincent's Clinic, St Vincent's Private Hospital Sydney, the Garvan Institute of Medical Research and the Victor Chang Cardiac Research Institute, to the benefit of all Australians.

Key achievements

- Opened a new state-of-the-art, hybrid trauma operating suite. The theatre houses the newest hybrid technologically available – Resuscitation with Angiography, Percutaneous Techniques and Operative Repair. The new theatre provides a one-stop-shop for treating the most critical trauma patients.
- Commenced a Mpox vaccination centre in response to the Communicable Disease Incident of National Significance as described by the Chief Medical Officer.
- Commenced a new Chronic Care Service for Aboriginal patients. The service supports Aboriginal patients living with chronic health issues, including cardiac disease, cancer, renal disease, diabetes and lung disease. Additionally, support is given to patients with other complex conditions affecting their health, including mental ill health, substance use and homelessness.
- Opened the Eating Disorders Outpatient Clinic to provide continuum of care for eating disordered patients upon discharge as well as people in the community who are not engaging with dedicated professional help for their disordered eating.
- Launched the inaugural St Vincent's Sexuality and Gender Diversity Strategy for Continuous Improvement to deliver healthcare service that is driven by equity, and a sense of belonging for all sexuality and gender diverse people who come into our care, as well as our colleagues.
- Discovered the biomarker responsible for cognitive decline in patients with Long COVID.
- Commenced a Walk-in Home and Housing Clinic in partnership with local non-government organisation partners, Way2Home. The service which includes Peer Support Workers and Aboriginal Health Workers provides support with pathways to permanent housing, case management and general health support for people sleeping rough.
- Implemented a remote patient monitoring and electronic medication management system enabling Hospital in the Home to be fully digitalised, facilitating rapid responses to changing priorities, while maintaining patient and clinical safety. The improved data sharing and medication management, provided clinical decision support tailored to Hospital in the Home, flexibility to patient or nurse-managed medication administration, and medication reconciliation.
- Conducted a major study detailing the impact of heat and hot weather on human health, particularly for older populations and for people sleeping rough. The published findings include practical strategies to mitigate the dangers of heat related presentations on our vulnerable communities.
- Performed an Australian-first heart valve replacement without invasive surgery. Done by instead threading a new valve through the patients' arteries, especially good news for patients otherwise too unwell to undergo complicated heart surgery.

Health administration corporation

NSW Ambulance

Balmain Road, Rozelle NSW 2039

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Email: ambulance-communications@health.nsw.gov.au

Website: www.ambulance.nsw.gov.au

Business hours: 9am–5pm, Monday to Friday

Chief Executive Dr Dominic Morgan ASM



Adjunct Professor Dominic Morgan ASM has more than 30 years of ambulance experience across a broad range of roles in the areas of operations, clinical practice and leadership within ambulance services and the financial sector. After commencing his career in the banking industry, he transitioned to NSW Ambulance as a clinician and manager. Subsequently, he was appointed as Chief Executive Officer of Ambulance Tasmania in 2009 and returned to NSW Ambulance in 2016 as Chief Executive and Commissioner.

He is a board member and previous Chair of The Australasian Council of Ambulance Authorities, the peak body representing the ambulance sector in Australia and New Zealand and he has chaired a number of international sub-committees. He is also a member of the Ambulance Service Advisory Board.

Dominic has a number of professional affiliations, including adjunct professorship with the University of Technology, Sydney, as well as being a registered paramedic with Australian Health Practitioners Regulation Authority.

Dominic completed his PhD in 2018, undertaking a study into the factors that influence early access to defibrillation following out-of-hospital cardiac arrest. He also holds a Master of Business Administration, Bachelor of Health Science and a Diploma in Adult Education.

Year in review

It was an exciting year for NSW Ambulance, which was provided funding as part of the Strategic Workforce and Infrastructure Team Program.

The program supports the growing demand for services by providing funding for 2,128 more staff, vehicles and 30 new stations.

With the aim of improving performance and the safety and wellbeing of our staff, year one of the program saw more than 600 paramedics, educators, control centre and the Virtual Clinical Care Centre staff recruited and 28 new station locations announced. The draft Frontline Leadership Model and Rapid Response Model, which aim to strengthen leadership and improve management capability across frontline teams, were also released for consultation.

Despite COVID-19 and severe weather events, staff continued to work together to deliver excellence in care across NSW. The GoodSAM volunteer cardiac arrest responder app and the new monitor/defibrillator, the Corpuls3T were piloted. We also rolled out the LUCAS mechanical CPR device to every one of our frontline emergency ambulances. Five special operations team rescue paramedics and two specialist doctors were also part of the 72-member Disaster Assistance Response Team, who provided rescue and recovery support following the Türkiye earthquake.

Key achievements

- A total of 506 paramedics and educators, 73 control centre staff, and 40 full-time equivalent staff in the Virtual Clinical Care Centre, were recruited as part of Year One of the Strategic Workforce and Infrastructure Team. Twenty-eight new station locations were announced; enhanced rosters were implemented at 30 stations; and 83 vehicles were dedicated to supporting enhanced rosters. Following a review into the frontline management of staff, a consultation paper outlining a draft Frontline Leadership Model was also released.
- Stage 2 of the Rural Ambulance Infrastructure Reconfiguration program delivered new ambulance stations at Forster and Medowie. Rebuilt ambulance stations were delivered on new sites at Tumut, Casino, Tamworth and Coffs Harbour, and 17 major ambulance station refurbishments were completed.
- The Wellbeing Workshop program, designed to support the mental and physical health of the NSW Ambulance workforce was completed with more than 6,500 staff members completing the workshop since it began in 2018.
- Solar Photo Voltaic technology was installed at 70 ambulance stations. These installations saved NSW Ambulance \$271,000 in 2022-23. Solar panels and lithium batteries were installed in the entire fleet of emergency ambulances.
- The Service has developed a draft Consumer and Community Engagement Plan, a Patient Charter, and a Consumer Committee Framework. Each of these reflects the complex patient cohort and diverse needs of our patients and has been developed through more than 90 engagements with staff and consumers.

- The NEXTGEN induction course for clinical volunteers provides a scaffolded learning experience, allowing participants to commence practice under supervision, with a gradual increase in their clinical scope of practice.
- The *Next Normal: Workforce Strategy 2022-2026* was launched to respond to the pandemic and outline the approach to partnering and support for staff.
- A partnership was established with GoodSAM – a program that alerts community volunteers to nearby cardiac arrests. A pilot saw 1,249 staff members sign up as responders. Eight patients received CPR from GoodSAM responders, with one of them also receiving two shocks from a defibrillator prior to paramedics arriving.
- Across 11 local health districts, 26 new referral pathways went live. These included pathways to aged care services, community nursing and allied health, virtual care, COVID-19 and respiratory, urgent care and mental health.
- The Virtual Clinical Care Centre now provides 24/7 clinical support to the clinical workforce and clinical oversight of inter-hospital transfers scheduled to be transferred by road, ensuring patients are clinically assessed and transfer timelines are clinically appropriate. The Virtual Clinical Care Centre has proven to be capable of remote monitoring for low acuity patients during severe weather events. In periods of heightened demand, the Virtual Clinical Care Centre continues to monitor and call back patients.

Health Infrastructure

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Website: www.hinfra.health.nsw.gov.au

Business hours: 9am–5pm, Monday to Friday

Chief Executive Rebecca Wark

Rebecca Wark is an experienced leader of major infrastructure projects and has been with Health Infrastructure in various roles since 2008, overseeing the development of some of the largest hospitals and public health services across the state.

Today, she is proudly leading the delivery of the largest health capital works portfolio in NSW.

Prior to Health Infrastructure, Rebecca worked on major projects across the public and private sectors. Her experience is multisector; her first public sector role was planning and delivering venues for the Sydney 2000 Olympics, and she has since delivered facilities in education, justice and health.



Rebecca has completed studies in landscape architecture and project management. She is a strong advocate for diversity in our workplace across all roles and acts as a mentor to young professionals in business and construction. She is also a Non-Executive Director of Royal Far West.

Year in review

This year Health Infrastructure celebrated 15 years of operations and service to the NSW Health system and its communities. We progressed our largest ever \$11.9 billion capital pipeline, delivering critical new and upgraded health facilities and services on time and budget at a time when the construction sector is facing unprecedented global challenges. Forty projects were completed in 2022-23, including the first dedicated Adolescent and Young Adult Hospice in Australia, the Coffs Harbour Hospital Expansion, and Tumut Hospital Redevelopment.

Our long-term focus is the legacy we leave in our communities and ensuring the ongoing sustainability of the infrastructure and health system as a whole. In 2022-23 we released our first *Sustainability Commitment and Strategy*, which articulates the priorities for embedding social, economic, and environmental considerations into our decision-making and delivery. We also launched the *Design Guide for Health: Spaces, Places and Precincts*, in collaboration with Government Architect NSW, to support the design of functional, welcoming and inclusive health facilities that contribute to the health and wellbeing of NSW communities.

I am immensely proud that we launched our inaugural *Reflect Reconciliation Action Plan*. This commitment acknowledges our unique opportunity to listen to and learn from Aboriginal peoples as we plan and design culturally safe health facilities across NSW. It provides a framework to build on our existing relationships and positive experiences working with Aboriginal communities to strengthen connections to place and improve access to health services.

Key achievements

- Delivered \$1.57 billion in the planning and construction of health facilities, including the completion and handover of 40 projects to local health districts. This included the Adolescent and Young Adult Hospice – the first facility of its kind in Australia providing respite and end-of-life care to 15 to 24-year-old patients with life-limiting illness.
- Embedding the statewide asset management framework to strengthen performance, efficiencies and capacities across the NSW Health asset portfolio.

- Completed 16 business cases for projects with a combined total value of \$3.6 billion and four investment decision documents for projects with a total value of \$595 million.
- Awarded \$1.8 billion of construction contracts across 30 projects/programs across NSW.
- Launched a *Sustainability Commitment and Strategy* to embed social, economic, and environmental considerations into decision-making and delivery.
- Conducted four Health Innovation Precincts Community of Practice sessions for health precinct practitioners, providing access to innovative speakers, opportunities to collaborate, share knowledge and outcomes.
- The Randwick Campus Redevelopment reached a major milestone with the completion of the Prince of Wales Hospital Acute Services Building, one of our largest health infrastructure projects in NSW.
- Updated procurement processes and tender schedules to embed whole-of-life principles and desired sustainability outcomes for capital project delivery.
- Formalised commitment to reconciliation through release of the inaugural Health Infrastructure *Reflect Reconciliation Action Plan*.
- Released the *Design Guide for Health: Spaces, Places and Precincts*, a collaboration with Government Architect NSW to support the design of functional, welcoming and inclusive health facilities that contribute to the health and wellbeing of NSW communities.

HealthShare NSW

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Business hours: 9am–5pm, Monday to Friday

Chief Executive Carmen Rechbauer

Carmen Rechbauer has worked with HealthShare NSW since its inception in 2005 and was appointed to the Chief Executive role in 2018, making her responsible for leading the largest public sector shared services organisation in Australia.

She has been a senior leader in NSW Health for more than 25 years and has extensive operational experience, particularly in the planning and delivery of linen, food, and patient support services in complex public hospital settings.



In her role as Chief Executive, Carmen has focused on providing high-value shared services to the NSW Health System through increasing transparency, collaborating with system partners, embedding sustainable practices, and improving the patient experience through systemwide reform.

She holds a Master of Business Administration, has been recognised on the Top 50 Public Sector Women list for NSW, and is a past recipient of the Davidson Leadership Acceleration Program Scholarship.

Year in review

HealthShare NSW supports the NSW Health System by caring for patients, delivering high-value services, and operationalising important system reforms.

In 2022-23 we led implementation of key NSW Health Procurement Reform initiatives, SmartChain and DeliverEASE, which aim to deliver better care for patients, a better experience for clinical staff and improved procurement and supply chain practices.

We successfully managed Whole of Government Warehouse operations, issuing critical stock procured during the pandemic to all NSW Government Clusters, and halving the stockpile through innovative circular economy solutions.

In recognition of our sustainability efforts, we were awarded 'silver' status by the Department of Planning and Environment's Sustainability Advantage Recognition Scheme, making us the first NSW Health agency to achieve this maturity rating.

We are proud to have won the Recovery and Resilience category at the 2022 NSW Premier's Awards, for work undertaken by our Patient Transport Service teams during the pandemic.

We are also proud to have released our first Reconciliation Action Plan, and our *Disability Employment Strategy and Action Plan 2023-2025*. These plans support our culture of putting people first through meaningful connection, mutual respect and shared understanding, and underpin our efforts to provide staff with safe, equitable and dignified access to all aspects of their workplace.

Key achievements

- Launched three robotic process automation digital workers, Botley, ARnie and Stella to reduce the time taken to complete financial processes that were previously managed manually. In one example, Botley works alongside the Masterfile Maintenance Team checking vendor ABN details, reducing a manual process from six to two minutes per file.

- Achieved ‘silver’ status by the Department of Planning and Environment’s Sustainability Advantage Recognition Scheme, the first NSW Health agency to reach this maturity rating. This was achieved due to our work on a range of sustainability initiatives, including the EnableNSW equipment refurbishment program, completing a comprehensive baseline of our emission footprint, and achieving zero waste to landfill in a pilot food service reform program.
- Implemented and transitioned health entities to a centralised Commonwealth paid parental leave service, enabling consistent processes, improved governance and compliance resulting in fewer errors and faster payments.
- Implemented the new Texture Modified Foods statewide. The new products deliver excellent results for patients, with 80% of patients reporting an improved mealtime experience. Our range aims to provide meals that meet requirements for patients on a pureed diet that both taste and look good.
- Launched a new dispatching model in Patient Transport Service, meaning dispatchers are more available within business hours; on-road crews get a more consistent experience and build better relationships with the dispatchers for their area; and dispatchers better understand their geographical nuances and develop improved relationships with local health districts.
- Successfully piloted the Get My Assistive Technology system with two local health district sites, which supports a statewide model development.
- Developed innovative reporting hubs and improved organisational performance analytics, improving our ability, confidence and insights when making strategic and operational decisions.
- Turned 3,600 tonnes of expired sanitising wipes into sustainable floor tiles using technology developed by the University of New South Wales. The tiles will be used in a range of new hospital builds and other new government-funded infrastructure projects.
- Transformed more than 700 storerooms across 27 hospitals and trained more than 1,100 hospital staff as part of the DeliverEASE program.

NSW Health Pathology

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Business hours: 9am–5pm, Monday to Friday

Acting Chief Executive Professor Robert Lindeman February 2023 to June 2023



Professor Lindeman joined NSW Health Pathology in July 2016 and is a strong believer that public pathology is more effective when it functions as a single statewide service.

He was appointed Acting Chief Executive of NSW Health Pathology in February 2023. His substantive role is Director of Clinical Operations where he leads strategic planning and service improvements. He interacts daily with pathologists, the people who provide services in our laboratories and clinical and local health district partners.

He is a strategic thinker and enjoys responding to operational requirements and acting as an interface between clinical colleagues and local health districts.

He is also the Medical Lead for NSW Health Pathology’s Fusion program, a haematologist at the Prince of Wales Hospital and conjoint academic at University of New South Wales.

Tracey McCosker PSM July 2022 to February 2023



Tracey McCosker PSM has worked in the NSW public health system for almost 30 years and held the positions of Director of Finance, Director of Corporate Services, and Director of Clinical Services for the Hunter New England Local Health District.

Tracey was appointed Chief Executive of NSW Health Pathology in 2012 after developing a business model for an integrated statewide public pathology service.

In 2018, she was awarded an Australian Public Service Medal for her outstanding service to public health in NSW.

She has a Bachelor of Commerce (Newcastle University) and a Master of Business Administration (University of Southern Queensland). She is a member of the Australian Institute of Company Directors and a former board member for Life Without Barriers, a national not-for-profit organisation that provides out-of-home care and support services for children, refugees and people with disabilities.

Year in review

In November 2022, NSW Health Pathology marked 10 years as a statewide service, providing vital public pathology and forensic services to the people of NSW.

Just months later, we said farewell to our respected and warmly regarded founding Chief Executive Tracey McCosker PSM, who now leads the Hunter New England Local Health District.

Our people welcomed the easing of the pandemic after their tireless work on behalf of the people of NSW and let us refocus on transforming into a seamlessly connected statewide service.

We made big advances in our Fusion program to standardise technologies, processes and workflows that will deliver a new statewide laboratory information management system, an integral part of the ambitious Single Digital Patient Record program.

Our statewide NSW Public Health Pathology team worked with our laboratories and NSW Health to provide specialist testing for outbreaks and new emerging notifiable diseases, including Japanese Encephalitis, Mpox and more.

Our Forensic and Analytical Science Service provided expert scientific analysis for the NSW Drug Surveillance Strategy, informing community alerts about potentially deadly batches of illicit drugs, such as MDMA and potent opioids as part of efforts to help protect the community.

Key achievements

- Launched Collecting with Care, a training resource co-designed by collectors and patients for more than 1,300 NSW Health Pathology collectors that provided practical tips and advice on personalised patient care.
- Established a public pathology laboratory and collection service at Port Macquarie Base Hospital. It delivered point of care testing, a new Anatomical Pathology service hub and expanded onsite microbiology testing.
- Established expert Communities of Practice to standardise thousands of pathology tests and workflows as part of Fusion, our digital transformation initiative. More than 600 experts worked in 75 subgroups to standardise 38,979 items, with more to do.
- Developed and launched Pathworks, a mobile app that gives clinicians secure, timely and convenient access to laboratory results via laptops and mobile devices. It was piloted at Royal North Shore Hospital, North Shore Private Hospital and Port Macquarie Hospital and will be deployed statewide.

Launched the Forensic Medicine Information System, a fully integrated single-source-of-truth to manage coronial and non-coronial referrals across Forensic Medicine sites.

This delivered rapid and secure access to case information for all relevant forensic medicine people and external partners and improved timeframes and the experiences of bereaved families.

- Rolled out standardised instruments to replace transfusion equipment at 27 Western Sydney and rural and regional laboratories and signed a tender to replace chemical pathology and immunoassay equipment.
- Installed new robotic instruments as part of the Forensic and Analytical Science Service's Forensic DNA Robotic Replacement Project. This capitalised on technological advances and supported a critical shift in policing strategies towards intelligence-led policing and crime disruption.
- Partnered with eHealth NSW, HealthShare NSW and Health Infrastructure NSW to launch the Health Prototyping Centre. Ideas, designs and concepts were tested before products were built. Anatomical Pathologists examined augmented reality for supervision in specimen cut-up.
- Expanded technology and urine drug testing procedures to the Forensic and Analytical Science Service Drug Toxicology Unit to meet needs of expanded Drug Court NSW operation. Four liquid chromatography mass spectrometers capable of testing for up to 80 different drugs in minutes were used.
- Worked with Sydney Children's Hospitals Network to explore improvements to the delivery of paediatric pathology services across NSW and ensure patients and clinicians have access to timely and accurate results to support early diagnosis and treatment.

eHealth NSW

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Business hours: 8:30am–5pm, Monday to Friday

Chief Executive Dr Zoran Bolevich

Dr Zoran Bolevich has a background in medicine and business administration and has worked in senior health system management, health IT and data analytics leadership roles in Australia and New Zealand.



Leading a team of more than 2,500 staff, Zoran is focused on implementing the eHealth strategy for NSW Health, streamlining governance of key programs and activities, and developing a highly effective, customer-focused digital centre of excellence for NSW Health.

Zoran is well-recognised in the healthcare sector and information and communications technology industry for driving innovation and influencing rapid change across NSW Health. He is passionate about improving the health system through meaningful and effective use of digital technologies, data analytics, research and innovation, in partnership with patients, clinicians, health organisations, government and industry partners.

He represents NSW Health on the NSW Government's Information and Communications Technology and Digital Leadership Group and is a board member of the Australian Institute of Health and Welfare.

Previous roles include Director of Demand And Performance Evaluation at NSW Ministry of Health, and Executive Director, Health System Information and Performance Reporting. Zoran also oversaw the national health information strategy and architecture for New Zealand's Ministry of Health.

As well as a Doctor of Medicine, Zoran holds a Master of Business Administration and is a graduate of the Australian Institute of Company Directors, and Executive Fellow of the Australian and New Zealand School of Government.

Year in review

eHealth NSW is dedicated to transforming care delivery and experiences across NSW Health by providing secure, modern digital systems and infrastructure. Working in partnership with local health districts, specialty health networks and NSW Health organisations remains a key tenet of our work.

As we digitise healthcare, we all play a role in keeping our systems and information safe and secure. Non-technical measures, such as education, are critical. In February 2023 eHealth NSW launched a new Cyber Security Awareness training module for all NSW Health staff. Technical measures, like MedSync, enable virtual clinical collaboration so clinicians can share clinical information and images securely.

The Health Grade Enterprise Network new procurement approach for ICT networking infrastructure also strengthens virtual care capabilities. Our move to cloud adoption is delivering greater speed, and reliability to essential systems underpinning care delivery, such as cardiovascular imaging.

High-quality, integrated, accessible solutions promote digital system adoption. Involving consumers, our colleagues and industry partners is crucial in delivering systems that meet their needs and the needs of the health system. I'd like to thank everyone, including our staff, for their continued collaboration and efforts.

Key achievements

- Delivered the new NSW Health Enterprise Data Lake which is modernising the analytics capability and producing data-driven insights in NSW Health. The data lake consolidates data in near real-time, presenting a significant breakthrough for data science, machine learning, artificial intelligence and big data analytics.
- Progressed the Single Digital Patient Record program which will provide a secure, holistic, integrated view of the care a patient receives across the health system.
- Continued work on the Health Grade Enterprise Network to deliver reliable, consistent and robust infrastructure to future-proof our hospitals.
- Strengthened the security of operationally vital systems and the patient data they contain through the Essential Eight Maturity Uplift Program, as recommended by the Australian Cyber Security Centre. This program is a key foundational initiative in the Cyber Security Roadmap.
- Partnered with HealthShare NSW to deliver the whole-of-health SmartChain program from September 2022, to digitally transform supply chain and procurement systems across NSW Health facilities. This was a major milestone in the NSW Health Procurement Reform Program. SmartChain aims to simplify and digitise the source-to-pay process.
- Enabled online consent by parents and carers for school vaccinations through the Consent and Records Management for Immunisation system, which replaces the paper-based process. There were 106,503 online consent forms completed from the launch of the program in February until 30 June 2023.
- Opened the Health Prototyping Centre in August 2022, the first dedicated facility within NSW Health for the rapid testing of ideas, designs and concepts to support healthcare innovation, services and solution improvements in partnership with NSW Health Pathology, HealthShare NSW and Health Infrastructure.
- Developed the MedSync platform to help clinicians securely share clinical information, upload images and collaborate easily on the go. The platform was made available to more than 110,000 clinicians, supporting the delivery of virtual clinical collaboration across multiple settings statewide.
- Supported NSW Health staff 24 hours a day, seven days a week via the statewide Service Desk. Technical support was provided across more than 400 corporate and clinical applications. More than 500,000 calls for IT support were made to the State Wide Service Desk.
- Provided greater speed and reliability for IT and clinical services being used across NSW Health through the migration of 35% of eHealth NSW services to the cloud.

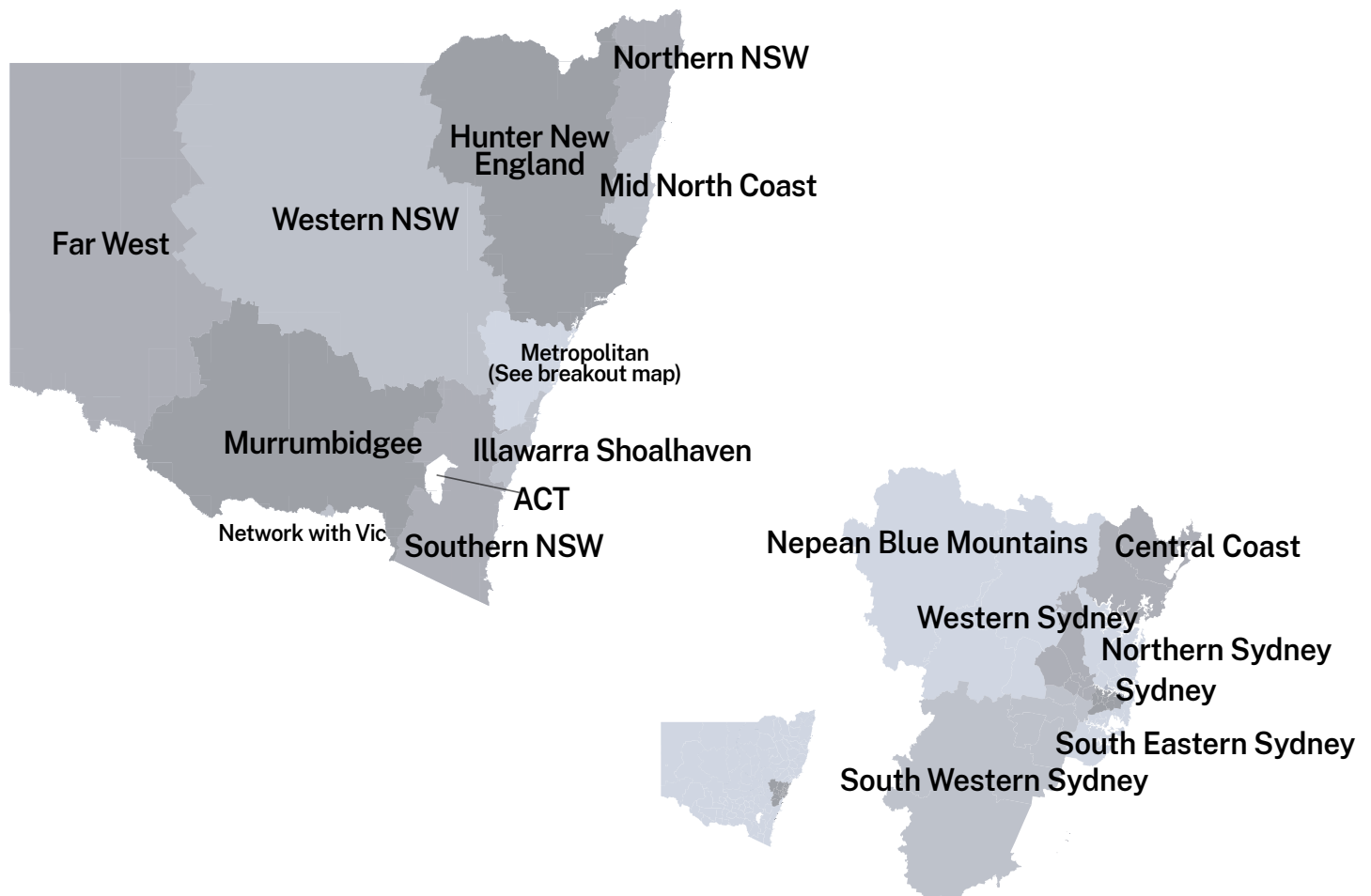
Local Health Districts

NSW Health's 15 local health districts cover metropolitan, regional, rural and remote areas across NSW, varying in both geographical size and population. Districts provide hospital, community and population-based healthcare services that meet the needs of their local community.

Providing a comprehensive range of medical specialties, the districts deliver in-hospital care, outpatient services, mental health services, child and family health services, oral health services, Aboriginal health services, and drug and alcohol rehabilitation.

Six local health districts cover the greater Sydney metropolitan regions, and nine cover rural and regional NSW.

Read on to discover each district's achievement for the year and visit their websites to find out more about the services they provide.



Central Coast Local Health District

Holden Street, Gosford NSW 2250

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Email: CCLHD-Feedback@health.nsw.gov.au

Website: www.cclhd.health.nsw.gov.au

Business hours: 8:30am–5pm, Monday to Friday

Chief Executive Scott McLachlan



Scott came on board as Chief Executive in November 2021, having held leadership roles in both private and public health systems across the past two decades. Raised in country NSW, he understands the highly complex landscape of the healthcare environment and the unique challenges of healthcare delivery in regional Australia. Scott is passionately motivated every day to lead improvements in health outcomes for the community through authentic engagement, strong collaboration with clinicians, strategic partnerships and fostering innovation. Scott was previously Chief Executive at Western NSW Local Health District for eight years.

Year in review

Central Coast Local Health District provided high-quality care to our community, working towards our vision of delivering exceptional and timely care in the right place, for every patient, every time.

We launched our Central Coast Health Care at Home program, a partnership with general practitioners, the Primary Health Network, residential aged care facilities and NSW Ambulance, to support people to receive care from community-based services as an alternative to hospital, where it is safe to do so.

Providing virtual care, aged care and a medically-led hospital in the home model, the program is delivering care where people need it while helping to free up capacity in our hospitals.

Our focus on timely access to care led to reduced wait times and meant that all of our patients had their planned surgery within the recommended timeframes for NSW.

Our staff continued to develop new ways to improve the patient experience and the care we provide, and we celebrated some of these outstanding achievements by our staff at our Caring for the Coast Awards night. A new approach to recruitment supported hiring managers in finding and retaining candidates, while wellbeing, peer support and mentoring programs were introduced to support and engage staff.

We thank our teams for their outstanding efforts, commitment and dedication.

Key achievements

- Implemented a range of pharmacy initiatives, including the NSW Medicines Formulary improving patient safety and achieving cost savings.
- Commissioned a new magnetic resonance imaging as part of the Wyong Hospital redevelopment and introduced a new mammography service to increase public access to medical imaging.
- Introduced the Cancer Services Rapid Assessment Unit providing cancer patients with an alternative, fast pathway to care in a familiar setting.

Central Coast Local Health District: Demographic summary

Size	Culture	Health challenges
194,949 km ²	11% Aboriginal or Torres Strait Islander background	Aboriginal health and wellbeing
Population size	6% born overseas	Chronic disease, including diabetes, cardiovascular disease, chronic obstructive pulmonary disease and cancer
27,994	4% speak a language other than English	Smoking during pregnancy
Projected to decrease to 24,326 by 2033	Barkandji, Wilyakali, Ngiyampaa, Muthi, Wadigali, Malyangaba and Wangkumara peoples are the traditional custodians of the land	Suicide
Age		Childhood vulnerability
17% aged 70+		
70+ age group predicted to increase to 23% by 2033		

- Progressed essential infrastructure projects including:
 - Collaborating with a diverse group of stakeholders to design and build an Aboriginal therapeutic cultural and outdoor therapy garden at headspace Lake Haven
 - Continuing works at Long Jetty Healthcare to deliver integrated community health services and an urgent care centre.
- Focused on environmental sustainability with the creation of a Net Zero Action plan and:
 - Completed a car park PV solar system which supplies around 13% of Wyong Hospital’s electricity
 - Installed two electric vehicle charging stations at Gosford Hospital to support the rollout of electric vehicles.
- Implemented an Aboriginal Liaison Service at Gosford Emergency Department to support culturally appropriate care for our growing Aboriginal population.
- Launched Rapid Access to Care and Evaluation model, providing multidisciplinary care to facilitate early and supported discharge for elderly and frail patients accessing emergency department and not requiring inpatient admission.
- Delivered an innovative program of nurse-led opportunistic vaccination for patients, delivering more than 600 COVID-19 or influenza vaccines to vulnerable patients across 25 hospital wards, nine outpatient clinics and three community centres.
- Opened the co-designed, peer-led Safe Haven at Gosford Hospital, to provide compassionate care to those in suicide distress on the Central Coast.

Far West Local Health District

2-4 Sulphide Street, Broken Hill NSW 2880
 Telephone: (08) 8080 1333
 Email: FWLHD-Feedback@health.nsw.gov.au
 Website: www.fwlhd.health.nsw.gov.au
 Business hours: 8:30am–5pm, Monday to Friday

Chief Executive Brad Astill July 2022 to June 2023



Brad Astill was appointed to the Chief Executive role in December 2022. Brad is a skilled and seasoned senior health manager with extensive expertise in overseeing a range of services, spanning from individual clinical departments to one of Australia’s most expansive tertiary/quaternary health campuses. His proficiency lies in managing complex organisations, navigating activity-based funding systems, conducting operations analysis, and facilitating comprehensive reviews. Furthermore, Brad has considerable experience with clinical service benchmarking, performance evaluations and comparative assessments. He has previously acted in a number of senior executive roles in NSW local health districts, including as the Interim Chief Executive at Far West Local Health District.

Umit Agis January 2020 to July 2022



Umit Agis was appointed to the Chief Executive role in January 2020. Umit’s career in health service delivery spans more than 25 years, with the last 15 in senior management including executive roles at Country Health SA, and at Tasmanian Mental Health Services, Forensic Mental Health Services, Prison Health, Forensic Mental Health Services and the Drug and Alcohol Services.

Far West Local Health District: Demographic summary

Size	Culture	Health challenges
194,949 km ²	13.8% Aboriginal or Torres Strait Islander background	Aboriginal health and wellbeing
Population size	6% born overseas	Chronic disease, including diabetes, cardiovascular disease, chronic obstructive pulmonary disease and cancer
27,994	4% speak a language other than English	Smoking during pregnancy
Projected to decrease to 24,326 by 2033	Barkandji, Wilyakali, Ngiyampaa, Muthi, Wadigali, Malyangaba and Wangkumara peoples are the traditional custodians of the land	Suicide
Age		Childhood vulnerability
17% aged 70+		
70+ age group predicted to increase to 23% by 2033		

Year in review

The focus for Far West Local Health District in 2022-23 was consolidating relationships and partnerships with internal and external stakeholders. In doing so, we have been able to provide increased services and staff development across the district.

The unique landscape in the Far West is host to some of the biggest outback festivals from the three-day Broken Hill Festival showcasing drag and disco to the red earth of the Mundi Mundi Bash – a remote three-day music and camping event showcasing some of the world's greatest artists. Our staff as part of their communities work as volunteers and professionals to support these great events and promote the communities.

The district has established two community advisory committees, the Carer Advisory Committee, and the Youth Health Advisory Committee. The committees will work in collaboration with district in a co-design model, providing a pathway for carers and young people to be a part of resource development, project planning and evaluating, and policy review.

We continued our focus on our people and capabilities. A key achievement during the year was the commencement of the inaugural partnership with Australasian College of Health Service Management Health Management Internship Program. The program offers committed, high-potential interns the opportunity to develop the skills, capabilities and knowledge required to start a career in managing the challenges and complexities of health service delivery across the district.

The district has worked together to ensure excellence in rural and remote healthcare was delivered to all our communities across Far West.

Key achievements

- Implemented My Emergency Doctor virtual medical services in the Broken Hill Emergency Department, Balranald Emergency Department and in Broken Hill community-based services such as Integrated Care and Community Nursing. The virtual medical service was tailored to non-urgent patient categories and in response to improve access of general practitioner service and primary healthcare. My Emergency Doctor is a telehealth model of care available to consumers.
- Hosted the Aboriginal Mental Health and Wellbeing Forum. With the theme of *Tune into Country*, the forum was well attended by people from across NSW. Day one was a full day of presentations, including from our first Aboriginal Trainee in the Violence, Abuse and Neglect Service NSW - Safe Wayz Clinician Violence, Abuse and Neglect Service.
- Completed the master planning phase of the \$10 million Broken Hill Hospital's emergency department upgrade.
- Based in Broken Hill, Rebecca Smith, Manager of integrated care for the district was awarded the Allied Health Leader of the Year at the 2022 NSW Health Excellence in Allied Health Awards.
- The release of the Safety and Quality Newsletter by the Clinical Governance Unit has successfully engaged healthcare professionals on patient safety and quality care, and empowered people to uphold the highest standards of patient care.
- The district has developed and implemented the *Far West LHD Nursing and Midwifery Career Pathways Guideline*. The pathways encompass tertiary qualifications with contextualised pathways linked to the *NSW Health Workforce Plan 2022-2032*, and other key workforce plans. *The Career Pathways Guideline* addresses the individual's career aspirations and requirements, to achieve their professional goals, while being supported holistically in our district.
- October 2022 marked the unveiling of the concept design of the Wentworth Health Service redevelopment, which showcased the plans for the new hospital's construction.
- The dedication to improving alcohol and other drug services was evident through increased investment from the Special Commission of Inquiry into the Drug 'Ice' Report. This funding allowed for the expansion of alcohol and other drug teams, particularly in the vital area of youth services, resulting in improved support and expertise for those in need.
- Virtual Nurse Assist is a very exciting new telehealth project implemented in collaboration with Sydney Local Health District this year. A highly skilled clinical nurse consultant provides virtual support to frontline nurses in the district who call a central number from any of the remote facilities in the Far West. The use of cameras and speakers in the room assists the virtual consultant to be able to see everything that is happening and the patient can be introduced to them as if they are in the room.
- Far West continues to maintain a high level of excellence in specialist palliative care service provision, with 98% of patients known to specialist palliative care dying in their preferred place. Palliative care funded refurbishments have occurred in Wilcannia and Balranald Multipurpose Services to ensure a room with a more home-like environment is available for palliative care patients and their families.

Hunter New England Local Health District

Lookout Road, New Lambton Heights NSW 2305
 Telephone: 4985 5522
 Email: HNELHD-SRC@health.nsw.gov.au
 Website: www.hnehealth.nsw.gov.au
 Business hours: 8:30am–5pm, Monday to Friday

Chief Executive Tracey McCosker PSM From April 2023



Tracey McCosker, Chief Executive Hunter New England Local Health District, has worked in the NSW public health system for more than 30 years, starting as Business Manager for Hunter Area Pathology Service, and then in senior roles across the district’s finance, corporate and clinical services.

In 2012, Tracey was appointed Chief Executive of NSW Health Pathology, leading the establishment of an integrated statewide public pathology service. In 2018, she was awarded an Australian Public Service Medal for outstanding service to public health in NSW.

Tracey has a Bachelor of Commerce from the University of Newcastle, and a Master of Business Administration from the University of Southern Queensland. She is a member of the Australian Institute of Company Directors.

Leading one of the largest local health districts in NSW, Tracey is committed to guiding an organisation that models respect and inclusion, fosters an innovative and cohesive workforce, and is focused on delivering high-quality patient-centred care.

Previous Chief Executive Michael DiRienzo From January 2011 to March 2023



Michael DiRienzo holds tertiary qualifications in commerce and economics. He held senior positions in a range of manufacturing organisations prior to entering the health field. Michael has extensive experience in senior management roles within health support services and was senior operational leader of the district’s major referral hospitals prior to becoming Chief Executive in January 2011.

Year in review

Hunter New England Local Health District continued to deliver sustainable and equitable healthcare to almost one million people.

Our dedicated staff were at the centre of these efforts, helping to shape the future of health through their innovative thinking, commitment to new models of care, and focus on excellent patient outcomes.

Together we expanded telehealth services, ensuring a reliable alternative to onsite medical coverage, established more nurse practitioners, and increased our virtual kid’s service to complement our face-to-face care and provide treatment to children from their homes.

Our steadfast commitment to build facilities that meet the future needs of our communities was accelerated with nine redevelopments in the planning stages or underway – including the \$835 million John Hunter Health and Innovation Precinct.

We also delivered 44 modular accommodation units featuring sustainable building practices, to encourage more health staff to our rural and regional areas and aligning to our commitment to be carbon and waste neutral by 2030.

Hunter New England Local Health District: Demographic summary		
	Culture	Health challenges
131,785 km ²	9.1% Aboriginal or Torres Strait Islander background	Mental health conditions
Population size	15% born overseas	Kidney disease
950,298	5% speak a language other than English	Stroke
Projected to increase to 1,046,874 by 2033	The Kamilaroi, Gomilaroi, Geawegal, Bahtabah, Thungutti, Awabakal, Aniawan, Biripi, Worimi, Nganyaywana, Wonnarua, Banbai, Ngoorabul, Bundjalung, Yallaroi and Darkinung peoples are the traditional custodians of the land	Ear, nose and throat conditions
Age		Gastrointestinal disease
18% aged 70+		
70+ age group predicted to increase to 190,660 by 2033		

We continue to look at ways to further support and empower our staff through improved flexibility and wellbeing initiatives, alongside fostering a culture of constant learning and collaboration.

Key achievements

- Unveiled the first purpose-built Health Innovation Living Lab in the district, in partnership with the University of Newcastle.
- Introduced 44 sustainable accommodation units for visiting frontline health staff.
- Improved access to diabetes care in rural and regional areas with a \$12.4 million five-year partnership.
- Introduced mental health first responders in partnership with NSW Police and NSW Ambulance that provides 24/7 access to specialised triage services via virtual care.
- Announced Tamworth Hospital will be home to a new \$2 million positron emission tomography scanner.
- Commenced work on the first publicly funded residential eating disorders treatment centre in the state.
- Introduced My Emergency Doctor to provide virtual support.
- Launched our inaugural mobile dental van providing access to dental services for rural and remote communities that would otherwise be required to travel long distances.
- Introduced a virtual kid’s service that supported 5,700 children in the past 12 months, reducing presentations to our emergency department.
- Increased our total number of nurse practitioners and transitional nurse practitioners to 85 across 20 subspecialties, the highest across NSW.

Illawarra Shoalhaven Local Health District

Suite 2, Level 2, 67-71 King Street Warrawong NSW 2502
 Telephone: 4221 6899
 Email: ISLHD-CEOffice@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 health in New Zealand and South Australia, before taking up the position of Chief Executive of the Illawarra Shoalhaven Local Health District in 2014. Margot has extensive health executive leadership and management experience at hospital and district level. She also holds a Bachelor of Laws. Margot has led the district through a significant period of change, including leadership reform and the COVID-19 pandemic, and has a strong focus on research.

Margot is a fellow of the University of Wollongong, admitted in recognition of her expertise and strategic leadership for improving health outcomes and connections across the Illawarra and Shoalhaven healthcare community.

Year in review

The district experienced its busiest year with demand for emergency services and inpatient care at their highest levels. The focus has been on developing strategies to improve access to services and flow of patients through our hospitals.

Illawarra Shoalhaven Local Health District: Demographic summary		
Size	Culture	Health challenges
5620.2 km ²	5.2% Aboriginal or Torres Strait Islander background	Cancer
Population size	22% born overseas	Heart disease
Population size: 428,500	11.3% speak a language other than English	Injuries
Projected to increase to 502,678 by 2033	Dharawal and Yuin peoples are the traditional custodians of the land	Mental health
Age		Respiratory disease
14.7% aged 70+		
70+ age group predicted to increase to 17.9% by 2033		

This included ongoing enhancements to our virtual care capability and how we work with residential aged care facility providers to better support timely discharge for older patients who no longer need hospital-based care.

Learnings from our COVID-19 response have continued to inform service improvements, including the development and implementation of automated epidemiological reporting, upgrades to data and analytics platforms and e-waste reduction strategies to better support our digital systems.

Our pledge to Close the Gap for our Aboriginal communities was reconfirmed this year with the signing of a new Statement of Commitment to Aboriginal Health. We commenced the development of the Aboriginal Mental Health Implementation Plan and have progressed plans to elevate Aboriginal leadership.

Our staff have again continued to deliver outstanding services amidst the ongoing challenges faced by the health sector. We also celebrated important milestones including completion of a four-year project to redevelop Wollongong Hospital Children's Ward and the refurbishment of the Cardiology Unit.

Key achievements

- Significantly increased capacity to deliver virtual-based healthcare, including the establishment of a virtual hospital ward to enable post-discharge care in the home for almost 1,000 patients. The district has also enabled 150 clinical services to provide virtual consultation, review and care management for patients in rural and regional areas.
- Recognised by the Clinical Excellence Commission as one of the first NSW Health entities to deliver the inaugural Adept Applied Safety and Quality Program, aimed at developing capability to lead local safety and quality improvements. More than 20 participants graduated from the first cohort in the district.
- Implemented a nurse practitioner-led model of care at the Bulli Urgent Care Centre, better supporting a growing number of patients with lower acuity conditions. This has enabled the facility to treat twice as many presentations at Bulli compared to the previous year, while supporting the nearby Wollongong Emergency Department to better manage more serious and emergency presentations.
- Established a program to enable patients to leave hospital sooner following joint replacement surgery. At Wollongong, patients were able to be safely discharged after 1.45 days, down from 5.1 days, thanks to the use of virtual technology.
- Introduced initiatives to improve the health, wellbeing and safety of staff including the Colleague Wellbeing Program and the Lone Work Pilot, which uses an app to enhance safety for those working in the community.

- Reduced the total number of adult patients waiting for dental assessment and treatment by 63%.
- Engaged 339 early childhood educators for a Children's Health and Development Webinar Series aimed at improving the identification and early intervention of developmental delay in children.
- Opened the Shellharbour Hospital Psychiatric Emergency Care Centre in March 2022, with a new model of care to provide rapid mental health interventions.
- Launched a dedicated Hepatitis C mobile clinic, taking services on the road to remote settings for point of care assessment and treatment. The C Side Van visited 30 sites across the district in the first six months of operation.
- Progressed capital works projects across the district, including the Shoalhaven Hospital Redevelopment, the new Shellharbour Hospital and Integrated Services Project and associated improvement works at Bulli and Wollongong Hospitals.

Mid North Coast Local Health District

Morton Street Port Macquarie NSW 2444

Telephone: 1800 726 997

Email: MNCLHD-ConsumerRelations@health.nsw.gov.au

Website: www.mnclhd.health.nsw.gov.au

Business hours: 8:30am–5pm, Monday to Friday

Chief Executive Stewart Dowrick

Stewart Dowrick began his career in healthcare administration at the then Children's Hospital at Camperdown in 1989. He moved to the Central Coast Area Health Service in 1993 and the Mid North Coast Area Health Service in 1999. Since 2000, he has held numerous executive positions with the Mid North Coast and North Coast Area Health Service and was appointed Chief Executive at the beginning of 2011. Stewart has a particular interest in health service partnership and service partners working together. He holds an Honorary Doctorate in Health Studies, and tertiary qualifications from the University of New South Wales, the University of Newcastle and the Australian Institute of Company Directors.



Year in review

The many achievements and milestones of the past year are testament to the resilience and resourcefulness of the Mid North Coast Local Health District team.

Fuelled by a drive to continually improve, the district has built on the strengths of its workforce and the robustness of its research to deliver health outcomes the people living on the Mid North Coast deserve.

Mid North Coast Local Health District: Demographic summary

Size	Culture	Health challenges
11,335 km ²	8.2% Aboriginal or Torres Strait Islander background	Ageing population with complex needs
Population size	13% born overseas	High rates of risky lifestyle behaviour and bio-medical risk: overweight/ obese, inadequate physical exercise, high blood pressure, high blood glucose, smoking rates, alcohol rates
229,771	6% speak a language other than English	
Projected to increase to 245,694 by 2033	Birpai, Dughutti, Gumbayngirr and Nganyaywana peoples are the traditional custodians of the land	Mental Health conditions and Alcohol and other drug use
Age		Chronic disease
20% aged 70+		High rates of prostate, melanoma, breast, lung and colon cancer
70+ age group predicted to increase to 24% by 2033		

Embracing innovation and change, and fostering new and improved ways of delivering care, has helped the district deliver on its commitment of best practice healthcare.

In the past 12 months, the district has continued to forge valued partnerships, driving collaboration and growth, and laying the foundation for innovation inspired by the healthcare needs of our communities.

Helping the community and supporting local hospitals is something dedicated volunteers have been doing for decades. The return of all volunteers to their roles in the healthcare setting was celebrated by staff, patients and visitors.

The Mid North Coast Local Health District recognises the outstanding work of its 5,500 staff who provide health and support services to improve health outcomes of our patients, and clients. It is through their commitment and dedication that the remarkable accomplishments of the local health district are possible.

Key achievements

- Commenced construction of a \$21.5 million rooftop helipad project at Port Macquarie Base Hospital to provide patients with the most direct route to the emergency department and operating theatres.
- Launched the Mid North Coast Local Health District Strategic Plan 2022-2032 with a commitment to continually advancing and evolving to meet the needs of our community into the future.
- Transitioned the Nambucca Valley Dialysis Unit from a privately leased health clinic into the purpose-built facility at Nambucca HealthOne. The unit provides nurse-led haemodialysis to low-risk patients, operating six days a week.
- Launched a McGrath Breast Care Nurse position at Kempsey District Hospital focused on supporting Aboriginal patients and their families. This is a collaboration between the hospital, Mid North Coast Cancer Institute and the McGrath Foundation.
- Established the North Coast Youth Vaping Taskforce to protect young people from the harms of e-cigarettes. This is a collaboration involving the North Coast Population and Public Health Unit, Health Promotion team from Mid North Coast Local Health District and key stakeholders.
- Celebrated the completion of the \$194 million Coffs Harbour Health Campus Expansion Project and the opening of the Camden Haven HealthOne centre at Laurieton.
- Achieved recognition in the 2022 NSW Health Awards with the Words Matter Coffs Harbour Mental Health project receiving the People and Culture Award and members of the Mid North Coast stroke care team recognised as part of the award-winning Telestroke program. Port Macquarie social worker Jessica Trembath received the Allied Health Professional of the Year award at the annual NSW Allied Health Awards. Registered Nurse Rachael Roach was named joint winner of the New to Practice Nurse/Midwife of the Year in the 2022 Excellence in Nursing and Midwifery Awards.
- Celebrated the achievements of staff and volunteers at the 2022 Mid North Coast Local Health District Health Innovation Awards.
- Unveiled a community mural at Bowraville HealthOne depicting the story of Aboriginal women who walked for days to give birth at Bellingen Hospital. This project involved Aboriginal women spanning generations coming together to learn, create and heal.

- Prioritised sustainability initiatives to address climate change such as the installation of a large-scale battery energy storage system at Port Macquarie Base Hospital, the establishment of a district-wide Sustainable Healthcare Team and the development of a draft Sustainable Healthcare Implementation Plan.

Murrumbidgee Local Health District

Level 1, 193-195 Morgan Street Wagga Wagga NSW 2650
 Telephone: 5943 2003
 Email: MLHD-FeedBack@health.nsw.gov.au
 Website: www.mlhd.health.nsw.gov.au
 Business hours: 8:30am–5pm, Monday to Friday

Chief Executive Jill Ludford



Jill Ludford leads a team of 5,000 staff who deliver healthcare across 47 health facilities in the Riverina Murray region. Having started her career as a clinician, Jill is passionate about improving access to essential healthcare in rural communities and advocates for building digitally enabled systems where hospitals and primary care are working as one. She is building an organisation known for ingenuity that explores rural issues and develops rural solutions.

Under Jill’s leadership, the district has sponsored new models of patient care, improved patient experience and introduced staff wellbeing programs. Jill has strong links with the regional community and has fostered partnerships with a wide range of stakeholders, including non-government organisations, Aboriginal services and tertiary institutions.

Year in review

This year we have partnered with health and education providers and our local communities to design innovative and practical ways to provide our people with exceptional rural healthcare. We have invested in new models of care for improved access to care closer to home and expanded our approach to providing multidisciplinary care for people living with chronic disease.

With a focus on growing our own workforce, we have developed end-to-end training pathways for doctors and nurses, creating innovative pathways for local people to train and grow careers within our region.

Major capital projects across the district have reached important milestones, including the completion of the Wagga Wagga Base Hospital Redevelopment, completing the 10-year project. New redevelopment projects at Temora District Hospital and Finley Health Service have commenced, while the Griffith Base Hospital Redevelopment remains on track for its 2025 completion.

Our commitment to community engagement was recognised at the 2022 NSW Health Awards with our Wagga Wagga Local Health Advisory Committee Chair winning NSW Health’s Volunteer of the Year Award.

I express my gratitude for the contribution and resilience of our dedicated staff, volunteers, partner organisations and our communities – we strive together for our people.

Key achievements

- National recognition was achieved for the Murrumbidgee Model – the first single employer model in NSW that increases the number of rural generalists in rural and regional areas. The single employer model provides a tailored, coordinated pathway for doctors wanting to become Rural Generalists during their training in public health facilities and general practitioner practices.

Murrumbidgee Local Health District: Demographic summary		
Size	Culture	Health challenges
125,243 km ²	5.9% Aboriginal or Torres Strait Islander background	Mental Health
Population size	10.3% born overseas	Cancer
Population size: 248,087	7.5% speak a language other than English	Chronic Disease
Projected to increase to 259,233 by 2033	Wiradjuri, Yorta Yorta, Baraba Baraba, Wemba Wemba and Nari Nari peoples are the traditional custodians of the land	Obesity
Age		Death from road traffic accidents
15% aged 70+		
70+ age group predicted to increase to 49,835 by 2033		

- A Virtual Nurse Assist model was implemented to support the capability and growth of our early career workforce. Highly skilled clinical nurse consultants provide virtual support to frontline nurses across the district supporting them to provide safe clinical care in their emergency departments and on the wards of rural hospitals.
- New signage was installed at every healthcare service with a commitment to our consumers, Acknowledgement of Country and the NSW Health Apology to the Stolen Generations, as part of the district's commitment to creating a culturally safe and welcoming environment.
- The district has partnered with Concord Burns unit to deliver *Teleburns* – a model of care that connects consumers to medical specialists virtually. This initiative alleviates unnecessary travel to metropolitan areas while delivering effective burns treatment to consumers closer to home.
- Clinical yarning has been adopted as a patient-centred approach that finds common ground and creates a relationship for effective communication and enhances cultural safety for Aboriginal and Torres Strait Islander patients and their families.
- The Murrumbidgee School Based Traineeship Program provides a supported career pathway from school to work. The traineeships provide the opportunity for students to attain a nationally recognised vocational education and training qualification and their Higher School Certificate while gaining valuable work skills and experience through paid employment.
- Revolutionary technology has been adopted in oral health services to digitally test the dental unit waterlines, providing an immediate calibrated and reliable result, and freeing up dental chairs to be used for patients. Previous methods of testing waterlines for biofilms were time and labour intensive.
- Women have enhanced access to vital breast cancer assessment services, with a new BreastScreen Mobile Assessment service which enables women to receive follow-up tests closer to home, resulting in improved client satisfaction.
- Griffith Ophthalmology - Saving Sight is Our Vision, in partnership with Gordon Eye Clinic, St Vincent's Hospital and Foresight Australia, we have developed a public ophthalmology service with improved access to eye clinics and cataract surgery. The model of care has delivered streamlined referral and assessment and improved communication between providers.
- The Emergency to Community initiative aims to reduce the number of avoidable emergency department presentations for vulnerable consumers. A multidisciplinary team work with consumers who present frequently to emergency department to improve their treatment, self-management plans and quality of life in the community.

Nepean Blue Mountains Local Health District

Nepean Hospital Derby Street, Penrith NSW 2750

Telephone: 4734 2000

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 proudly held the role of Chief Executive for 12 years. Kay is passionate about addressing health needs of the local health district's communities and Closing the Gap for Aboriginal health.



Nepean Blue Mountains Local Health District: Demographic summary

Size	Culture	Health challenges
9,179km ²	4.7% Aboriginal or Torres Strait Islander background	Cancer
Population size	20% born overseas	Circulatory Disease
387,316	14% speak a language other than English	Respiratory Disease
Projected to increase to 416,887 by 2033	Darug, Gundungarra and Wiradjuri peoples are the traditional custodians of the land	Injury & Poisoning
Age		Mental Disorders
11% aged 70+		
70+ age group predicted to increase to 64,584 by 2033		

Year in review

Our collaboration with patients, consumers, staff and stakeholders this year continues a long-standing tradition of working with our communities to help shape and deliver services.

This year we actively engaged consumer and patient groups to collaboratively address challenges and gaps in delivering services for people living with a disability, and our Aboriginal and culturally and linguistically diverse communities.

We embarked on an exciting new chapter of planning future clinical services in the Blue Mountains.

As a growing hub for innovation and research, we saw achievements in the use of artificial intelligence in patient care, robotic technology, laser therapy treatment, and gestational diabetes studies being trialled across Nepean Blue Mountains.

Sustainable healthcare remained a priority with support for staff-led initiatives as well as larger projects in carbon footprinting, helping to ensure a healthier, greener future for our community, patients and staff.

We also continued the focus on developing and engaging our staff through a dedicated staff feedback group to understand their ideas and the establishment of NBMLHD Pride, a growing network of allies for our diverse workforce and community.

Key achievements

- Achieved excellent outcomes in stroke rehabilitation at Blue Mountains District ANZAC Memorial Hospital.
- Involved consumers in a clinical redesign project to improve service engagement and health outcomes for Aboriginal clients following discharge from hospital.

- Opened the new Nepean Hospital Emergency Department.
- Established first partnership with NSW Ambulance to deliver maternity care training to paramedics.
- Continued clinical services planning for the Blue Mountains community.
- Received the highest possible rating for national quality measures at Portland Tabulam Health Centre.
- Launched additional free, safe and welcoming mental health support with Safe Haven, Penrith for people experiencing acute psychological distress and suicidal crisis.
- Maddison Williams named Aboriginal Allied Health Professional of the year; Julie Longson awarded NSW Credentialed Diabetes Educator of the year by Australian Diabetes Educators Association.
- Site of breakthrough trial using robotic laser therapy for prostate cancer treatment at Nepean Hospital.
- Awarded Silver for Climate Leadership in 2022 Climate Challenge Awards as part of the Health Care Climate Challenge initiative.

Northern NSW Local Health District

Crawford House Hunter Street, Lismore NSW 2480

Telephone: 6620 2100

Website: www.nnswlhd.health.nsw.gov.au

Business hours: 8:30am–5pm

Acting Chief Executive

Lynne Weir

February 2023 to June 2023

Lynne Weir commenced working in health as a nurse, undertaking her training in Sydney.



Northern NSW Local Health District: Demographic summary

Size	Culture	Health challenges
20,732 km ²	6.4% Aboriginal or Torres Strait Islander background	Poor health behaviours, such as risky alcohol consumption, smoking during pregnancy and physical inactivity
Population size	12.9% born overseas	Complex and chronic disease and ageing-related conditions
311,177	7.7% speak a language other than English	High cancer incidence and mortality
Projected to increase to 327,380 by 2033	Bundjalung, Githabul, Gumbaynggirr, and Yaegl peoples are the traditional custodians of the land	High rates of hospitalisation for type 1 diabetes, intentional self-harm, and illicit drugs, along with high rates of suicide
Age		
17.2% aged 70+		
70+ age group predicted to increase to 23.1% by 2033		

During her almost 40-year career, Lynne has held a number of clinical and management roles and has a Masters in Health Management.

Before moving to the Northern Rivers in 2013, Lynne was the Director Clinical Operations and acted as Chief Executive for Western NSW Local Health District.

Lynne became Executive Director of the Richmond/Clarence Health Services Group in 2013, and Director Clinical Operations in 2017.

Lynne was Acting Chief Executive, Northern NSW Local Health District for periods throughout the COVID-19 pandemic, and from February to June 2023.

Chief Executive
Wayne Jones
July 2022 to February 2023

(Biography on page 12)



Year in review

Services in Northern NSW returned to business as usual throughout 2022-23, as recovery from the 2022 floods continued.

BreastScreen NSW North Coast delivered screening to women in rural and remote communities through loan buses from other BreastScreen NSW services, following the loss of their mobile van in the 2022 floods. In early 2023, they received a refurbished bus to fully recommence the service. The screening participation rate for Aboriginal women was 47.4%, higher than state average of 44.6%.

Northern NSW Local Health District Oral Health services re-established a Primary School Mobile Dental Program, offering free dental care to remote and regional students. The Oral Health Service reduced patient waitlists by 62% and achieved 96% of the Dental Weighted Activity Unit target.

Public Health and Health Promotion teams established the North Coast Youth Vaping Taskforce to protect young people from the harms of e-cigarettes. Two successful community forums informed the development of a regional action plan to address youth vaping and strengthen our regulatory approach.

Public Health formalised its collaboration with Corrective Services (Clarence, Balund-a, Jabullum and Baryulgil and Malabugilmah Community correctional services) through a Memorandum of Understanding to enhance testing of sexually transmitted diseases and blood borne viruses in priority communities.

The district advanced its knowledge of climate health impacts, climate risk and net zero opportunities. In collaboration with Health Infrastructure, the new Tweed Valley Hospital will have more than one gigawatt of solar generation capacity, among other environmental features.

We have developed waste management capacity, and a comprehensive carbon assessment and net zero pathway for Lismore Base Hospital.

Research conducted in partnership with the University Centre for Rural Health and the Sax Institute produced a rapid review Evidence Check on the impacts of climate change on health and health services in Northern NSW.

Key achievements

- Founded the Rural Research Collaborative Learning Network, a rural-led initiative to provide high-quality research education to healthcare staff working in rural, regional and remote areas. The Network involves 10 NSW local health districts, Health Education and Training Institute and seven Queensland hospital and health services. So far there have been more than 2,200 registrations to attend sessions, 1,100 live session attendances and 740 online views of recordings.
- Improved Aboriginal staff engagement and patient experience, exceeding our Aboriginal workforce participation target, and providing culturally safe care settings through commissioned artworks at Lismore Base Hospital.
- Expanded the Emerging Leaders program to include aspiring allied health professionals, as well as nurses and midwives. There are now 60 staff in three cohorts attending the 12-month program with ongoing support from mentors, learning skills in four key areas of leadership including, self-development, relationships, systems and culture.
- Delivered the virtual care interpreter service, combining the principles of VirtualCare/Telehealth with the statewide interpreter service, offering end-of-bed service for culturally and linguistically diverse and AUSLAN patients, to enable virtual access to interpreter sessions for culturally and linguistically diverse patients with low levels of English proficiency.
- Implemented the Allied Health New Graduate program and established a Conjoint Allied Health Academic Researcher position.
- Developed the local health district's first Multicultural and Refugee Health Strategic Plan, and supported a regional Multicultural Forum to engage culturally and linguistically diverse communities and external stakeholders in shared decision-making and planning around culturally and linguistically diverse related health issues.

- Entered into a contractual alliance with Bond, Griffith and Southern Cross Universities and TAFE NSW to fund infrastructure construction for undergraduate education on the Tweed Valley Hospital site, and to create a long-term clinical placement and research relationship amongst the partners, supporting a pipeline of future clinical and non-clinical staff, and boosting research and quality assurance capability of the district in the long term.
- Implemented the Patient Flow Unit to improve coordination and communication of patient transfers, increasing the usage of patient transport service for clinically suitable patients, with a relative reduction in NSW Ambulance transfers. It has prevented unnecessary transfers through teleconferenced specialist consultations.
- Increased the maturity of Digital Health Governance to support the demand for, and the dependency on, digital health capabilities. Formed the Digital Health Clinical Advisory Group, and completed statewide and local ICT infrastructure and clinical system upgrades to enhance clinical service delivery and network resilience following the 2022 natural disasters, and the ICT commissioning initiatives for the new Tweed Valley Hospital.
- Implemented a criteria-led discharge model for elective joint replacements at Lismore Base Hospital, including interdisciplinary team collaboration to empower nursing staff to mobilising joint replacement patients ahead of discharge from the 23-hour ward on day one post-operation.

Northern Sydney Local Health District

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Acting Chief Executive Lee Gregory November 2022 to June 2023



Lee was the Acting Chief Executive from November 2022. Prior to that, he was the Director of Operations for the district. He has been with Northern Sydney Local Health District for more than 30 years, holding many senior positions, including General Manager of Hornsby Ku-ring-gai Hospital, Director of Finance and Director of Operations.

Chief Executive Deb Willcox AM November 2017 to November 2022



(Biography on page 9)

Year in review

Taking care of the health and wellbeing of our patients and consumers is the cornerstone of what we do at Northern Sydney Local Health District. We cannot serve our community unless our people are healthy and well too. Ensuring our workforce is well supported is the key to delivering excellent healthcare.

The COVID-19 pandemic changed the way people work – employees’ expectations evolved and along with flexible working, diversity, inclusivity and equity were increasingly what employees expected.

Northern Sydney Local Health District: Demographic summary

Size	Culture	Health challenges
900 km ²	0.5% Aboriginal or Torres Strait Islander background	Alcohol-related harm
Population size	41% born overseas	Vaping
958,777	34% speak a language other than English	Age-related conditions
Projected to increase to 1,029,552 by 2033	Darug, Guringai, Cammeraygal, Wallumedegal peoples are the traditional custodians of the land	Youth mental health
Age		Inadequate physical activity in children
13.2% aged 70+		
70+ age group predicted to increase to 16.4% by 2033		

We have shown our commitment to make the district a great place to work regardless of personal background or life experience.

We delivered programs that enhanced employment for Aboriginal peoples and people with a disability. Women in medical leadership was a key focus with some wonderful initiatives supporting female doctors to progress to senior clinical and leadership positions. We also delivered a range of activities to support culturally and linguistically diverse employees.

Our patients and communities we serve continued to be at the heart of our work and also our partners, whether that is through the design of services or through workshops to design the new Ryde Hospital.

Our staff should feel immensely proud of their achievements in delivering excellence in healthcare to our patients and community.

Key achievements

- Opened Australia's first young adult and youth hospice for people aged between 15 and 24. Built on the former Manly Hospital site, the hospice provides respite to families whose loved ones have a life-limiting illness.
- Royal North Shore Hospital's emergency department was a finalist in the NSW Premier's Awards for its domestic violence screening project.
- Launched the Diversity, Inclusion, Equity and Belonging Strategy to support and attract a diverse workforce.
- Established the Northern Sydney Long COVID Service to assist general practitioners manage patients in the community. In collaboration with the Northern Sydney Primary Health Network, the district also established a virtual care centre for general practitioners to seek advice on patients with COVID-19 and respiratory illnesses.
- Implemented the Real Time Patient Experience Survey to provide clinicians real-time assessment of a patient's experience.
- A group of anaesthetists from Royal North Shore Hospital were awarded funding, as part of the NSW Health Sustainable Futures Innovation Fund, to develop a device that will convert excess anaesthetic gases, a potent greenhouse gas, into a harmless biproduct.
- Opened Hornsby Ku-ring-gai Hospital's first renal dialysis unit as part of the NSW Government's \$265 million Stage 2 redevelopment of the hospital.
- Appointed three clinical research fellows to develop research capabilities and increase opportunities for research training. The positions were developed with the University of Sydney.

- Launched an eReferral system to simplify patient referrals. It allows general practitioners to submit electronic referrals to medical and surgical outpatient clinics at Royal North Shore Hospital, as well as the emergency department and Hospital in the Home services.
- A new purpose-built, six-bed psychiatric emergency care centre opened at Hornsby Ku-ring-gai Hospital. The short-stay mental health unit provides short stay assessment, close observation and treatment for stabilisation.

South Eastern Sydney Local Health District

Sydney Hospital and Sydney Eye Hospital
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Business hours: 8:30am–5pm, Monday to Friday

Chief Executive Tobi Wilson

Tobi Wilson was appointed the Chief Executive in April 2019.

Tobi is an experienced, progressive health leader, with a passion for innovation in healthcare. Having started his career as a physiotherapist, Tobi has held leadership roles across Victoria, South Australia and NSW. Tobi has a proven track record of embracing technology to transform the delivery of health services.

In addition to his substantive position, Tobi holds a number of non-executive director positions across health and medical research organisations, including Chair and President of Health Roundtable, with more than 180 hospital members across Australia, New Zealand and the Middle East.

Year in review

Supporting our teams to thrive has been a priority in the past year, and it was exciting to see the 2022 Wellbeing Grants come to life.

The district has always taken a strong stand on Closing the Gap for our Aboriginal community. We celebrated culture and acknowledged the history of Aboriginal peoples by gathering across our facilities on many occasions to take part in cultural ceremonies, song, dance and yarning.

Our redevelopment teams continue to do terrific work as our expansive new hospitals move from plans to reality.



South Eastern Sydney Local Health District: Demographic summary

Size	Culture	Health challenges
468 km ²	42.3% born overseas	Diabetes
Population size	37.8% speak a language other than English	Hypertension
902,904	1.3% Aboriginal or Torres Strait Islander background	Cancer
Projected to increase to 1,002,560 by 2033	Dharawal, Gadigal, Wangai, Gweagal and Bidjigal peoples are the traditional owners of the land	Mental health
Age		Ageing population
11.6% aged 70+		
70+ age group predicted to increase to 14.9% by 2033		

As well as forging ahead with new services and buildings, making sure everyone has access to excellent healthcare, no matter what their background, is a bedrock of the district.

We are renowned for the way we care for communities well beyond our hospital wards. This was exemplified when we stepped in to help residents evacuate from their homes due to torrential rain.

Another milestone was the gradual return of our volunteers after a hiatus resulting from the pandemic. These unsung heroes make an enormous contribution.

A heartfelt thank you to each and every member of the South Eastern Sydney Local Health District community, for your tireless work and devotion in the past year.

Key achievements

- Prince of Wales Hospital Acute Services Building opened its doors to the public after more than seven years of design consultation, construction, planning and commissioning. The Acute Services Building will enhance the patient experience through new and improved technology, intuitive way finding and bright, open spaces.
- A surgical team at the Royal Hospital for Women became the first in Australia to perform a uterus transplant as part of a ground-breaking research trial.
- Staff celebrated, created awareness, and kept thousands of people safe and healthy during Sydney World Pride. Our Crown Street vaccination clinic was transformed into a temporary preventative health hub providing a range of free services such as STI and HIV tests.
- The Mental Health Virtual Centre was launched. This new site brings together a number of diverse mental health services, providing consumers with different options for their care, including virtual clinical services, face-to-face and online recovery education, physical health group programs and after-hours suicide crisis support.
- Researchers at the Royal Hospital for Women made a major breakthrough in the future diagnosis and treatment of endometriosis. In a world first, the team successfully grew tissue from all known types of endometriosis in a laboratory, allowing researchers to observe cell changes and compare how different tissue responds to different treatments.
- The NSW Telestroke Service reached an exciting milestone, treating more than 3,000 stroke victims across rural and regional NSW. The service is hosted by Prince of Wales Hospital and connects local doctors with specialised stroke physicians located hundreds of kilometres away in major hospitals via video consultations.
- Sutherland Hospital's magnetic resonance imaging service officially opened. The state-of-the-art facility was delivered as part of the hospital's Operating Theatre Complex redevelopment. The service has enabled faster care for inpatients as fewer need to be transferred to St George Hospital or private providers for their scans.
- The Festival of Care – an initiative designed to bring entertainment, joy and a sense of calm – launched at our hospitals.
- The opening of the children's playground and garden at St George Hospital completed a series of projects to transform various areas of the paediatric ward. The space was transformed in 2022 from a grant received from the Department of Infrastructure in collaboration with the Rotary Club of Hurstville. The project included a playroom, parents retreat and alfresco pirate ship playground in the children's ward. The garden provides patients, visitors, and staff a space to sit and enjoy the outdoors.
- The Kirketon Road Centre collaborated with Uniting to open a free clinic in Kings Cross, providing high-quality, compassionate medical care to people who use drugs. The service is an opportunity to integrate clinical, social and harm reduction services for clients who have difficulty accessing medical care.

South Western Sydney Local Health District

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Chief Executive Amanda Larkin



Amanda Larkin has more than 25 years of experience in health service management, a Bachelor of Social Work, an Associate Diploma in Environmental Science, and an Honorary Doctorate from the University of New South Wales.

Amanda’s extensive experience in health management and commitment to safe, high-quality care, as well as her passion to further develop health and education precincts across the district, places the region at the forefront of world-class healthcare.

Amanda serves as a board member of the Ingham Institute of Applied Medical Research, South Western Sydney Primary Health Network and Health Infrastructure, and as Chair of the Sydney Partnership for Health.

Year in review

The vibrant and diverse communities across South Western Sydney are one of our region’s greatest strengths.

From Traditional Owners to people who have made the South West home, we have a wealth of diversity accessing our health services. We also have local cultural knowledge and experience to draw on from communities and our staff.

During 2022-23, our focus was reinforcing our ties to those communities, ensuring we take the time to understand their different perspectives and health needs to adjust our models of care and tailor our services.

We formed the South West Sydney Multicultural Partnership in 2022. It aims to create better health outcomes and experiences for multicultural communities with formalised collaborations between the district and local multicultural organisations.

Our Aboriginal Health Services have established deep partnerships with local Aboriginal organisations, whose expertise in health and culture enable the delivery of culturally responsive care.

We launched the *South Western Sydney Local Health District Strategic Plan 2022-2027 Framework* to reach our vision of leading safe, sustainable care for healthier communities.

Key to our success will be to deepening engagement with the people of South Western Sydney, listening to their needs and co-designing care to support their health and wellbeing.

Key achievements

- Accelerated digital health projects throughout the district to transform the experience of staff, patients, consumers and carers. A range of projects to uplift digital capacity improves access to information and streamlines care.
- Introduced oral health specialist services, including oral surgery, paediatric dentistry and special needs dentistry.
- Opened the 12-storey clinical services building at Campbelltown Hospital, the centrepiece of the \$632 million stage two redevelopment.
- Partnered with the Department of Communities and Justice to establish a tier four specialist Mental Health service to improve outcomes for children and young people in out-of-home care.

South Western Sydney Local Health District: Demographic summary		
Size	Culture	Health challenges
6,243 km ²	40% born overseas	Diabetes
Population size	48% speak a language other than English	Respiratory conditions
1,057,080	2% Aboriginal or Torres Strait Islander background	Circulatory diseases
Projected to increase to 1,193,520 by 2033	Cabrogal clan of the Darug Nation, peoples of the Dharawal and Gundungurra Nations are the traditional owners of the land	Mental health
Age		Malignant neoplasms (tumours)
10% aged 70+		
70+ age group predicted to increase to 156,844 by 2031		

- Opened the 16-bed Campbelltown Mental Health Rehabilitation Unit, which forms part of a statewide network of tertiary level services for people across NSW who are experiencing longer term mental illness. The unit was recognised with an international award for pioneering design work.
- Held the inaugural Greater Western Sydney Future Health Forum as an initiative of the Greater Western Sydney Health Partnership between South Western Sydney, Western Sydney and Nepean Blue Mountains Local Health Districts. The forum brought together decision makers, community representatives, researchers and care providers to discuss the health needs of Greater Western Sydney's communities.
- Reached the highest point of construction for stage one of the Liverpool Health and Academic Precinct, which will include a new emergency department.
- Worked towards Closing the Gap for Aboriginal communities to improve equity of outcomes by: redesigning the Aboriginal Child and Family Service to strengthen its cultural integrity and responsiveness; embedding new Aboriginal Health Worker roles in cancer services, community paediatrics and drug health; and establishing an Aboriginal Mental Health Transfer of Care team supporting Aboriginal inpatients and their families.
- Conducted translational research to enhance our understanding of one of South Western Sydney's biggest health challenges, diabetes. The Diabetes Obesity Metabolism Translational Research Unit has led a range of projects focusing on the diverse communities of the region. Projects included the Le Taea Afua Samoan diabetes prevention program; and The Wollondilly Diabetes Programme: An Integrated Care for Diabetes and Treatment of Gestational Diabetes Mellitus Diagnosed Early in Pregnancy.

- Embedded the Transforming Your Experience Nursing and Midwifery Improvement Science Collective, which championed 51 multidisciplinary teams to engage in improvement projects in two years.

Southern NSW Local Health District

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Chief Executive Margaret Bennett OAM

Margaret Bennett joined the district on 2 March 2020 after ten years as Chief Executive Officer of Northeast Health in Wangaratta, Victoria. Her broad clinical background includes senior executive roles in health and hospital services in NSW, Victoria and Western Australia, with a proven track record as an experienced, capable and successful leader.



Year in review

Recruitment, workplace culture and financial and environmental sustainability were the priority areas for Southern NSW Local Health District this year.

New and innovative recruitment and retention strategies included the Come to Southern marketing campaign, recruitment fair stalls, and partnership with overseas recruitment agencies. More than 80 nurses signed contracts to join the district from the United Kingdom in mid to late 2023. The largest cohort to date comprising 121 graduate nurses and midwives also joined the district this year.

Southern NSW Local Health District: Demographic summary

Size	Culture	Health challenges
44,534 km ²	5% Aboriginal or Torres Strait Islander background	Ageing population
Population size	20.6% born overseas	Obesity
219,267	7.1% speak a language other than English	Smoking including smoking during pregnancy
Projected to increase to 242,879 by 2033	Ngambri, Ngarigo, Yuin, Gundungurra, Ngunnawal peoples are the traditional custodians of the land	Alcohol consumption
Age		Mental health
16.1% aged 70+		
70+ age group predicted to increase to 20.3% by 2033		

A Closing the Gap strategy, Pride in Southern project, Elevate leadership program and Workplace Wellbeing Toolkits were created to improve workplace culture, inclusion and diversity in response to staff feedback provided in the 2022 Workplace Wellbeing Assessment and NSW People Matter Employee Survey.

The Strengthening Community Engagement review launched to explore new ways to achieve meaningful connections with consumers and community members.

Through planning, performance and partnership, the district made significant improvements in key performance areas, including elective surgery access performance, transfer of care times and emergency treatment performance and capture of National Weighted Activity Units.

Key achievements

- Launched Your Experience Matters patient survey across all sites in both paper and digital.
- Opened new magnetic resonance imaging service at Goulburn Hospital and new maternity ward and emergency department at Cooma Hospital.
- Launched Come to Southern recruitment campaign and hired 89 nurses through targeted overseas recruitment in the United Kingdom.
- Launched Strengthening Community Engagement review to improve and expand community engagement across the district.
- Achieved 365 days with no episodes of care which involved a seclusion event at South East Regional Hospital.
- Launched Pride in Southern program to improve inclusion and diversity and start work to achieve Rainbow Tick Accreditation.

- Achieved highest rate of Aboriginal breast screening in NSW through the Trusted Locals Encourage Screening project.
- Established Clinical Trial Support Unit to deliver outreach services as part of the Rural, Regional and Remote Clinical Trial Enabling Program, in partnership with Illawarra Shoalhaven Local Health District, Murrumbidgee Local Health District, ACT Health and Canberra Health Services.
- Launched Virtual Hub at Bombala Multipurpose Service and expanded Virtual enhanced Community Care program.
- Launched Connecting with Country program as part of the new Eurobodalla Regional Hospital project. A Cultural Burn was held onsite as well as regular Aboriginal community engagement events. A new Aboriginal Community Engagement role was created.

Sydney Local Health District

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Chief Executive
Dr Teresa Anderson AM
FIPAA, B.App Science
(Speech Pathology) PhD



Teresa Anderson is the Chief Executive of Sydney Local Health District, one of the leading public health organisations in Australia. Teresa has more than 40 years of experience as a clinician and health service executive. She was appointed a Member of the Order of Australia (AM) in 2018 in recognition of her contribution to NSW Health and the community.

Sydney Local Health District: Demographic summary		
Size	Culture	Health challenges
126 km ²	1.2% Aboriginal or Torres Strait Islander background	Insecure housing and homelessness
Population size	49% born overseas	Chronic conditions, such as cardiovascular disease, diabetes and obesity
740,000	46% speak a language other than English	Mental health
Projected to increase to 819,540 by 2036	Gadigal, Wangal, Bediagal People of the Eora Nation are the traditional custodians of the land	Infectious and communicable diseases, such as COVID-19, sexually transmitted infections and blood-borne viruses, Drug and alcohol use, nicotine and vaping
Age		
9.5% aged 70+		
70+ age group predicted to increase to 13.3% by 2036		

Teresa is a vice-president and fellow of the NSW Institute of Public Administration Australia, a member of six medical research, health and primary health network boards, and an active member of Sydney Health Partners Governing Council and Executive Management Group, an Advanced Health Research Translation Centre. Teresa has extensive experience in research governance and embedding quality research in health services.

She is passionate about developing people, programs and services to support and improve the health and wellbeing of the community.

Year in review

This year, Sydney Local Health District's culture of discovery has driven incredible advances in practice, research and new models of care for our patients and their loved ones. I am incredibly proud of the way our staff and services have emerged from the intensive pandemic response period to innovate services and apply learnings, to care for our communities.

We have cared for 1.5 million people in our outpatient services, and a further 81,900 patients treated with COVID-19. Almost 176,500 people attended our emergency departments, with 43,650 arriving by ambulance. There were more than 163,460 admissions and discharges at our hospitals and almost 43,160 operations were performed in our hospitals and through collaborative care arrangements. Close to 5,000 babies were born at Royal Prince Alfred Hospital and Canterbury Hospital.

Our services in our communities have continued to deliver excellent care close to people's homes, working in partnership with community to keep people healthy. We turned the district rainbow during Sydney WorldPride, highlighting our commitment to equity and inclusion. Our district achieved the highest results in NSW Health across every theme in the People Matter Employee Survey highlighting culture and engagement.

I would like to thank everyone who supports our work to make a difference for our community. Sydney Local Health District is *Ngurang Dali Mana Burudj*, 'a place to get better'.

Key achievements

- Officially opened the Radiation Oncology Unit and \$6 million positron emission tomography computed tomography in the new Concord Hospital Cancer Centre; completed and commissioned the \$1.2 million refurbishment of the new Short Stay Unit; launched the STRONG Program (Strength Training, Rehabilitation and Outreach Needs in Geriatric Medicine) and completed the new staff car park, which is the first phase of the \$32 million multistorey car park project for staff, patients and visitors at Concord Hospital.

- Celebrated the 140-year anniversary of Royal Prince Alfred Hospital, as designs were released for the \$750 million redevelopment, the largest transformation in the hospital's history.
- Celebrated 15 years of the Concord Centre for Mental Health, 10 years of the Living Well Living Longer integrated care program and the first anniversary of Naamuru, Parent and Baby Unit.
- Launched the Sydney Biomedical Accelerator Innovation Hub which is the first significant milestone of the \$650 million (including NSW Government contribution of \$150 million) Sydney Biomedical Accelerator Research Complex, a partnership between Sydney Local Health District, NSW Health and the University of Sydney.
- Developed Aboriginal cultural lounges at Concord, Canterbury and Sydney Dental Hospitals and launched the Jarjums Connections Project, to promote movement, mindfulness and Aboriginal culture to children, families and educators.
- Launched a dedicated education centre at Canterbury Hospital, while planning continues for the \$350 million redevelopment.
- Officially opened RPA HealthOne Green Square, a first of a kind health centre designed to improve people's access to healthcare services.
- Performed 1,000 cases of pelvic exenteration surgery at Royal Prince Alfred Hospital, which is recognised as the first hospital in the world to do so.
- Enhanced RPA Virtual Hospital models in collaboration with Far West Local Health District to include the Virtual Fracture Clinic, Virtual Midwifery Care and Virtual Nurse Assist, following the launch of Virtual Intensive Care Unit.
- Marked 30 years since the establishment of the Pozhet service for heterosexual people living with HIV/AIDS.

Western NSW Local Health District

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Chief Executive

Mark Spittal

Mark Spittal was appointed Chief Executive in January 2022 and leads a passionate team committed to improving health outcomes for rural people through the delivery of high-quality care as close to home as possible.



Western NSW Local Health District: Demographic summary

Size	Culture	Health challenges
247,000 km ²	14.5% Aboriginal or Torres Strait Islander background	Aboriginal health and wellbeing
Population size	8% born overseas	Chronic disease prevention and management
284,240	6% speak a language other than English	Childhood vulnerability
Projected to increase to 300,006 by 2033	Barindji, Barrinbinja, Barundji, Gunu, Kamilaroi, Muruwari, Wailwan, Wiradjuri and ongaibon peoples are the traditional custodians of the land	Maternal and infant outcomes, especially smoking during pregnancy
Age		Mental health
14% aged 70+		
70+ age group predicted to increase to 17% by 2033		

Mark's extensive leadership experience, spanning more than three decades in healthcare both in Australia and overseas, has shaped his dedication to improving standards of patient care and clinical safety through innovation, collaboration and effective community engagement.

Mark is committed to addressing the needs of the district's proud Aboriginal communities by providing safe, culturally appropriate services, and to the continued development of services that meet the changing needs of the entire Western NSW population.

Year in review

The Western NSW Local Health District has a proud tradition of innovation and agility in providing healthcare to some of the most geographically and demographically diverse populations in the state.

This year, that spirit of innovation was demonstrated in key undertakings that support both our workforce and the health of our communities.

We developed a comprehensive people strategy containing a range of initiatives to grow and support our workforce.

We also laid the groundwork for more meaningful relationships between our network of services and the communities they provide care to.

We also continued to take the best advantage of technology to support care both at the bedside and virtually into hospitals and homes.

While innovation takes us forward, so too does the spirit of our people. In 2022-23, some of our communities were devastated by natural disasters. In response, we witnessed acts of bravery, kindness and generosity that are truly exceptional. In many cases, along with other emergency services, our healthcare teams – all too often the victims of these events themselves – showed themselves again to be at the heart of their community.

Key achievements

- Opened the Centre for Rural Education, Training and Simulation centre at Wellington, providing state-of-the-art classroom learning and simulated ward training to support the expansion of the clinical workforce in size and capability.
- Launched the district's first Allied Health Rural Graduate Program, which includes clinical rotations, clinical and peer supervision, mentoring and workshops in a two-year period. A total of 15 graduated clinicians in a range of allied health professions have started their career in the program.
- Launched the district's first Environmental Sustainability Strategy to guide our contribution to achieving the net zero emission target.
- Launched a mobile computed tomography scanner service to the northern communities of the district, providing increased computed tomography access to acute and post-acute services to closer to where people live.
- Launched remote falls monitors for Multipurpose Service residents, enabling the early detection of clinical deterioration and enhanced escalation pathways to reduce falls.
- Obtained accreditation by the Australian and New Zealand College of Anaesthetists to increase anaesthetic training at the Orange Health Service to a 24-month rotation to supplement that anaesthetic workforce.
- Established Safe Havens at Parkes and Dubbo to access mental health services as a safe and supported alternative to emergency departments.
- Launched the district's first Meaningful Engagement Strategy, with a focus on Aboriginal communities, to build and maintain engagement with our diverse and unique communities.

- Launched the district’s second Reconciliation Action Plan, endorsed by Reconciliation Australia, to foster and guide collaboration between our teams and Aboriginal people.
- Increased cancer services availability closer to where people live with the installation of a positron emission tomography scanner at the Western Cancer Centre in Dubbo.

Western Sydney Local Health District

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Chief Executive Graeme Loy



Graeme Loy is the Chief Executive at Western Sydney Local Health District. In the past 15 years, Graeme has held many executive roles across the health sector, including Chief Executive of Northern Sydney Local Health District, Executive Director of System Management for the NSW Ministry of Health, Director of Operations at South Western Sydney Local Health District, Transition Manager at Sydney South West Area Health Service. He currently serves as board member for the Westmead Institute for Medical Research, NSW Ambulance, the Australian Institute of Health Services Management, Sydney Health Partners and Westmead Applied Research Centre Advisory Board.

Graeme has led the establishment of a leadership committee of high-profile executives from the Westmead Health Precinct, with the aim to bring a new vision for the precinct to life, exploring opportunities to collaborate with major global innovation partners in order to attract more research, investment and bright minds to the already internationally recognised Westmead.

Year in review

Throughout 2022-23, the district drove an agenda of impactful delivery, innovatively supporting patients, carers and staff.

In 2023, the completion of the Westmead Hospital Mother Baby Unit marked a milestone in maternal and infant care, designed with a focus on preserving the parent-infant relationship.

The implementation of a remote monitoring solution for cardiotocography traces and the introduction of the Westmead Emergency Department Tap-on/Tap-off Pilot further improved healthcare efficiency.

Supportive and palliative care unit at Auburn Hospital provided tailored care for patients with life-limiting illnesses, considering diverse cultural and religious needs.

The GradStart Program supported 520 new graduate nurses and midwives, reducing the district's vacancy rate and fostering a supportive learning environment.

Hospital in the Home in Integrated and Community Health tripled in size in the past 12 months, reaching its target of 100 in-patient acute beds in the home on 30 June 2023.

Digital enablement, strong clinician and executive engagement, remodelling of governance and a complete cultural focus on quality and safety right across the team has led to more patients being able to be treated in their home.

Western Sydney Local Health District: Demographic summary		
Size	Culture	Health challenges
789 km ²	1.9% Aboriginal or Torres Strait Islander background	Cancer
Population size	49.9% born overseas	Cardiovascular disease
1,053,158	54.3% speak a language other than English	Diabetes
Projected to increase to 1,264,729 by 2033	Darug peoples are the traditional custodians of the land	Injury
Age		Respiratory disease
9% aged 70+		
70+ age group predicted to increase to 137,305 by 2033		

Westmead Health Precinct innovation office served to better connect Westmead with industry partners in Australia and around the world. Additionally, Human Experience week highlighted the power of community and diversity in healthcare.

Key achievements

- Construction of the new Westmead Hospital Mother Baby Unit was completed in February 2023, with operational go-live occurring in March 2023 and the first patient admitted in April 2023.
- Provided obstetricians with a capability to remotely monitor cardiotocography traces that measured the variability of a foetus heartbeat in a mother's womb, particularly during critical situations when clinicians in the hospital require immediate diagnosis and advice from a consultant.
- Implemented Single Sign On technology to automate the login process for Westmead emergency department staff to reduce the need for manual credential entry, improving operational efficiency, and strengthening security measures.
- The Auburn Hospital supportive and palliative care unit officially opened on 1 March 2023 to provide care for people with a life-limiting illness who require management of complex supportive and palliative or end-of-life care needs.
- Formed the Westmead Health Precinct innovation office to better connect Westmead with industry partners in Australia and around the world.
- Launched inTouch RACF Pathway in Integrated and Community Health in April 2022 to delivered better options of care for residential aged care facility residents. As of 30 June 2023, a total of 1,407 residential aged care facility patients had avoided an emergency department presentation through the inTouch RACF pathway.
- Hospital in the Home in Integrated and Community Health tripled in size in the past 12 months, reaching its target of 100 in-patient acute beds in the home on 30 June 2023.
- In 2023, the GradStart Program committed to support 520 new graduate nurses and graduate midwives spanned across the Auburn, Westmead, Blacktown and Mt Druitt Hospitals and Mental Health, Integrated and Community, Drug Health, and Maternity services.
- Launched Human Experience week for NSW Health. The theme this year was *All of Us: The Power of Community*, with the sub themes of *Love, Belonging and Healing*. The two events hosted by the district sought to encapsulate this theme, specifically focusing on Western Sydney's unique consumer/patient base.

Appendix

14

Appendix 1

Health statistics

Early disease management

Aboriginal and non-Aboriginal children fully vaccinated at five years of age

In 2022–23, 96.5% of Aboriginal children and 93.9% of non-Aboriginal children were fully immunised at five years, compared with 97.3% of Aboriginal children and 94.2% of non-Aboriginal children fully immunised in 2021–22.

Children fully vaccinated at one year

In 2022–23, 93.4% of children were fully immunised at one year of age, compared with 94.3% in 2021–22.

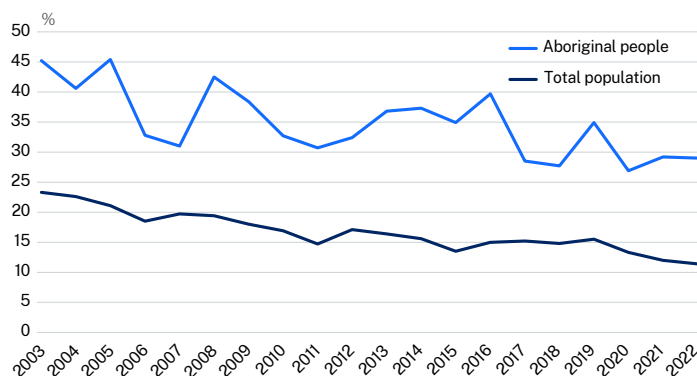
Adults aged 65 years and over vaccinated against influenza in the last 12 months

From 1 March 2023 (when the 2023 influenza vaccine became available) until 30 June 2023, 58.5% of people aged 65 and over received an influenza vaccine, compared to 61.8% of Aboriginal people in this age group. Overall, influenza vaccine coverage in NSW was 28.2% compared to 34.8% at the same time the previous year.

Smoking

Tobacco use is the leading contributor to the burden of illness and deaths in Australia. Australia has one of the most comprehensive tobacco control policies and programs in the world, which aims to continue reducing smoking prevalence in the community.

Current smoking, Aboriginal people and total population aged 16 years and over

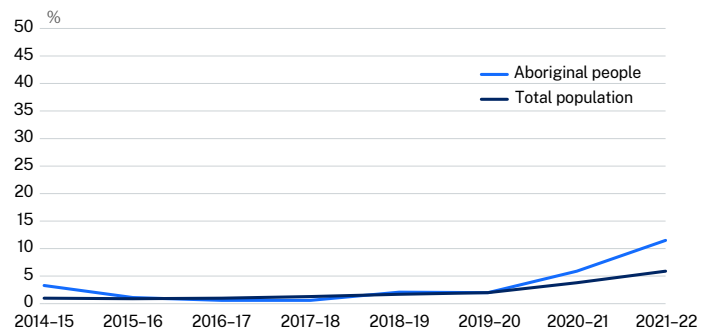


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

There has been a long-term reduction in current (daily or occasional) smoking over the last 20 years, with 11% of people aged 16 years and over in NSW reporting current (either daily or occasional) smoking in 2022, down from 23% in 2003.

Over the last 20 years, the trend in current smoking has also declined for Aboriginal people aged 16 years and over, from 45% in 2003 to 29% in 2022. This decline has fluctuated from year to year due to small Aboriginal population samples, and the error margins are wide.

Current e-cigarette (vape) use in people aged 16 years and older

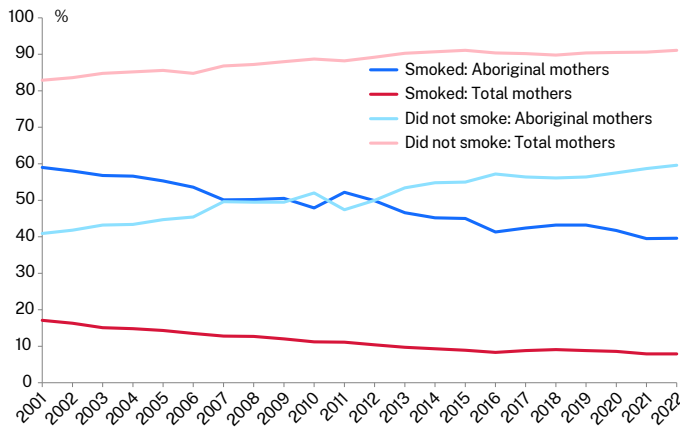


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

In NSW in the combined years 2021–2022, an estimated 17% of young adults aged 16–24 years and 10% aged 25–34 years were current (daily or occasional) users of e-cigarettes. This was a significant increase from the 2019–20 period where 4.5% of young adults aged 16–24 years and 2.9% aged 25–34 years were current e-cigarette users.

E-cigarettes (or vapes) are battery operated devices that heat a liquid (also known as e-liquid) to produce a vapour that users inhale. E-cigarettes are known to be harmful, especially for young people. Liquids in e-cigarettes have been found to contain chemicals such as formaldehyde, heavy metals, solvents and volatile compounds. Potential harms of vaping include nicotine addiction, nicotine poisoning, throat irritation, breathlessness, coughing, dizziness, headaches, nausea, and lung damage.

Smoking during pregnancy by Aboriginal and non-Aboriginal mothers



Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

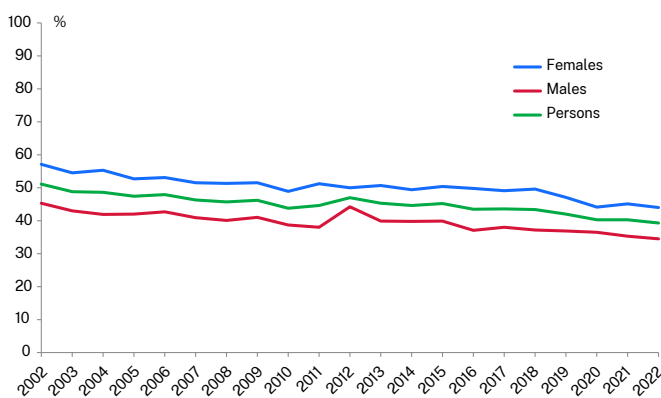
In 2022, 91% of total mothers in NSW did not smoke during pregnancy. There has been a long-term decline in mothers who smoked at all during pregnancy over the last 20 years, with just under 8% of total mothers in NSW reporting smoking during pregnancy in 2022, down from 15% in 2003.

Among Aboriginal mothers in 2022 in NSW, 60% did not smoke during pregnancy. Over the last 20 years, the trend in smoking during pregnancy declined at a faster rate for Aboriginal mothers, from 57% in 2003 to 40% in 2022.

Smoking during pregnancy is associated with a wide range of complications impacting both mother and baby.

Overweight and obesity

Healthy weight in adults aged 16 years and over

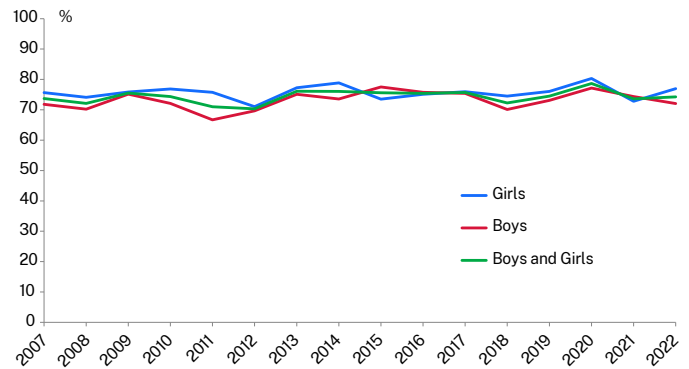


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

In NSW in 2022, 44% of women were a healthy weight compared to 35% of men. Over the 10 years between 2013 and 2022, the rate of healthy weight in adults aged 16 years and over gradually decreased from 45% to 39%.

The growing number of people above a healthy weight is a significant public health concern in NSW and across Australia. Increasing weight, above a healthy weight, increases the risk of developing serious chronic health conditions such as diabetes and heart disease.

Healthy weight in children 5 to 16 years

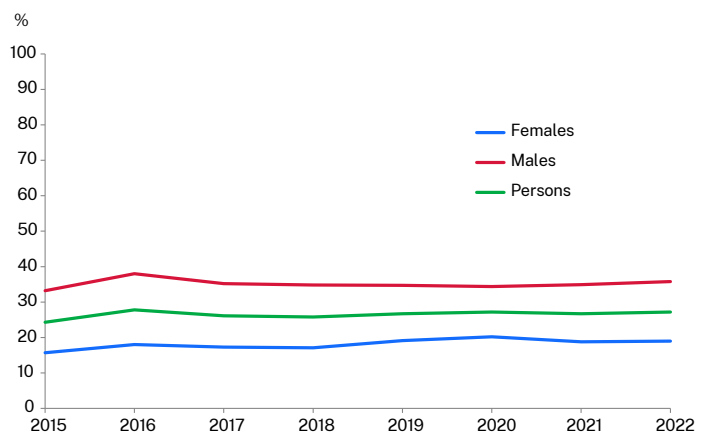


Source: NSW Population Health Survey, Centre for Epidemiology and Evidence, NSW Ministry of Health.

In 2022, 74% of children aged 5–16 years in NSW had a healthy weight (72% of boys and 77% of girls). The prevalence of healthy weight children has been stable since 2007.

Alcohol

Alcohol consumption at levels posing a short-term risk to health, adults aged 16 years and over

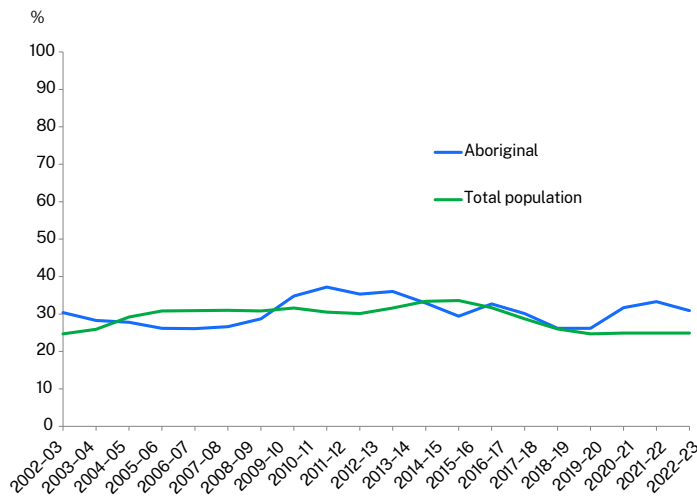


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

In 2022 in NSW, 27% of adults aged over 16 years (36% of men and 19% of women) consumed more than four standard alcoholic drinks on at least one occasion in the previous four weeks, posing a short-term risk to their health. Alcohol consumption at levels that pose a short-term health risk has been stable over the seven years between 2016 and 2022 in NSW.

Alcohol use is the leading contributor to the burden of illness and deaths in Australia for people aged up to 44 years and the fifth overall contributor to total burden of disease and illness for all ages.

Nil alcohol consumption adults aged 16 years and over



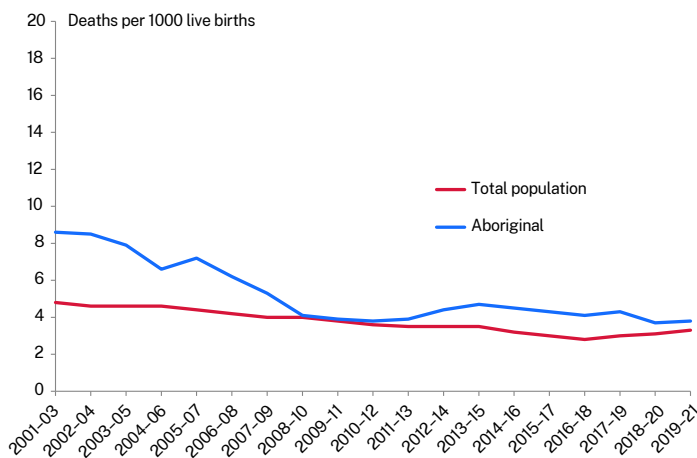
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

In the combined years 2021–22 in NSW, 25% of adults aged 16 years and over reported that they never drank alcohol, which has been stable since 2018–19.

Among Aboriginal adults aged over 16 years in NSW in 2021–22, 31% reported that they never drank alcohol, an increase from 2017–18 of 26%. The fluctuation is likely due to sample size and margin of error.

Aboriginal health

Infant mortality rates by Aboriginality



Source: Australian Bureau of Statistics. Deaths. Catalogue number 3302.0. Canberra: ABS and HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

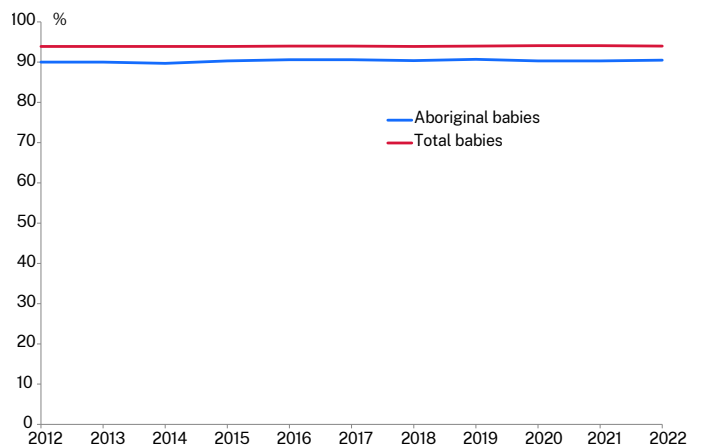
The infant mortality rate is the number of infant deaths (up to one year of age) per 1,000 births.

In the combined years 2019–21, the infant mortality rate among all infants in NSW was 3.3 per 1,000 births, which has declined from 4.8 per 1,000 births in 2001–03.

The mortality rate for Aboriginal infants in NSW in 2019–21 was 3.8 per 1,000 births. This rate has more than halved from 8.6 per 1,000 births in 2001–03.

The mortality rate among Aboriginal infants in NSW is lower than in other Australian states and territories. In the combined years 2019–2021, the infant mortality rate for all Aboriginal infants in Australia was 4.9 per 1,000 births compared with a rate of 3.8 for Aboriginal infants in NSW.

Healthy birth weight babies by Aboriginality



Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

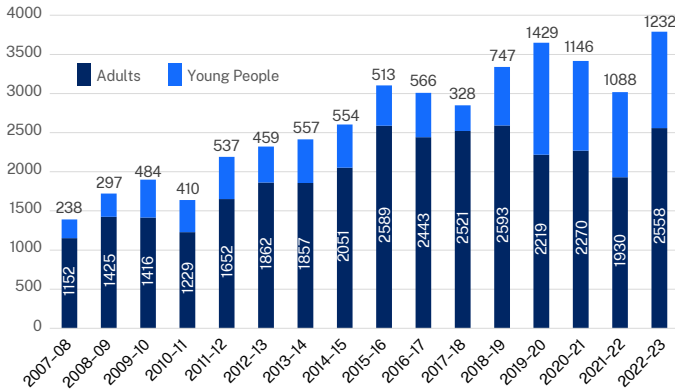
Healthy birth weight is an important indicator of an infant’s future health and is defined as babies who weighed between 2,500 and 4,499 grams at birth. Based on the National Agreement on Closing the Gap, this indicator tracks the progress on the outcome “Aboriginal and Torres Strait Islander children are born healthy and strong”. The target is that the proportion of Aboriginal and Torres Strait Islander babies with a healthy birth weight will increase to 91% by 2031.

In 2022, 94% of total babies in NSW were born with a healthy birth weight. This percentage has been stable for the 10 years since 2013.

Among Aboriginal babies in NSW, just under 91% were born with a healthy birth weight, which has also been stable since 2013.

Justice health

Adults and young people with mental health illness or issues diverted into community-based treatment

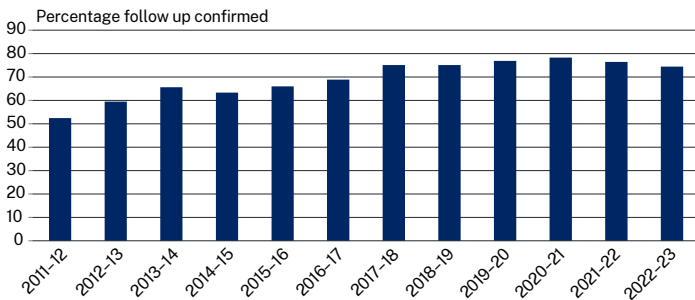


Source: Justice Health and Forensic Mental Health Network.

During 2022–23, 13,135 adults were screened. Of these 3,131 received a comprehensive mental health assessment and 3,027 were assessed as having a mental illness. From these, 2,477 (82%) were diverted away from custody into community-based treatment by Justice Health NSW (excludes diversions by Hunter New England Local Health District).

Of the 3,027 patients assessed as mentally ill, 845 identified as being Aboriginal and/or Torres Strait Islander People and 665 (79%) were successfully diverted.

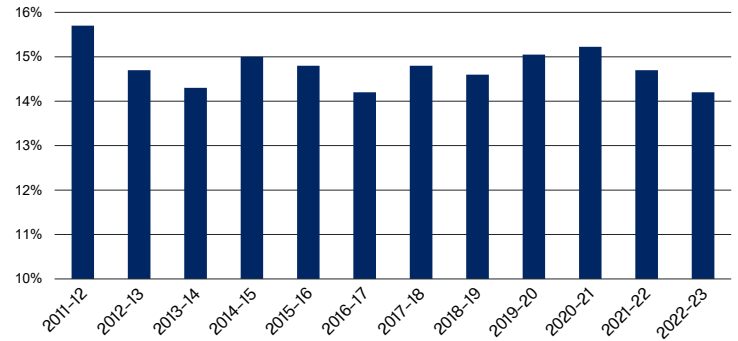
Proportion of clients discharged from an Acute Public Mental Health Unit who are seen by a Community Mental Health Team within seven days of that discharge



Source: NSW Health Information Exchange, InforMH.

This indicator shows the proportion of clients discharged from an Acute Public Mental Health Unit who are seen by a Community Mental Health Team within seven days of that discharge. It reflects the effectiveness of acute inpatient discharge planning and the integration of acute inpatient and community mental health services. In 2022-23, the rate of follow-up within seven days was 74.4%.

Readmission to a mental health acute service within 28 days

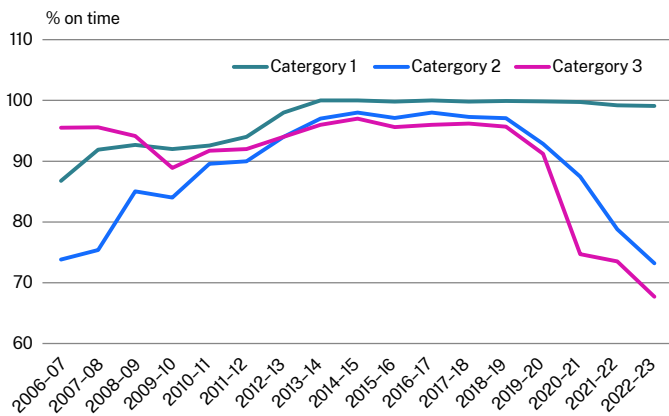


Source: NSW Health Information Exchange, SIA Branch, InforMH.

This indicator shows the proportion of separations from an Acute Public Mental Health unit which were followed by a readmission within 28 days to any NSW Acute Public Mental Health unit.

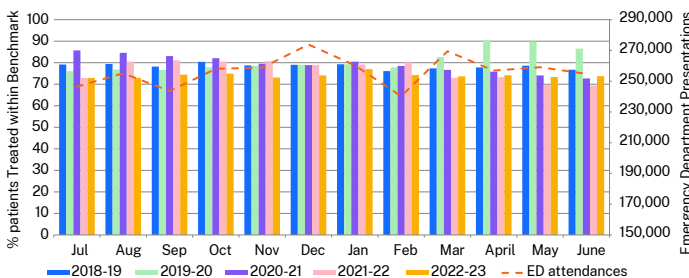
NSW hospital performance

Planned surgery patients admitted within clinically recommended times



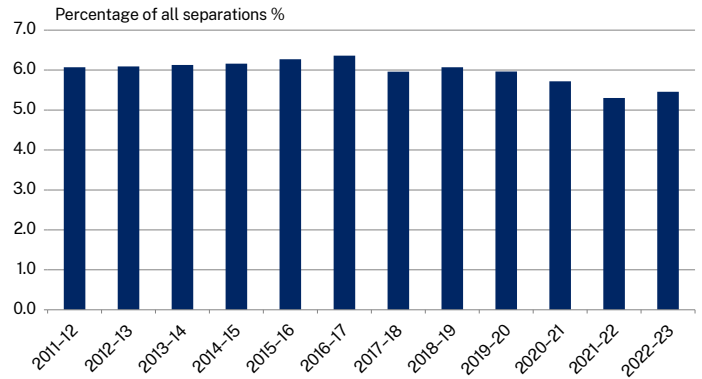
The percentage of patients who received their planned surgery within clinically recommended timeframes declined in NSW compared to the previous year. In 2022-23, the number of patients receiving their surgery on time was 99.1% for category 1 (urgent surgery), with category 2 (semi-urgent surgery) at 73.2% and category 3 (non-urgent surgery) at 67.7%. Planned surgery performance has been impacted by the completion of overdue surgeries during 2022-23 for patients whose surgery was delayed as a result of the COVID-19 pandemic.

Percentage of emergency department patients treated within benchmark times across all triage categories



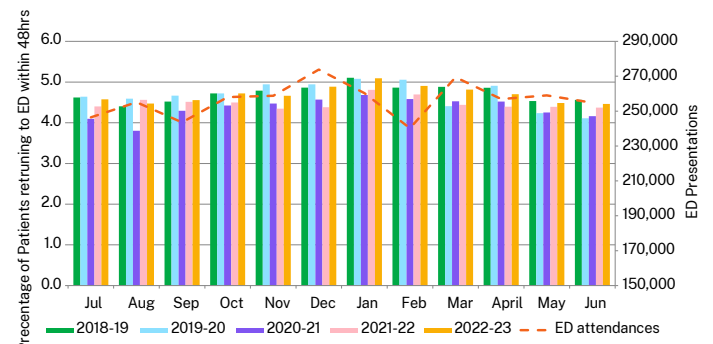
In 2022-23, more than three million patients attended a NSW public emergency department, slightly more than in 2021-22. Emergency department attendances peaked in December 2022 and March 2023. The percentage of patients seen within clinically appropriate timeframes across all triage categories decreased compared to 2021-22 for the majority of the year before increasing in the last four months of the year.

Unplanned hospital readmissions within 28 days of separation



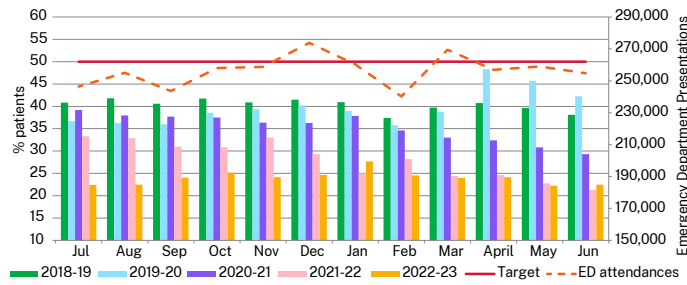
Unplanned readmissions in 2022-23 showed a small increase of 0.2 percentage points from the previous year. This rate continues the improved result of recent years. This data reflects the volume of unplanned readmissions within 28 days but does not provide an indication of whether these readmissions were preventable or unexpected.

Re-presentation to the same emergency department within 48 hours



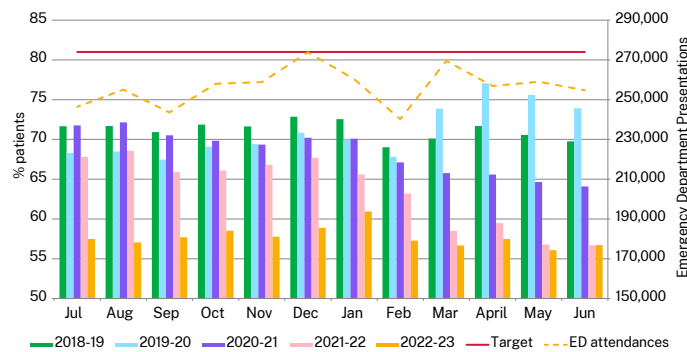
The percentage of re-presentations to emergency departments remained stable in 2022-23. Emergency departments are maintaining high levels of care while caring for fluctuating volumes of patients. Districts and networks continue their efforts towards improving patient flow in emergency departments and hospital wards.

Percentage of patients admitted from emergency departments with a total time in emergency department ≤ four hours



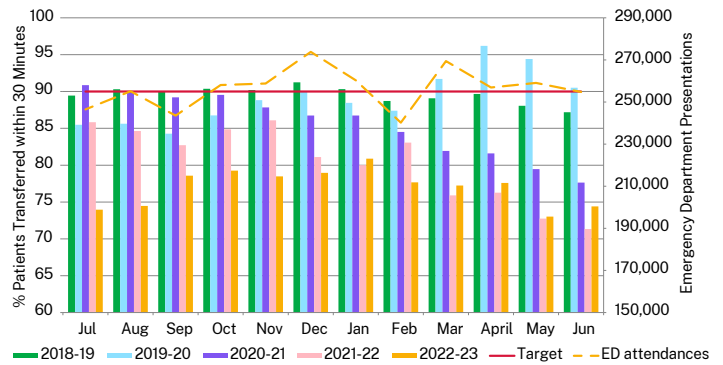
Emergency treatment timeliness for patients subsequently admitted to hospital decreased in 2022-23 as the health system experienced unpredictable activity levels and continued impacts of the pandemic, as well as an early influenza season. The overall proportion of admitted patients in 2022-23 who spent four hours or less in the emergency department prior to admission was 24%.

Emergency treatment performance – percentage of patients with total time in emergency department ≤ four hours



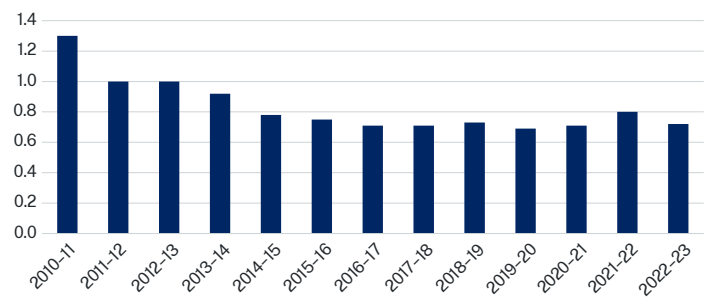
NSW Health continues its commitment to ensuring patients who present to emergency departments complete their treatment in a timely and clinically appropriate manner. Despite additional clinical protocols brought on by the COVID-19 pandemic, 57.7% of patients who presented to a NSW emergency department left within four hours following treatment, a small reduction on the result in 2021-22.

Transfer of Care Performance – percentage of patients whose care was transferred from ambulance to emergency department care within 30 minutes



In 2022-23, NSW public hospitals experienced ongoing unpredictable volumes of patients attending the emergency department and the proportion of patients whose care was transferred from ambulance staff to hospital staff within 30 minutes followed a decreasing trend for the first half of the year. Although the state target of 90% was not achieved, more than 77% of patients were transferred within benchmark time, with performance improving in the final four months of the year.

Staphylococcus aureus bacteria bloodstream infections



The above graph shows the aggregate rate of healthcare associated staphylococcus aureus bloodstream infections (SA-BSI) for NSW public hospitals. The data includes both methicillin-resistant and methicillin-sensitive isolates. The rate of SA-BSI has decreased from 1.3 per 10,000 occupied bed days in 2010-11 to 0.72 per 10,000 occupied bed days in 2022-23. The overall rate of SA-BSI in NSW is below the revised national benchmark of less than one case per 10,000 bed days.

Appendix 2

Workforce statistics

Number of full-time equivalent (FTE) staff employed in the NSW public health system

	June 2023
Medical	15,553
Nursing	54,531
Allied Health	12,166
Other Prof. and Para Professionals	3,294
Scientific and Technical Clinical Support	7,095
Oral Health Practitioners and Therapists	1,295
Ambulance Officers	6,134
Sub-Total Clinical Staff	100,069
Corporate Services	5,446
Clinical Support	20,060
Hotel Services	9,039
Maintenance and Trades	844
Other	328
Other Staff	35,717
Total	135,786

Source: Corporate Analytics

Notes: **1.** FTE calculated as the last fortnight in June, paid productive, unproductive and overtime hours. **2.** Includes FTE salaried staff employed with local health districts, The Sydney Children's Hospitals Network, Justice Health and Forensic Mental Health Network, NSW Health Pathology, HealthShare NSW, NSW Ambulance, eHealth NSW and Albury Base Hospital. All non-salaried staff such as Visiting Medical Officer (VMO) and other contracted staff are excluded. **3.** Staff employed by Third Schedule affiliated health organisations, Non-Government Organisations and other service providers funded by NSW Health are not reported in the NSW Ministry of Health's Annual Report. **4.** Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. **5.** The COVID-19 pandemic may result in additional or alternate care delivery requirements which may affect the current reporting of NSW Health workforce numbers in lieu of normal variations. **6.** For the FY 2021–22 workforce FTE figures, overtime FTE has been included for all workforce categories. This is to reflect workforce requirements to maintain clinical services as part of the COVID-19 pandemic response. Due to overtime inclusion, this years' FTE figures cannot be compared to any other FTE figures published in NSW Annual Reports.

Number of full-time equivalent (FTE) staff employed in other NSW Health organisations

Number of Full Time Equivalent Staff (FTE) employed in other NSW Health Organisations	June 2023
NSW Health organisations supporting the Public Health System*	2,413
Health Professional Councils Authority	158
Mental Health Review Tribunal	36

*Includes Ministry of Health, Clinical Excellence Commission, Bureau of Health Information, Health Education and Training Institute, Agency for Clinical Innovation, Health Administration Corporation, Health Infrastructure, Health System Support Group and Cancer Institute.

Historical figures for the NSW public health system

Number of full-time equivalent (FTE) staff employed in NSW Health organisations

	June 2020	June 2021	June 2022
Medical	14,052	14,520	15,082
Nursing	50,371	52,905	53,129
Allied Health	11,244	11,613	11,703
Other Prof. and Para-Professionals	3,081	3,222	3,216
Scientific and Technical Clinical Support	6,762	6,913	6,942
Oral Health Practitioners and Therapists	1,372	1,330	1,250
Ambulance Officers	5,002	5,258	5,642
Sub-Total Clinical Staff	91,884	95,761	96,964
Corporate Services	5,477	5,472	5,455
Clinical Support	17,691	19,315	19,414
Hotel Services	8,718	8,895	8,847
Maintenance and Trades	900	894	873
Other	330	333	313
Sub-Total Other Staff	33,116	34,909	34,903
Total	125,000	130,670	131,866

Source: Corporate Analytics – Data extracted in August 2022.

Notes: **1.** FTE is last fortnight in June – paid productive, paid unproductive and paid overtime hours. **2.** Includes FTE salaried staff employed with local health districts, The Sydney Children's Hospitals Network, Justice Health and Forensic Mental Health Network, NSW Health Pathology, HealthShare NSW, NSW Ambulance, eHealth NSW and Albury Base Hospital. All non-salaried staff such as Visiting Medical Officer (VMO) and other contracted staff are excluded. **3.** Staff employed by Third Schedule Affiliated Health Organisations, Non-Government Organisations and other service providers funded by NSW Health are not reported in the NSW Ministry of Health's Annual Report. **4.** Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. **5.** Overtime FTE has been included for all workforce categories. This is to reflect workforce requirements to maintain clinical services as part of Covid COVID-19 pandemic response. Due to overtime inclusion, this years' FTE figures cannot be compared to any other FTE figures published in NSW Annual Reports.

Number of full-time equivalent (FTE) staff employed in NSW Health organisations

Number of Full Time Equivalent Staff (FTE) employed in other NSW Health Organisations	June 2020	June 2021	June 2022
NSW Health organisations supporting the Public Health System*	1,888	2,088	2,208
Health Professional Councils Authority	143	168	158
Mental Health Review Tribunal	34	35	32

Source: Corporate Analytics – Data extracted in August 2022.

* Includes Ministry of Health, Clinical Excellence Commission, Bureau of Health Information, Health Education and Training Institute, Agency for Clinical Innovation, Health Administration Corporation, Health Infrastructure, Health System Support Group and Cancer Institute.

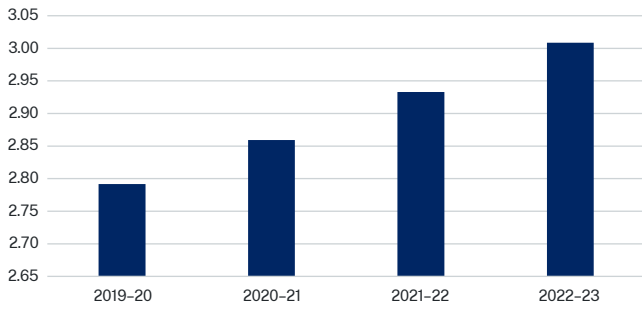
Registered practitioners

Profession	NSW
Aboriginal and Torres Strait Islander Health Practitioner	227
Chinese medicine practitioner	1,920
Chiropractor	2,092
Dental practitioner	7,818
Medical practitioner	40,356
Medical radiation practitioner	6,279
Midwife	1,899
Nurse	117,950
Nurse and midwife	7,149
Occupational therapist	7,978
Optometrist	2,152
Osteopath	659
Paramedic	6,171
Pharmacist	10,613
Physiotherapist	12,046
Podiatrist	1,716
Psychologist	14,867
Total 2022–23	241,892
Total 2021–23	238,369

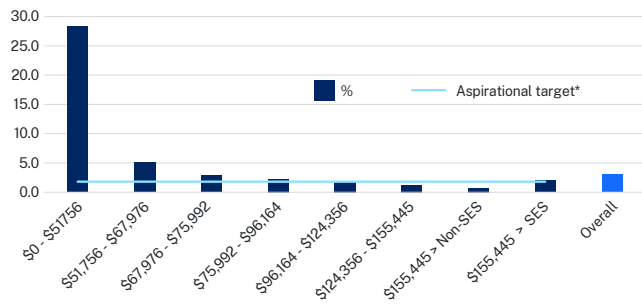
Source: Australian Health Practitioner Regulation Agency, June 2023.

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. **3.** Includes practitioners registered on the temporary sub-register created in response to the COVID-19 pandemic. The pandemic sub-register was closed on 8 June 2023 and any practitioners who remained on it were transitioned to the main Register of practitioners.

Aboriginal staff as a proportion of total percentage



Aboriginal staff by salary band



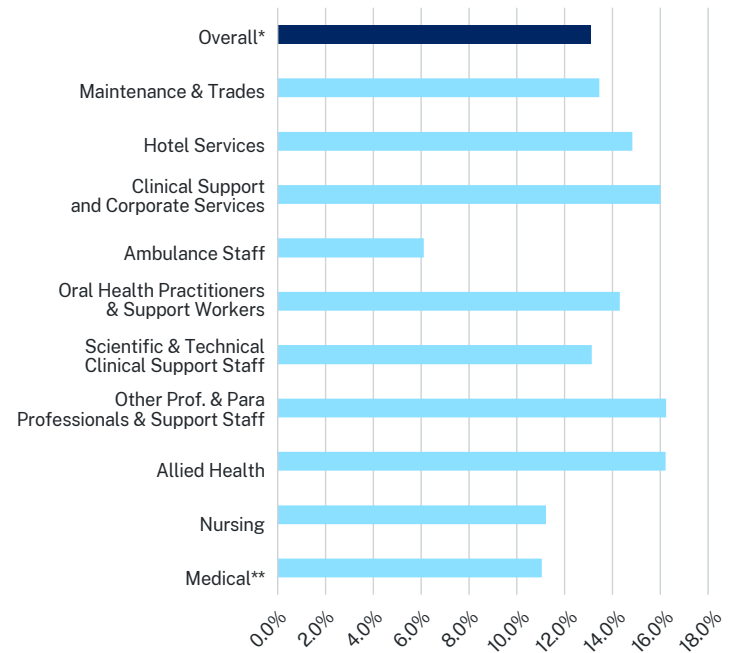
Source: Public Service Commission data collection 2022–23.

Note: NSW Public Health System excludes Third Schedule Facilities. 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 the aspirational target of 1.8% is achieved in salary bands not currently at or above 1.8%, the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3% (original overall target is 2.6%).

Staff turnover

The desired outcome is to have turnover rates within acceptable limits to ensure system stability. As at June 2023, the staff turnover rate was 13.1% a reduction of 0.8%. These higher than usual turnover rates are primarily attributed to changes in service delivery as pandemic responses are brought back into line with normal activity.

Non-casual staff turnover rate by treasury group in 2022–23



Source: Public Service Commission data collection.

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 local health districts, NSW Ministry of Health, Health Pillars, HealthShare NSW, eHealth NSW, Justice Health and Forensic Mental Health Network, NSW Health Pathology, Cancer Institute NSW, Albury Hospital and NSW Ambulance.

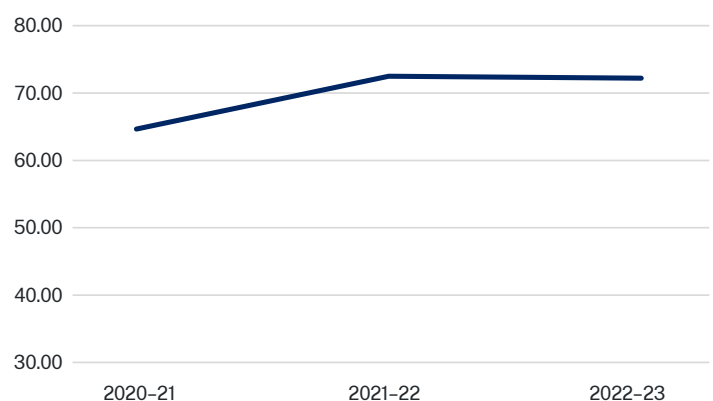
Sick leave

Sick leave hours per full-time equivalent has seen a slight decrease on last year with 72.21 hours per FTE in 2022–23 compared to 72.49 hours per FTE in 2021–22.

Source: Corporate Analytics.

Note: Excludes Third Schedule Facilities and casual employees. Average inclusive of all local health districts, NSW Ministry of Health, health pillars, HealthShare NSW, eHealth NSW, Justice Health and Forensic Mental Health Network, NSW Health Pathology, Cancer Institute NSW, Albury Hospital and NSW Ambulance.

Sick leave average hours per full-time equivalent



Key policies 2022–23

Employee Assistance Programs (PD2022_048)

This Policy Directive outlines standards for Employee Assistance Programs (EAPs) to ensure employees have access to effective assistance services. The Ministry has also developed a Mental Health and Wellbeing Framework intended to provide strategic direction for the creation of psychologically safe workplaces where psychosocial risks are identified, eliminated or controlled. Work has commenced on an action plan to ensure the implementation of the Framework.

Fatigue Management in NSW Health workplaces (GL2023_012)

This Guideline provides a risk management approach for managing work related fatigue. It includes guidance on identifying areas at increased risk for work-related fatigue, assessing the Work Health and Safety related issues and providing strategies to eliminate work related fatigue as much as possible or to minimise its impact where it cannot be eliminated.

Leave Matters for the NSW Health Service (PD2022_006)

This policy summarises leave entitlements, administration and management for employees of the NSW Health service. The policy directive was reviewed and reissued in February 2023 to reflect enhanced leave provisions for parental leave and leave to support employees experiencing domestic and family violence.

Work Health and Safety Audits (PD2023_010)

This Policy sets out the requirement for NSW Health organisations to undertake work health and safety (WHS) audits. Audits are conducted to determine the effectiveness of management systems, to identify the strengths and opportunities for improvements and to ensure compliance with the WHS legislation and NSW Health policies and procedures. This Policy provides a consistent, effective approach for gathering information on which a NSW Health organisation can plan and implement WHS improvements.

Overseas visits

The schedule of overseas visits is for NSW Ministry of Health employees travelling on Ministry related activities. The reported instances of travel are those sourced from general operating funds or from sponsorship arrangements.

Name	Position	Reason for travel	Location
Dr Kerry Chant	Chief Health Officer and Deputy Secretary, Population and Public Health	High Level delegation of Australian Public Health experts and virologists	Israel
Pooja Nair	Director, Centre for Health Record Linkage	Attended the 2022 International Patient Data Linkage Network Conference	Scotland
Simon Wilcox	Principal Analyst, Centre for Epidemiology	Mandatory component of Australian and New Zealand School of Government (ANZSOG) Executive Master of Public Administration Program	New Zealand
Phillip Bannon	Principal Advisor, Centre for Aboriginal Health	Mandatory component of Australian and New Zealand School of Government (ANZSOG) Executive Master of Public Administration Program	New Zealand
Ryan Broome	Principal Advisor, Government Relations Branch	Mandatory component of Australian and New Zealand School of Government (ANZSOG) Executive Master of Public Administration Program	New Zealand
Anne O'Neill	Director, Enterprise and International Partnerships, Office for Health and Medical Research	Attended Biotechnology Innovation Organisation International Convention 2023	United States of America
Dr Laura Collie	Senior Medical Advisor, Office for Health and Medical Research	Attended Biotechnology Innovation Organisation International Convention 2023	United States of America
Phil Minns	Deputy Secretary, People Culture and Governance	Attended Harvard Business Course	United States of America
Terence Johnson	Principal Advisor, Nursing and Midwifery	Represented NSW Health at the New Zealand Job Fair	New Zealand
Tracey Hurley	Operations Manager, Central Resource Unit	Represented NSW Health at the New Zealand Job Fair	New Zealand

Public service senior executives 2022–23

The table below details the number of Public Service senior executives employed, and those temporarily assigned, seconded or acting in a senior executive role at the end of the reporting year.

Band	2022		2023	
	Female	Male	Female	Male
Band 4	1	0	1	0
Band 3	2	3	2	7
Band 2	12	12	15	11
Band 1	54	25	64	30
Totals	69	40	82	48
	109		130	

The average remuneration by pay band for Public Service Senior Executives is detailed below.

Band	Range	Average remuneration	
		2022	2023
Band 4	\$509,251 – \$588,250	\$614,000	\$623,300
Band 3	\$361,301 – \$509,250	\$497,373	\$476,945
Band 2	\$287,201 – \$361,300	\$319,616	\$328,375
Band 1	\$201,350 – \$287,200	\$225,133	\$235,005

Of the NSW Ministry of Health's employee related expenditure in 2023, 18% was related to senior executives, compared with 19% in 2022*.

*Total employee-related expenses have been calculated adjusting the expense for the Agency Performance Adjustment (APA) for Workers Compensation Insurance to reflect the NSW Ministry of Health portion only.

Workers compensation

NSW Ministry of Health – Categories of reportable workers compensation claims

Injury or illness	2020–21		2021–22		2022–23	
	No.	%	No.	%	No.	%
Body Stressing	2	33.3	1	33.3	4	44.4
Slip, Trip, Fall	0	0	0	0	1	11.1
Hitting objects	0	0	0	0	0	0
Psychological	4	66.7	1	33.3	2	22.2
Motor vehicle	0	0	1	33.3	1	11.1
Other	0	0	0	0	1	11.1
TOTAL	6	100	3	100	9	100

NSW Health – Categories of reportable workers compensation claims

Mechanism of injury	2020–21		2021–22		2022–23	
	No.	%	No.	%	No.	%
Body stressing	2,193	44.0	1,938	35.0	1,810	31.0
Biological factors	24	0.5	1,010	18.3	1,420	24.3
Falls, trips and slips of a person	899	18.0	785	14.2	787	13.5
Mental stress	672	13.5	694	12.5	691	11.8
Being hit by moving objects	600	12.1	548	9.9	608	10.4
Hitting objects with a part of the body	256	5.1	216	3.9	203	3.5
Vehicle incidents and other	142	2.9	125	2.3	161	2.8
Chemicals and other substances	91	1.8	110	2.0	73	1.2
Heat, electricity and other environmental factors	66	1.3	51	0.9	48	0.8
Sound and pressure	38	0.8	54	1.0	38	0.7
TOTAL	4,981	100	5,531	100	5,839	100

The overall increase in workers compensation claims recorded for 2022–23 was largely attributable to COVID-19 related claims (biological factors). Claims relating to mental stress, body stressing, hitting objects with a part of the body, chemicals/other substances, heat/electricity and other environment factors were reduced for 2022–23.

Source: icare TMF Dashboard – reportable claims by date reported and entered into the Claims Managers system as at June 2023.

Award changes and industrial relations claims

Wage increases for NSW Health staff

The Ministry conducted all industrial negotiations under the provisions of the NSW Public Sector Wages Policy 2022. The negotiations resulted in a 3% remuneration increase (including superannuation) for NSW Health service employees for the period 1 July 2022 to 30 June 2023. The NSW Government also provided a one-off payment of up to \$3,000 for NSW Health employees in recognition of their work during the COVID-19 pandemic.

On 5 June 2023, the NSW Government announced a new fair pay policy providing a 4% remuneration increase and a 0.5% increase to superannuation from 1 July 2023. The Ministry commenced industrial negotiations under the new policy for 2023–24 with the relevant industrial organisations that cover NSW Health employees.

Introduction of safe staffing levels

On 27 April 2023, the Government announced the establishment of the Safe Staffing Level Taskforce to implement its election commitment of “minimum and enforceable safe staffing levels” in public hospitals. The commitment extends to current nursing hours per patient day wards, emergency departments, intensive care units, multipurpose services, and maternity services.

Claim at the NSW Supreme Court for alleged breaches to Nursing Hours Per Patient Day

The NSW Nurses and Midwives’ Association filed a statement of claim in the Supreme Court relating to alleged breaches of Nursing Hours Per Patient Day during the period January 2019 to October 2022. The parties are in the process of filing evidence and submissions for the Court to consider.

Determination to recognise prior service for Aboriginal Health Workers

On 31 January 2023, the NSW Ministry of Health issued a Determination to enable the recognition of relevant prior service in setting the commencement rate of pay for staff appointed to NSW Health in the classification of Aboriginal Health Worker.

This Determination was specifically developed to support the recruitment of staff to this classification and to assist in attracting suitably experienced people by enabling their relevant employment history to be considered when setting their commencement rate of pay.

Claims in the Supreme Court of NSW for alleged non-compliance with the Medical Officers Award

A representative proceeding has been brought against the State of NSW for alleged underpayment of junior medical officers in breach of the Public Hospitals Medical Officers (State) Award. A separate proceeding has been commenced by the Australian Salaried Medical Officers Federation (NSW) (ASMOF) on behalf of specified employees under the *Industrial Relations Act 1996 (NSW)*. There is substantial overlap in the issues raised in the two proceedings. The Court has set the matters down for an initial hearing in May 2024 of the claim of the lead plaintiff in the representative proceeding and a single specified employee in the ASMOF proceeding.

Staff Specialist Award Variation

NSW Health has submitted an application to the Industrial Relations Commission to vary the Staff Specialists (State) Award. ASMOF will submit a counter variation then the parties will prepare evidence with the matter likely to be heard in the Commission in 2024.

Dispute in the Industrial Relations Commission concerning the Public Hospital Medical Officers Award

ASMOF submitted a Dispute Notification on 12 December 2019 in the Industrial Relations Commission (IRC) in relation to the definition of a registrar. The matter is ready to proceed to hearing but the parties are seeking to resolve the matter via conciliation. The matter is next listed for report back on 11 March 2024.

Appendix 3

Public hospital activity levels

Selected data for the year ended June 2023 Part 1^{1,2}

Local health districts	Separations	Planned separation %	Same-day separation %	Total bed days	Average length of stay (acute) ^{3,6}	Daily average of inpatients ⁴
Justice Health and Forensic Mental Health Network	1,230	94.1	66.2	26,679	8.6	73
Sydney Children's Hospitals Network	58,299	48.0	45.1	165,113	2.7	452
St Vincent's Health Network	43,349	54.8	58.0	171,775	3.2	471
Sydney Local Health District	161,765	51.1	47.8	630,520	3.1	1,727
South Western Sydney Local Health District	238,230	46.5	48.6	864,460	3.0	2,368
South Eastern Sydney Local Health District	182,952	44.2	48.5	659,823	3.0	1,808
Illawarra Shoalhaven Local Health District	94,634	38.3	44.1	423,125	3.4	1,159
Western Sydney Local Health District	172,013	47.2	48.2	661,221	3.2	1,812
Nepean Blue Mountains Local Health District	86,531	42.4	40.4	343,966	3.2	942
Northern Sydney Local Health District	142,573	38.5	42.9	569,762	3.1	1,561
Central Coast Local Health District	96,445	41.2	43.7	363,609	3.0	996
Hunter New England Local Health District	216,374	49.0	44.0	855,298	3.4	2,343
Northern NSW Local Health District	95,202	46.8	48.2	337,119	2.8	924
Mid North Coast Local Health District	76,538	46.8	50.0	261,047	2.8	715
Southern NSW Local Health District	49,305	54.2	52.5	150,497	2.4	412
Murrumbidgee Local Health District	68,755	58.6	45.0	229,679	2.7	629
Western NSW Local Health District	85,596	46.3	42.9	294,459	2.8	807
Far West Local Health District	8,650	58.2	54.6	27,417	2.5	75
Total NSW	1,878,441	46.5	46.5	7,035,569	3.1	19,276
2021–22 Total	1,798,372	44.3	44.9	7,021,858	3.2	19,238
Percentage change (%)⁹	4.5	2.3	1.6	0.2	-4.2	0.2
2020–21 Total	1,900,719	45.4	46.1	6,583,563	2.8	18,037
2019–20 Total	1,830,062	43.7	45.0	6,802,115	3.0	18,636
2018–19 Total	1,912,489	43.2	44.2	7,276,803	3.1	19,936
2017–18 Total	1,918,130	42.9	44.3	7,219,575	3.0	19,780
2016–17 Total	1,961,400	41.3	45.2	6,982,063	3.0	19,129
2015–16 Total	1,886,668	41.5	44.9	6,983,473	3.2	19,133
2014–15 Total	1,840,632	41.9	44.8	6,815,650	3.3	18,673
2013–14 Total	1,803,458	41.8	44.4	6,650,650	3.2	18,221
2012–13 Total	1,737,103	41.5	43.7	6,551,065	3.3	17,948
2011–12 Total	1,682,685	41.3	43.3	6,490,848	3.4	17,783
2010–11 Total	1,629,572	41.6	43.1	6,389,471	3.5	17,505
2009–10 Total	1,598,991	41.6	43.2	6,429,314	3.6	17,615

Selected data for the year ended June 2023 Part 2 ^{1,2,10}

Local health districts	Occupancy rate ⁵ June 23	Acute bed days ⁶	Acute overnight bed days ⁶	Non-admitted patient service events ⁷	Emergency department attendances
Justice Health and Forensic Mental Health Network	n/a	8,848	8,034	700,868	n/a
Sydney Children's Hospitals Network	93.1%	154,715	129,429	409,677	105,650
St Vincent's Health Network	111.0%	130,754	105,675	344,759	50,990
Sydney Local Health District	91.1%	478,718	401,922	1,432,018	175,932
South Western Sydney Local Health District	100.6%	693,914	578,525	1,159,208	305,975
South Eastern Sydney Local Health District	98.8%	502,480	421,472	1,232,511	236,296
Illawarra Shoalhaven Local Health District	96.7%	295,905	254,340	695,669	167,012
Western Sydney Local Health District	99.8%	529,015	446,604	1,397,097	208,205
Nepean Blue Mountains Local Health District	89.0%	265,926	231,103	681,292	139,042
Northern Sydney Local Health District	97.0%	400,368	341,520	971,564	229,235
Central Coast Local Health District	94.8%	269,676	227,814	659,457	151,482
Hunter New England Local Health District	80.8%	696,827	602,035	2,164,925	446,917
Northern NSW Local Health District	90.1%	251,859	206,076	531,547	219,081
Mid North Coast Local Health District	90.0%	202,735	164,559	538,451	141,233
Southern NSW Local Health District	81.1%	110,274	84,543	336,257	120,423
Murrumbidgee Local Health District	83.5%	171,652	140,750	420,557	153,469
Western NSW Local Health District	76.9%	226,679	190,133	683,372	202,283
Far West Local Health District	68.0%	20,390	15,702	94,996	23,222
Total NSW	92.2%	5,410,735	4,550,236	14,454,225	3,076,447
2021–22 Total	91.1%	5,528,522	4,716,675	17,399,533	3,012,146
Percentage change (%)⁹	1.1%	-2.1	-3.5	-16.9	2.1
2020/21 Total	89.0	5,142,519	4,280,409	18,459,100	3,068,887
2019/20 Total	88.4	5,119,777	4,311,129	14,760,683	2,920,483
2018/19 Total	93.5	5,536,493	4,706,766	16,367,143	2,980,872
2017/18 Total	90.3	5,459,506	4,632,188	15,701,453	2,880,708
2016/17 Total	90.7	5,631,650	4,768,339	15,212,465	2,784,731
2015/16 Total	89.9	5,840,865	5,009,910	13,478,446	2,733,853
2014/15 Total	85.2	5,675,482	4,865,590		2,692,838
2013/14 Total	89.0	5,533,491	4,746,307		2,656,302
2012/13 Total	87.8	5,484,364	4,735,991		2,580,878
2011/12 Total	88.6	5,475,789	4,757,507		2,537,681
2010/11 Total	89.1	5,449,313	4,757,219		2,486,026
2009/10 Total	88.3	5,549,809	4,869,508		2,442,982

Note: 1. Data sourced from Health Information Exchange (HIE). The number of separations include care type changes. **2.** Activity includes services contracted to private sector. Data reported are as at 16/09/2023. **3.** Acute average length of stay = (Acute bed days/Acute separations). **4.** Daily average of inpatients = Total Bed Days/365. **5.** Bed occupancy rate is based on June data only. Northern beaches hospital is not available due to missing available beds. Facilities with peer groups other than A1 to C2 are excluded. The following bed types are excluded from all occupancy rate calculations: emergency departments, delivery suites, operating theatres, hospital in the home, recovery wards, residential aged care, community residential and respite activity. **6.** Acute activity is defined by a service category of acute or newborn. Results for Acute separations and bed days from 2018–19 onwards may not be directly comparable to previous years due to the impact of the implementation of the Mental Health Care Type classification. **7.** Service events measured from aggregate of patient level and summary data submissions for each non admitted service/clinic. Pathology services are not included. Data for previous years is not comparable. **8.** Rounding of numbers to the nearest whole number in this table may cause minor differences in totals. Data as at 16/9/23. Source: EDWARD.

Appendix 4

Mental Health

Section 108 of the NSW Mental Health Act 2007

In accordance with Section 108 of the *NSW Mental Health Act (2007)* the tables presented here provides an overview of mental health activities and performance in mental health public hospitals for 2022–23 in relation to:

- achievements during the reporting period in mental health service performance
- data relating to the utilisation of mental health resources.

Table 1 provides data against a set of measures for hospital activities related to bed utilisation (availability and occupancy of beds), hospital separations (same day and overnight), and community contacts. Activity measure is based on all acute, sub-acute and non-acute mental health facilities.

Table 2 provides rates for three national key performance indicators (KPIs). These indicators measure effectiveness (28 days readmission rate), appropriateness (seclusion rate, duration, and frequency) and continuity (seven days post discharge community care) of care in acute mental health services.

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 2022–23

Public Psychiatric Hospitals, Co-located Psychiatric Units in Public Hospitals and Specialist Mental Health Community Team Activity.

Local health districts and health networks	Average available beds ¹	Average occupied beds ²	Same-day separations ³	Overnight separations ⁴	Specialist mental health community contacts ⁵
Justice Health and Forensic Mental Health Network	231.0	205.1	2	546	296,118
Sydney Children's Hospitals Network	15.1	10.8	12	261	41,849
St Vincent's Health Network	47.7	46.1	23	1003	57,437
Sydney Local Health District	264.5	241.9	303	3013	286,568
South Western Sydney Local Health District	208.4	196.2	218	4009	575,961
South Eastern Sydney Local Health District	169.4	143.3	89	2555	615,550
Illawarra Shoalhaven Local Health District	121.7	84.9	55	2320	312,725
Western Sydney Local Health District	314.5	264.6	415	3598	315,038
Nepean Blue Mountains Local Health District	80.7	74.4	67	1808	164,558
Northern Sydney Local Health District	323.8	262.4	227	2801	783,507
Central Coast Local Health District	83.5	68.8	24	1462	430,501
Hunter New England Local Health District	320.0	257.0	137	4677	456,152
Northern NSW Local Health District	84.3	70.2	19	1688	242,797
Mid North Coast Local Health District	72.0	59.3	33	1440	221,394
Southern NSW Local Health District	68.0	38.4	84	999	155,767
Murrumbidgee Local Health District	66.0	51.7	6	1113	200,288
Western NSW Local Health District	171.8	134.6	49	1633	238,752
Far West Local Health District	16.2	9.1	22	208	104,100
NSW – Total	2,658.8	2,218.7	1,785	3,5134	5,499,062
2021–22	2,604	2,127	1,876	35,407	5,866,856
2020–21 ⁶	2,663	2,278	2,563	38,657	6,355,663
2019–20	2,683	2,282	2,613	38,048	5,936,566
2018–19	2,744	2,340	2,512	39,244	5,828,793

Definitions: **1.** “Average Available beds” are the average of 365 nightly census counts. This data is extracted from the Bed Reporting System by System Information and Analytics (SIA) Branch, NSW Health. An available bed is one that is staffed, open and available for admission of a patient. **2.** “Average occupied beds” are calculated from the total Occupied Overnight Bed Days for the year. Higher numbers of occupied beds than available can sometimes be reported due to use of surge beds to cope with high demands. **1,2.** Components may not add to total in NSW due to rounding error. **3.** “Same-day Separations” are those where the hospital episode begins and ends on the same day. **4.** “Overnight Separations” are episodes of hospital care where the person stays at least one night in hospital, and are concluded by discharged, death, transfer to another hospital or change to a different type of care at the same hospital. **5.** Ambulatory mental health care includes all care provided by specialist mental health services for people who are not inpatients of mental health units at the time of care. **6.** Revised ambulatory contacts, NSW 2021–2022.

Table 2. Mental Health – Acute Indicators 2022–23

Rates of 28 days readmission, seven days post discharge community care, seclusion rate, duration, and frequency in mental health services.

Local health district, network and hospital	28 days readmission rate (%) ¹	7 days post-discharge community care rate (%) ²	Seclusion rate ³	Seclusion average duration ⁴	Seclusion frequency (%) ⁵
Justice Health and Forensic Mental Health Network	15.7	22.8	15.2	17.7	45.8
Forensic Hospital	52.0	17.4	15.2	17.7	45.8
Long Bay ⁶	14.5	26.5			
MRRC ⁶	13.1	20.0			
Silverwater Women’s Correctional Centre ⁶	12.8	26.4			
Sydney Children’s Hospitals Network	17.5	94.1	0.4	0.2	0.1
Children’s Hospital at Westmead	25.8	94.2	0.9	0.2	0.7
Sydney Children’s Hospital Randwick	8.3	94.0	0.0	0.0	0.0
St Vincent’s Health Network	12.9	61.6	1.6	2.5	1.8
St Joseph’s	9.3	63.5	0.0	0.0	0.0
St Vincent’s	13.1	61.4	2.1	2.5	2.0
Sydney Local Health District	12.9	70.1	6.6	14.4	6.4
Concord	13.3	71.8	8.5	14.5	9.6
Royal Prince Alfred	12.4	68.4	3.6	14.1	3.0
South Western Sydney Local Health District	15.5	75.0	6.0	6.5	4.8
Bankstown	17.1	76.1	5.1	5.3	5.5
Braeside	6.0	68.8	0.0	0.0	0.0
Campbelltown	17.2	76.1	3.3	3.0	2.7
Liverpool	13.3	73.5	11.5	8.1	7.2
South Eastern Sydney Local Health District	14.5	83.4	2.3	3.5	1.9
Prince of Wales	14.1	78.4	1.8	5.4	1.6
St George	15.2	82.6	2.6	3.1	1.9
Sutherland	14.0	93.8	3.0	1.3	2.5
Illawarra Shoalhaven Local Health District	14.6	84.5	7.5	4.0	4.6
Shellharbour	15.7	83.0	8.8	4.7	5.2
Wollongong	12.9	86.9	5.8	2.5	3.7
Western Sydney Local Health District	16.3	78.9	6.4	16.2	4.5
Blacktown	17.3	78.7	3.6	4.9	1.9
Cumberland	16.1	76.3	9.2	17.8	6.7
Westmead	14.1	91.0	0.0	0.0	0.0
Nepean Blue Mountains Local Health District	17.1	72.3	5.9	11.2	4.2
Blue Mountains	13.6	74.0	2.6	4.1	2.6
Nepean	17.8	72.0	6.6	11.8	4.5
Northern Sydney Local Health District	14.0	87.8	3.3	9.3	1.7
Greenwich	5.3	82.6	0.0	0.0	0.0
Hornsby	17.6	85.7	7.8	10.1	4.0

Local health district, network and hospital	28 days readmission rate (%) ¹	7 days post-discharge community care rate (%) ²	Seclusion rate ³	Seclusion average duration ⁴	Seclusion frequency (%) ⁵
Macquarie	11.5	87.2	0.4	6.4	1.3
Northern Beaches ^{7,8}			0.8	2.2	0.4
Royal North Shore	11.9	90.6	1.2	5.7	1.1
Central Coast Local Health District	12.0	79.8	2.8	2.2	3.0
Gosford	11.5	74.2	2.0	1.5	2.8
Wyong	12.3	82.6	3.3	2.5	3.2
Hunter New England Local Health District	13.3	69.2	6.3	5.3	3.6
Armidale	9.3	80.7	0.0	0.0	0.0
HNE Mater	14.5	67.7	8.0	6.4	3.9
John Hunter	22.5	85.2	4.0	1.0	3.0
Maitland	11.0	51.4	4.4	4.1	5.0
Manning	4.7	70.8	1.0	2.3	1.6
Morisset	8.3	100.0	13.1	2.0	19.4
Tamworth	14.4	77.1	4.6	2.3	3.3
Northern NSW Local Health District	16.1	58.0	2.4	4.9	1.9
Lismore	15.2	62.2	3.3	4.7	2.9
Tweed	17.1	53.6	1.1	5.6	0.9
Mid North Coast Local Health District	16.0	67.8	2.5	9.1	2.0
Coffs Harbour	15.0	66.2	3.3	7.0	2.8
Kempsey	15.7	69.8	0.0	0.0	0.0
Port Macquarie	18.4	69.5	2.3	16.6	1.9
Southern NSW Local Health District	11.4	78.0	2.5	1.4	1.3
Goulburn	10.7	76.5	2.0	1.8	1.5
South East Regional	11.8	78.9	3.2	1.0	0.9
Murrumbidgee Local Health District	8.4	82.1	1.0	0.8	0.7
Wagga Wagga	8.4	82.1	1.0	0.8	0.7
Western NSW Local Health District	10.3	75.6	1.5	0.9	1.3
Dubbo	12.7	69.4	1.5	0.7	1.4
Orange Health Service	9.8	77.1	1.5	1.0	1.2
Far West Local Health District	14.3	83.7	6.3	1.4	1.9
Broken Hill	14.3	83.7	6.3	1.4	1.9
NSW – Total	14.2	74.4	4.7 (5.0)	9.2 (10.0)	3.4 (3.5)
2021–22	14.7	76.4	6.1 (7.9)	6.3 (8.9)	4.1 (4.2)
2020–21	15.2	78.3	6.1 (7.9)	6.3 (8.9)	4.1 (4.2)
2019–20	15.0	76.9	5.5 (6.0)	5.6 (12.7)	3.7 (3.8)
2018–19	14.6	75.1	5.8 (6.0)	4.7 (11.1)	4.0 (4.1)

Definitions: **1.** Overnight separations from acute psychiatric inpatient units that are followed by readmission to the same or another acute psychiatric unit. **2.** Overnight separations from acute psychiatric inpatient units for which a community mental health contact, in which the client participated, was recorded in the seven days following that separation. **3.** Rate: Acute Seclusion episodes per 1,000 occupied bed days. **4.** Duration: Average duration of acute seclusion episodes (hours per episode). **5.** Frequency: Percent of acute mental health hospital stays where seclusion occurred.

Note: **3,4,5.** NSW rate, duration and frequency for seclusion is calculated by including or excluding Justice Health. Figures in parentheses include Justice Health. **6.** Use of seclusion is not reported by NSW Health due to shared model of service delivery with Corrective Services NSW. **7.** Inclusion of Northern Beaches Hospital from 2022–23 in NSW rate, duration and frequency for seclusion **8.** Readmission 28 days and post-discharge follow up excludes Northern Beaches Hospital.

Compliance and glossary

Compliance checklist

NSW annual reporting legislation requires all reporting GSF agencies to present to Parliament an annual report containing financial and non-financial information on their operational activities. Reporting requirements for specific public entities are contained in the *Government Sector Finance Act 2018* (GSF Act), its associated regulations, Treasurer's Directions, other legislation and policies.

NSW Health's reporting obligations and disclosure requirements are met in this annual report at:

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Glossary

Activity Based Funding (ABF)

Activity Based Funding is a management tool which helps plan and assess performance and clinical needs as part of the approach to the funding, purchasing and performance of health services. Activity Based Funding helps make public health funding more effective because health service management can allocate their share of available state and Commonwealth funding based on real levels of patient care. The Activity Based Funding tool allows public health planners, administrators, consumers and clinicians to see how and where taxpayer funding is being allocated.

Acute care

Short-term medical treatment, usually in a hospital, for patients with an acute illness or injury, or recovering from surgery. Acute illness/injury is one that is severe in its effect or approaching crisis point, for example acute appendicitis.

Antenatal

The period before birth.

Chemotherapy

The treatment of disease by chemical agents, for example, the use of drugs to destroy cancer cells.

Chronic disease

The term applied to a diverse group of diseases, such as heart disease, cancer, and arthritis, that tend to be long-lasting and persistent in their symptoms or development. Although these features also apply to some communicable diseases (infections), the term chronic diseases is usually confined to non-communicable diseases.

Clinical governance

A term to describe a systematic approach to maintaining and improving the quality of patient care within a health system.

Collaborative Commissioning

A whole-of-system approach to incentivise local autonomy and accountability for delivering patient-centred and outcome-focused care in the community.

Commissioning for Better Value

A statewide project to shift focus of non-clinical and clinical support projects from outputs to outcomes.

Community Managed Organisations (CMO)

A key provider of mental health, community support and disability support services to people with a lived experience.

ComPacks Program

Facilitates safe and early discharge of eligible patients from hospital by providing access to a short-term package of care designed to help them gain independence and prevent their readmission to hospital.

CORE values

The values that underpin all NSW Health activity: Collaboration, Openness, Respect and Empowerment.

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-cigarette

Battery operated devices that heat a liquid (also known as e-liquid) to produce a vapour that users inhale. E-cigarettes are also called 'e-cigs' or 'vapes'.

e-learning

Education and training undertaken in electronic media, especially over the internet.

Enrolled nurse

An enrolled nurse is an associate to the registered nurse who demonstrates competence in the provision of patient-centred care as specified by the registering authority's licence to practise, educational preparation and context of care.

Go4Fun

NSW Health's overweight and obesity treatment and information program for children above a healthy weight involving children aged seven to 13 years and their parents. Go4Fun focuses on developing healthy eating habits, building self-confidence and getting children more active.

Hepatitis A (Hep A)

An acute form of viral hepatitis transmitted by ingesting food or drink that is contaminated with faecal matter.

Hepatitis B (Hep 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 (Hep C)

A blood-borne viral disease that can result in serious liver disease such as cirrhosis, liver failure and liver cancer. Hepatitis C is usually transmitted by parenteral means (such as injection of an illicit drug or exposure to blood or blood products), or from mother to baby around the time of birth.

Hospital in the Home (HITH)

Delivers selected types of acute care to suitable patients at their home or clinic setting as an alternative to inpatient (hospital) care. Hospital separation from a healthcare facility occurs any time a patient (or resident) leaves because of death, patient discharge, sign-out against medical advice, take own leave, or transfer.

Hyperemesis Gravidarum (HG)

Severe nausea and vomiting in pregnancy lasting for more than a few days.

Hypofractionated radiotherapy

An external beam radiotherapy using a smaller number of doses, each providing a higher amount of radiation than standard external beam radiotherapy.

Integrated care

Statewide strategies to coordinate care and processes within the health system and with other service providers.

In vitro fertilisation (IVF)

In vitro fertilisation (IVF) is a complex series of procedures used to help with fertility or prevent genetic problems and assist with the conception of a child.

Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)

NSW Health's Isolated Patients Travel and Accommodation Scheme provides financial assistance towards travel and accommodation costs when patients need to travel more than 100km one way, or 200km in a week, for specialised medical treatment that is not available locally.

Junior medical officer (JMO)

A medical graduate with at least two years' postgraduate experience, extending to a medical graduate working in a graduate training period of five to 10 years.

Key performance indicators (KPI)

Indicators that measure agency effectiveness in achieving program objectives.

Leading Better Value Care (LBVC)

A statewide program to identify and scale evidence-based initiatives for specific conditions. It focuses on managing conditions in the most appropriate setting and is accelerating value-based healthcare in NSW.

Local health districts (LHD)

Organisations which manage public hospitals and provide health services to communities within a specific geographic area. Eight local health districts cover the Sydney metropolitan region, and seven cover rural and regional NSW.

Long COVID

An illness that occurs in people who have a history of probable or confirmed COVID-19; usually within three months from the onset of COVID-19, with symptoms and effects that last for at least two months.

MidStart

The statewide recruitment process for registered nurses seeking employment as a midwifery student in a NSW public hospital.

Mpox (Monkeypox)

Mpox is a viral infection that causes a rash. It is mainly spread by skin-to-skin contact with someone who has mpox.

Multipurpose Services

A flexible service model for regional and rural communities, providing communities with access to a range of integrated health services such as acute care, subacute care, allied health, oral health, aged care, primary and community services.

My Health Learning

Statewide learning management system for NSW Health staff, managed by the Health Education and Training Institute.

My Health Record

The national digital health record system, providing healthcare providers, such as doctors and hospital staff, access to a patient's important health information from anywhere at any time.

National Disability Insurance Scheme (NDIS)

A national system of disability support focused on the individual needs and choices of people with disability, their families and their carers. Provides access to support services and funding support.

NSW Patient Survey Program

A NSW Health program of multiple surveys to ask people across the state about their recent experience with the public healthcare system, supporting improvement across the system and within individual care organisations.

Nurse practitioner (NP)

A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The role includes assessment and management of clients using nursing knowledge and skills and may include the direct referral of patients to other healthcare professionals, prescribing medications and ordering diagnostic investigations.

Oncology

The study and treatment of cancer and tumours.

Osteoarthritis

Occurs when the cartilage between joints breaks down. This can cause chronic pain and stiffness, physical disability, functional impairment and social and vocational difficulties.

Osteoporosis

A chronic disease that reduces bone density and strength causing ongoing pain, reduced mobility, loss of function and a lower quality of life.

Out of Hospital Care packages (OHC)

A short-term package of care (such as assistance with personal care, domestic assistance, transport and social support) provided to facilitate safe and early discharge of eligible patients from hospital.

Palliative care

Care provided to achieve the best possible quality of life for patients with a progressive and far-advanced disease, with little or no prospect of cure.

Patient flow

The movement of patients through a healthcare facility from the point of admission to the point of discharge.

Patient Reported Measures (PRMs)

A NSW Health program giving patients and their carers the opportunity to provide direct feedback about their treatment and its results, informing improvement across the NSW public health system.

Patient Transport Service

A transport service provided for patients who require clinical monitoring or supervision during transport, but do not require an urgent ambulance response.

Pathology

The study and diagnosis of disease through the examination of organs, tissues, cells and bodily fluids.

Performance Framework

The NSW Health Performance Framework measures the performance expected of NSW Health organisations to achieve required levels of health improvement, service delivery and financial performance.

Perinatal

The period shortly before and after birth. The term generally describes the period between the 20th week of gestation and one to four weeks after birth.

Pillars

The five pillar organisations in NSW Health provide expertise in the development of new models of care, quality and safety initiatives, training and development and performance reporting which helps local health districts and networks provide the best possible care. The pillar organisations are: Agency for Clinical Innovation, Bureau of Health Information, Cancer Institute NSW, Clinical Excellence Commission, and Health Education and Training Institute.

Phage therapy

An alternative or addition to traditional antibiotics where bacteriophages or ‘phages’ are used to selectively infect bacteria and can kill them.

Primary care

Provides the patient with a broad spectrum of care, both preventive and curative, over a certain period of time and coordinates all of the care the person receives.

Primary health networks (PHNs)

Primary health networks have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes.

Radiotherapy

The study and discipline of treating malignant disease with radiation. The treatment is referred to as radiotherapy or radiation therapy.

Safe Haven

Safe Havens are a drop-in alternative to the emergency department for people experiencing emotional and suicidal distress.

Single Digital Patient Record (SDPR)

The Single Digital Patient Record system is a single digital platform that will provide fast, secure and easy statewide access to an integrated record of an individual’s medical history in real-time.

The platform will incorporate Patient Administration System (PAS), Electronic Medical Record (eMR) and Laboratory Information Management System (LIMS) capabilities.

Specialty health networks (SHNs)

Two specialist networks operate across NSW with a focus on children’s and paediatric services, and forensic mental health. A third network operates across the public health services provided by three Sydney facilities operated by St Vincent’s Health Network.

Transfer of care

Measures the percentage of patients arriving at hospital by ambulance whose care is transferred from ambulance staff to the emergency department staff within 30 minutes of arrival.

Trauma-informed care

Understanding, recognising and responding to trauma based on knowledge and understanding of trauma, how it affects people’s lives, their service needs as well as how clients might present to services.

It considers people’s symptoms, responses and behaviours in the context of their past experiences, and emphasises physical, emotional and psychological safety for clients and staff.

Value-based care

Is focused on generating value for patients by improving health outcomes, reducing costs and enabling healthcare access across a greater geographical area. In NSW, value-based healthcare means continually striving to deliver care that improves:

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

Virtual care

Virtual care, also known as telehealth, safely connects patients with health professionals to deliver care when and where it is needed. It complements the face-to-face care that patients are used to.

Visiting medical officer (VMO)

A medical practitioner in private practice who also provides medical services in a public hospital. VMOs are not hospital employees but are contracted by the local health district to provide specific medical services.

YourRoom

A website to get facts about alcohol and other drugs. A joint initiative by NSW Health and St Vincent’s Alcohol and Drug Information Service.

NSW Health

2022-23