Annual Report

2018-19

NSW GOVERNMENT | Health

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

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October 2019

ABOUT THIS REPORT

This annual report describes the performance and operation of NSW Health during 2018-19. It has been prepared according to parliamentary reporting and legislative requirements and is arranged in six sections.

SECTION 1: OVERVIEW

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

SECTION 2: PERFORMANCE

Summarises performance against the NSW Health Strategic Priorities 2018-19.

SECTION 3: MANAGEMENT AND ACCOUNTABILITY

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

SECTION 4: FINANCES

Details key financial management reporting.

SECTION 5: FINANCIAL REPORTS

Presents NSW Health's audited financial statements for 2018-19.

SECTION 6: NSW HEALTH ORGANISATIONS

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

APPENDICES

Provides additional information and data to supplement the report.

LETTER TO THE MINISTER

The Hon. Brad Hazzard MP
Minister for Health and Medical Research
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Minister

In compliance with the terms of the *Annual Reports (Departments) Act 1985*, the Annual Reports (Departments) Regulation 2015 and the *Public Finance and Audit Act 1983*, I submit the Annual Report and Financial Statements of NSW Health organisations for the financial year ended 30 June 2019, 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 2018-19'. I am also sending a copy of the report to the Treasurer.

Yours sincerely

Elizabeth Koff
Secretary, NSW Health

NSW HEALTH
SNAPSHOT

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

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

$26.7 BILLION
2019-20 BUDGET

119,784
FULL-TIME EQUIVALENT STAFF

228
HOSPITALS

17
LOCAL HEALTH DISTRICTS & SPECIALTY HEALTH NETWORKS

3.0 MILLION
EMERGENCY DEPARTMENT ATTENDANCES

327,000
SURGERIES PERFORMED

1.9 MILLION
INPATIENT EPISODES

1,130,897
AMBULANCE EMERGENCY RESPONSES

THE NSW COMMUNITY

16.3%
PEOPLE AGED 65 AND OVER

57.8%
DRIVE TO WORK

5.4%
PEOPLE WHO NEED ASSISTANCE WITH CORE ACTIVITIES

18.5%
ARE AGED 14 AND UNDER

2.9%
ARE ABORIGINAL PEOPLE

65.5%
PEOPLE BORN IN AUSTRALIA

ON A TYPICAL DAY IN NSW...

45,000
CLINICIANS USE THE ELECTRONIC MEDICAL RECORD SYSTEM

17,100
PEOPLE SPEND THE NIGHT IN A PUBLIC HOSPITAL

3009
PEOPLE ARE ADMITTED TO A PUBLIC HOSPITAL

627
PATIENTS HAVE ELECTIVE SURGERY PERFORMED IN A PUBLIC HOSPITAL

269
PATIENTS HAVE UNPLANNED SURGERY PERFORMED IN A PUBLIC HOSPITAL

203
BABIES ARE BORN IN A PUBLIC HOSPITAL

39,204
NON ADMITTED PATIENT SERVICES EVENTS

Sources: Australian Bureau of Statistics, 2016 census; NSW Ministry of Health. Some figures are approximate.

IN 2018-19

963,000
calls for an ambulance

17,804
aeromedical responses

157,000
children cared for by The Sydney Children's Hospitals Network

156,000
units of blood issued to public hospitals

Up to
3 million
biospecimens stored and made available to researchers through NSW Health Statewide Biobank

50+
notifiable conditions tracked by Health Protection NSW

391,873
people received public dental services

SECRETARY'S YEAR IN REVIEW

I am honoured and privileged to lead the largest health system in Australia, recognised as one of the most effective in the world. NSW Health's 2018-19 achievements demonstrate our commitment to the residents of NSW to deliver exceptional care to the sick and injured to protect, promote and maintain their health and wellbeing.

We achieve this through understanding the changing needs and preferences of the community in how healthcare is delivered, partnering with clinicians to improve current models of care and developing new ways of delivering care. This approach is evidence-based, applying international and national research as well as innovation, digital and data models to better connect and inform care for our patients, who are at the heart of everything we do.

Delivering on key priorities

In 2019, the NSW Government set out its five areas of focus to 2023: economic strength, tackling intergenerational disadvantage, putting the customer at the centre of all that we do, pursuing quality education for all, and fostering connected communities.

NSW Health is well-positioned to support these areas of focus, as we signal our new vision: *for a sustainable health system that delivers outcomes that matter to patients, is personalised, invests in wellness and is digitally enabled*. The patient experience is now an explicit area of specific focus in the area of health system performance. This is an important change and underscores our commitment to put the needs of our patients at the centre of all that we do.

The NSW Health Strategic Priorities outline how we work together across our diverse system to achieve core objectives and pursue our vision. They build on and complement the *State Health Plan: Towards 2021* as well as to support the NSW Government and Premier's Priorities 2015-2019. From 1 July 2019, new Premier's Priorities came into effect for health: improving service levels in hospitals, reducing preventable visits to hospitals by better caring for people in the community, and reducing the rate of suicide deaths in the journey towards zero suicides. These will be reported against in the 2019-20 NSW Health Annual Report.

Our Strategic Priorities are reported against in the Performance section of the 2018-19 Annual Report and provide a detailed overview of our target outcomes. Our progress against the Strategic Priorities show that NSW Health is improving the experiences of patients in our system and strengthening safety and quality in care across the state.

Delivering for our patients

The 2018-19 financial year saw NSW Health deliver on a range of outcomes for the citizens of NSW. We cared for three million people visiting our emergency departments, performed 327,000 surgeries, distributed 2.4 million influenza vaccines and vaccinated 120,000 high-school students against meningococcal ACWY disease. We invested $38 million in overweight and obesity prevention in the community. We increased the scope of care provided to our patients, delivering 26 hospital infrastructure projects across NSW on time and on budget. And we drove collaboration between health, academia and industry to further existing health and education precincts across the state.

NSW Health is continuing to shift from volume-based to value-based healthcare, building integrated teams around our patients and working towards providing more care in the community. In delivering this shift throughout 2018-19, there were 27,000 occasions where patients received acute care in a Hospital in the Home service rather than having to stay in a hospital bed. Our statewide Leading Better Value Care program accelerated over 2018-19, scaling up evidence-based initiatives for specific conditions, with a strong focus on measurement and evaluation to show the impact of care on positive outcomes. NSW Health launched its Strategic Framework for Integrating Care in 2018-19, providing an overarching vision for better integration of care and patient experiences across the public health system.

In 2018-19, the Bureau of Health Information continued to manage and expand the NSW Patient Survey Program, asking almost 300,000 patients about their time in the NSW health system. The Emergency Department Patient Experience initiative was also successfully implemented in the emergency departments at Liverpool, Lismore, Blacktown and Nepean hospitals. The initiative aims to improve each person's experience by creating an environment that helps patients, carers and their families feel welcome, safe, cared-for and empowered.

Reducing seclusion and restraint in mental health facilities is a safety and quality priority for NSW Health. A key foundation of NSW Health's implementation plan for this is to work in collaboration with mental health consumers, carers and families, to bring the contributions of people with lived experience of mental health issues together with the skills of mental health clinicians, and offer opportunities to further improve the quality of mental health services. The NSW Government also committed $20 million to improve the therapeutic environment of acute mental health units, and worked collaboratively with peak consumer and carer organisations to ensure investment targeted the development of welcoming environments that were trauma-informed and would foster hope and safety.

Delivering improvements in technology

NSW Health continued to work towards improving data insights and access to real-time data. We completed implementation of Electronic Medication Management (eMeds) at 84 sites, with an additional 12 sites going live with the Electronic Medical Record (eMR) and we continued deployment of the Electronic Record for Intensive Care (eRIC). In partnership with clinical governance committees, eHealth NSW designed and developed the new incident management system (ims+) and the Clinical Excellence Commission's Quality Improvement Data System was developed to provide support to local health districts and specialty health networks with data and improvement tools to monitor and reduce 16 hospital acquired complications.

In progressing our digital health capabilities, in 2018-19 we developed and implemented adult intensive care, paediatric intensive care and neonatal intensive care statewide dashboards to enhance visibility and access across NSW. We developed Electronic Patient Journey Boards and a bed status update tool, which was rolled out to special care nurseries to improve patient flow and ensure the safe transfer of babies closer to home. This year, NSW Health completed the Rural eHealth Program, giving 17,000 rural and remote clinicians digital access to patient information, and developed Analytics Assist to help NSW Health staff find and use statewide data and information to drive improved health outcomes and health system performance.

Delivering for our staff

We continue to invest in our greatest asset, our people.

In 2018-19, we continued to build a diverse workforce that reflects the diverse communities we serve, with the hiring and onboarding of 46,000 new staff. As a result, 119,784 full-time equivalent staff are now part of NSW Health. The NSW Health Aboriginal Workforce grew to 2.75 per cent and the Aboriginal Population Health Training Initiative continued to support Aboriginal people to develop and apply public health skills through three years of workplace-based training and part-time postgraduate study.

Junior Medical Officers (JMOs) at public hospitals are also benefiting from several new projects under a $1 million package aimed at improving their health and wellbeing. NSW Ambulance is implementing the Wellbeing Investment Program to further support the mental health and wellbeing of staff. Enabled by $30 million in NSW Government funding over four years, the Wellbeing Investment Program was substantially developed with input from stakeholders, including unions, and following an overwhelming response to the 2016 NSW Ambulance Wellbeing and Resilience Summit.

In 2018-19, we graduated the first group from the Next Generation of Leaders and Managers within NSW Health program. The two-year program includes extending leadership capabilities and working with a rural local health district on a significant strategic challenge. There were 139 rural preferential intern positions filled, building on the recruitment within rural hospitals across NSW Health, aligning pathways for rural generalists from training through to employment.

I would like to thank the staff of NSW Health for another year of significant achievement and for their kindness, compassion and care for our patients, for our communities and for each other. Together, we will continue to make a difference, every single day.

Elizabeth Koff
Secretary, NSW Health

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SECTION 1

OVERVIEW

ABOUT NSW HEALTH

OVERVIEW

NSW Health is the largest healthcare system in Australia, and among the largest in the world. Every year, NSW Health cares for millions of people and oversees the investment of billions of dollars in patient care, building works, equipment, technology and research. At June 2019, NSW Health employed 119,784 full-time equivalent staff.

PURPOSE

NSW Health plans the provision of comprehensive, balanced and coordinated health services to promote, protect, develop, maintain and improve the health and wellbeing of the residents of NSW. (Source: *Health Administration Act 1982 No 135*, section 5.)

VISION

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

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.

Collaboration

We are committed to working collaboratively to achieve the best possible outcomes for our patients, who are at the centre of everything we do. We acknowledge that every person working in the health system plays a valuable role in improving the patient experience, and meeting the Premier's and NSW Health's priorities.

Openness

We are committed to openness in our communications, building confidence and increasing cooperation. We are committed to encouraging our patients and all staff members in the health system to provide feedback that will help us provide better services.

Respect

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

Empowerment

In providing quality healthcare services, we aim to ensure our patients can make well-informed and confident decisions about their care and treatment.

STRATEGIC PRIORITIES

The NSW Government and the Premier have set priorities to grow the economy, deliver infrastructure, protect the vulnerable and improve health, education and public services across the state. Reporting on these priorities allows the Government to measure and deliver projects that create a stronger, healthier and safer NSW.

In addition, we have developed the NSW Health Strategic Priorities, which focus on eight areas to improve results for patients and the community. The *NSW State Health Plan* provides an overarching framework to guide NSW Health to meet these priorities, as well as its statutory functions. The plan ensures the system delivers the right care, in the right place, at the right time – while also contributing to fulfilling the NSW Government's and Premier's priorities.

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

The strategic priorities for NSW Health are to:

- keep people healthy
- provide world-class clinical care: patient safety first
- integrate systems to deliver truly connected care
- develop and support our people and culture
- support and harness health and medical research and innovation
- enable eHealth, health information and data analytics
- deliver infrastructure and system capability
- build financial sustainability and robust governance.

Section 2 of this report outlines key achievements for 2018-19 against each of the strategic priorities.

CHALLENGES

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

These include:

- greater patient expectations resulting from technological advances
- an ageing population using services more frequently
- a changing disease burden, from acute care to chronic and complex conditions that require more dynamic management.

To respond to these challenges, NSW Health is moving from volume-based to value-based healthcare, a whole of system reform that challenges us to better understand and measure what matters to patients and the community.

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

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

HEALTH PORTFOLIO MINISTERS

The Hon. Brad Hazzard MP became the Minister for Health and Minister for Medical Research on 30 January 2017. On 2 April 2019, his title changed to Minister for Health and Medical Research. Minister Hazzard is the coordinating Minister for the Health cluster.

The Hon. Bronnie Taylor MLC became the Minister for Mental Health, Regional Youth and Women on 2 April 2019.

The Hon. Tanya Davies MP was the Minister for Mental Health, Minister for Women and Minister for Ageing from 30 January 2017 until 2 April 2019.

PLAN ON A PAGE

NSW HEALTH STRATEGIC PRIORITIES 2018–19

1 Keep people healthy

- 1.1 Implement policy and programs to reduce childhood obesity
- 1.2 Ensure preventive and population health programs to reduce tobacco use
- 1.3 Embed a health system response to alcohol and drug use and work across government agencies
- 1.4 Reduce the impact of infectious disease on the community
- 1.5 Embed Aboriginal cultural concepts of health and wellbeing in programs and services

2 Provide world-class clinical care: patient safety first

- 2.1 Continue to embed quality improvement and redesign to ensure safer patient care
- 2.2 Continue to move to patient-centred value-based care
- 2.3 Improve the patient experience
- 2.4 Ensure timely access to care, with a focus on emergency, surgery and Ambulance performance
- 2.5 Use system performance information to drive reform to the system

3 Integrate systems to deliver truly connected care

- 3.1 Drive system integration through funding and partnership agreements
- 3.2 Deliver mental health reforms across the system
- 3.3 Integrate the approach to End of Life and Palliative Care
- 3.4 Support people with disability within the health sector and between agencies
- 3.5 Leverage health information and analytics to connect care across the system
- 3.6 Support vulnerable people

4 Develop and support our people and culture

- 4.1 Achieve a 'Fit for Purpose' workforce for now and the future
- 4.2 Enable new ways of working facilitated by the move to St Leonards
- 4.3 Strengthen the culture within NSW Health organisations to reflect our CORE values more consistently
- 4.4 Develop effective health professional managers and leaders
- 4.5 Improve health, safety and wellbeing at work

5 Support and harness health and medical research and innovation

- 5.1 Generate policy-relevant research
- 5.2 Drive research translation in the health system
- 5.3 Make NSW a global leader in clinical trials
- 5.4 Enable the research environment

6 Enable eHealth, health information and data analytics

- 6.1 Implement integrated paper-lite core clinical information systems
- 6.2 Foster eHealth solutions that support integrated health services
- 6.3 Systemise enhanced access to data and information through improved platforms
- 6.4 Systemise and expand the integration of data to drive greater insights
- 6.5 Enhance decision-making by better supporting insights and actioning
- 6.6 Enhance patient, provider and research community access to digital health information

7 Deliver infrastructure and system capability

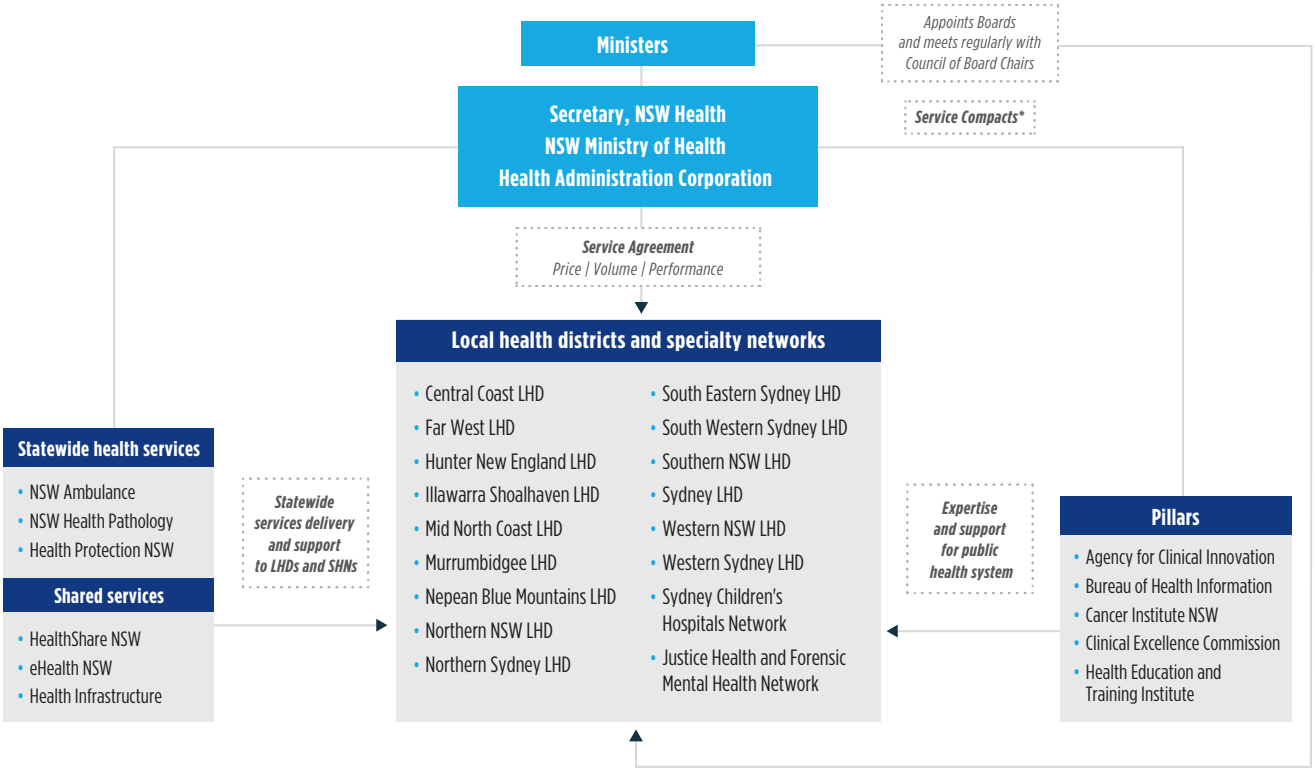
- 7.1 Deliver agreed infrastructure on time and on budget
- 7.2 Undertake integrated planning with other agencies
- 7.3 Build asset management capability
- 7.4 Optimise procurement and supply chain
- 7.5 Deliver commercial programs

8 Build financial sustainability and robust governance

- 8.1 Secure a long-term sustainable financial position
- 8.2 Ensure health's delivery on the Financial Management Transformation program
- 8.3 Drive improved financial capability to support fiscal sustainability
- 8.4 Deliver effective regulatory, governance and accountability
- 8.5 Drive system-wide consistency in use of NSW Health's shared services

NSW HEALTH ORGANISATIONAL STRUCTURE

NSW Health comprises both the NSW Ministry of Health (a public service department under the *Government Sector Employment Act 2013*) and the various NSW Health organisations making up the NSW public health system.



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

NSW Health currently comprises:

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

NSW MINISTRY OF HEALTH

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

ROLE AND FUNCTION OF NSW HEALTH ORGANISATIONS

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

HEALTH ADMINISTRATION CORPORATION

Under the *Health Administration Act 1982*, 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 entities have been established under the Health Administration Corporation to provide these functions.

Health Infrastructure

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

Health Protection NSW

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

HealthShare NSW

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

eHealth NSW

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

NSW Ambulance

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

NSW Health Pathology

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

LOCAL HEALTH DISTRICTS

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

STATUTORY HEALTH CORPORATIONS

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

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

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

Specialty health networks

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

Agency for Clinical Innovation

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

Bureau of Health Information

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

Cancer Institute NSW

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

Clinical Excellence Commission

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

Health Education and Training Institute

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

AFFILIATED HEALTH ORGANISATIONS

At 30 June 2019, there were 15 affiliated health organisations in NSW managed by religious and/or charitable groups as part of the NSW public health system. These organisations are an important part of the public health system, providing a wide range of hospital and other health services.

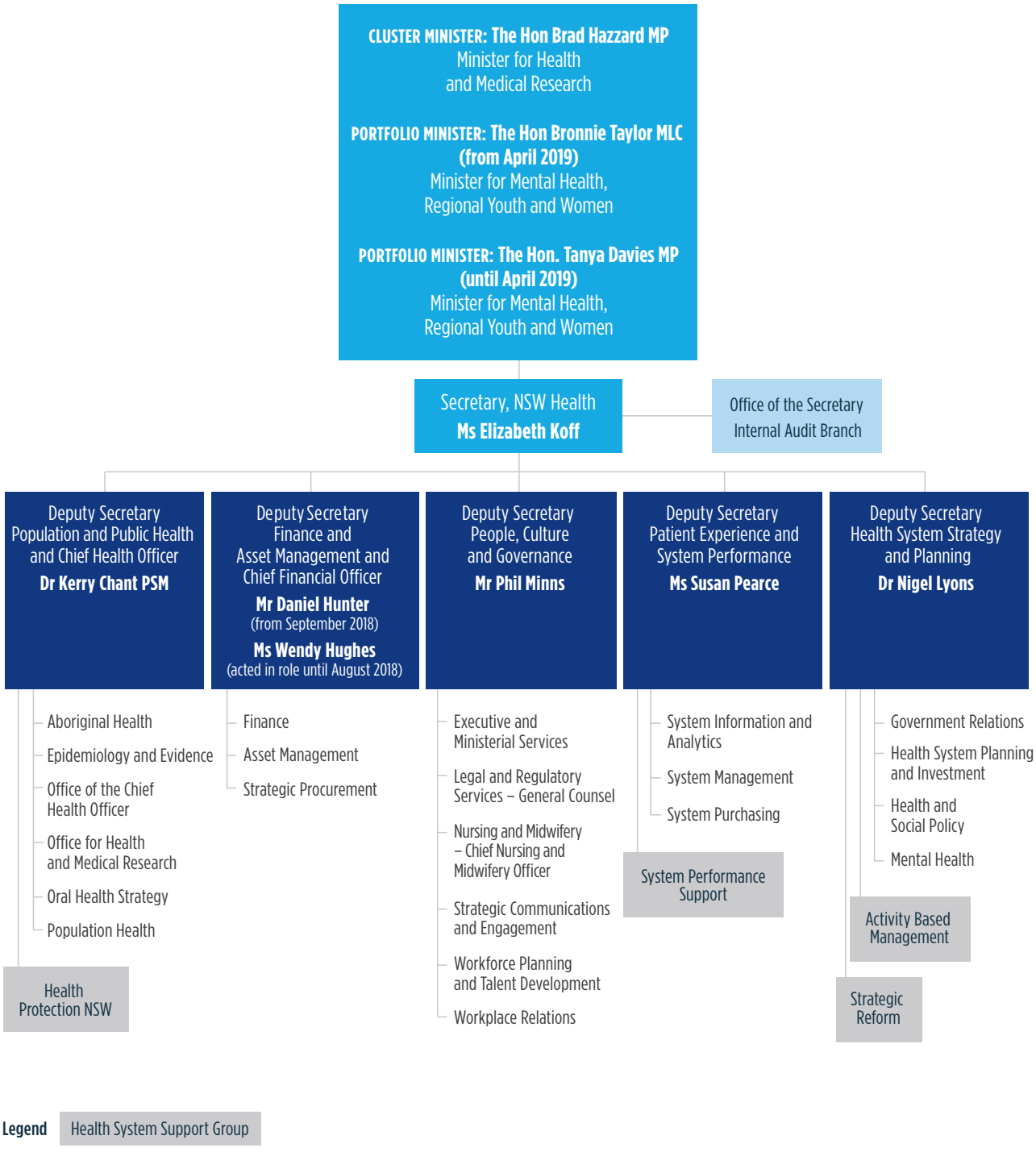
ST VINCENT'S HEALTH NETWORK

Section 62B of the *Health Services Act 1997* enables an affiliated health organisation to be declared a network for the purposes of national health funding. St Vincent's Hospital, the Sacred Heart Health Service at Darlinghurst and St Joseph's Hospital at Auburn have been declared a NSW health network.

NSW MINISTRY OF HEALTH

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

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



NSW HEALTH EXECUTIVE TEAM

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

Local health districts

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

The role of the chief executive is set out in section 24 of the *Health Services Act*. The chief executive manages and controls the affairs of the local health district. The chief executive can commit the district contractually and legally, and is the employer delegate for all staff working in the organisation. Chief executives are, in the exercise of their functions, accountable to their board.

Statutory health corporations

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

Senior Executive Forum

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

NSW MINISTRY OF HEALTH EXECUTIVE TEAM

SECRETARY

Ms Elizabeth Koff

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

Secretary, NSW Health

Elizabeth Koff has held a number of senior executive roles within the NSW health system, across operational and policy portfolios. She was the Chief Executive of The Sydney Children's Hospitals Network (2010-2015) and Deputy Secretary, Strategy and Resources at the NSW Ministry of Health (2015-2016) before being appointed Secretary, NSW Health, in May 2016.

As Secretary, Ms Koff 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.

Ms Koff is an Adjunct Professor at the University of Technology Sydney, a Member of the Australian Institute of Company Directors, a Fellow of the Institute of Public Administration Australia and a member of Chief Executive Women.

POPULATION AND PUBLIC HEALTH

Dr Kerry Chant PSM

MBBS, FAFPHM, MHA, MPH

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

Dr Kerry Chant is a public health physician. Prior to her appointment as Chief Health Officer and Deputy Secretary of Population and Public Health, she was Director of Health Protection and Deputy Chief Health Officer. Dr Chant has extensive public health experience, having held senior positions in NSW public health units since 1991. She has a particular interest in blood-borne virus infections, communicable diseases prevention and control, and Aboriginal health. Dr Chant was appointed to the role of Chief Health Officer on 1 February 2009.

Division overview

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

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

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

FINANCIAL SERVICES AND ASSET MANAGEMENT

Mr Daniel Hunter

Deputy Secretary, Finance and Asset Management, and Chief Financial Officer, NSW Ministry of Health (from September 2018)

Daniel Hunter's career has spanned finance and operational leadership roles in both the private and public sectors. He was appointed Deputy Secretary, Finance and Asset Management, and Chief Financial Officer in September 2018. Prior to this, he was the Chief Executive of HealthShare NSW, the service delivery arm of NSW Health.

Mr Hunter holds a Bachelor of Commerce, with a major in commercial law, from the University of Auckland, and a Master's degree in Accounting from Griffith University.

Ms Wendy Hughes *B.Bus, CPA*

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

Wendy Hughes was appointed Deputy Chief Financial Officer in March 2015 and acted as Chief Financial Officer and Deputy Secretary from December 2017 to August 2018.

Division overview

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

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

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

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

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

PEOPLE, CULTURE AND GOVERNANCE

Mr Phil Minns *BEc (USyd), MEc (USyd)*
Deputy Secretary, People, Culture and Governance, NSW Ministry of Health

Phil Minns commenced in his current role of Deputy Secretary, People, Culture and Governance at the NSW Ministry of Health in November 2017, focusing on governance, culture, workforce and capability.

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

He joined DPC from the Department of Defence, where he was the inaugural Deputy Secretary, People Strategies and Policy, and a member of the Defence Committee from 2008 to 2012. With the Defence Committee, he developed 'Pathways to Change', an organisation-wide people strategy, to frame the department's and the services' response to cultural issues identified within the Australian Defence Organisation.

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

Division overview

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

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

The division drives the implementation of governance frameworks across the Health cluster, including structures, decision-making processes and control systems. It leads a range of critical and integrated functions and services, including:

- Executive and Ministerial Services
- Legal and Regulatory Services
- Nursing and Midwifery Office
- Strategic Communications and Engagement
- Workforce Planning and Talent Development
- Workplace Relations.

PATIENT EXPERIENCE AND SYSTEM PERFORMANCE

Ms Susan Pearce *B App Sci (Nursing), Dip Law*
Deputy Secretary, Patient Experience and System Performance, NSW Ministry of Health

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

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

Division overview

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

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

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

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

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

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

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

The division is also leading the system-level strategy for patient and carer experience.

HEALTH SYSTEM STRATEGY AND PLANNING

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

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

In October 2016, he became Deputy Secretary at the NSW Ministry of Health. Dr Lyons is responsible for strategic health policy development, inter-jurisdictional negotiations and funding strategies, system-wide planning of health services, including mental health, and setting the direction for child and family health policy.

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

Division overview

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

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

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

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

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

SECTION 2

PERFORMANCE

NSW STATE HEALTH PLAN

INNOVATION BRINGS CHANGE, AS DO DEMOGRAPHIC TRENDS.

Healthcare moves with the times, as the needs and expectations of communities, patients and their carers evolve. In recent years, new challenges and priorities have emerged for funding, planning and delivering services. These arise from increased demand, an ageing population and a greater number of people living with chronic illnesses, such as diabetes, heart disease and cancer. New treatments and diagnostic tools mean we can do more, increasing expectations.

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

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

Eight Strategic Priorities contribute to our vision of a sustainable health system that delivers outcomes that matter to patients, is personalised, invests in wellness and is digitally enabled.

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

Strategic Priorities

KEEP PEOPLE HEALTHY

PROVIDE WORLD-CLASS CLINICAL CARE: PATIENT SAFETY FIRST

INTEGRATE SYSTEMS TO DELIVER TRULY CONNECTED CARE

DEVELOP AND SUPPORT OUR PEOPLE AND CULTURE

SUPPORT AND HARNESS HEALTH AND MEDICAL RESEARCH AND INNOVATION

ENABLE EHEALTH, HEALTH INFORMATION AND DATA ANALYTICS

DELIVER INFRASTRUCTURE AND SYSTEM CAPABILITY

BUILD FINANCIAL SUSTAINABILITY AND ROBUST GOVERNANCE

PREMIER'S PRIORITIES 2015–2019

In 2015, the Premier of NSW committed to delivering 12 Premier's Priorities. The priorities aimed to keep the economy strong, create jobs, deliver world-class services, protect the vulnerable, and ensure that all NSW citizens and communities share in the state's success.

NSW HEALTH HAS CONTRIBUTED TO THESE PREMIER'S PRIORITIES:

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

NSW HEALTH HAS DIRECT RESPONSIBILITY FOR THESE PREMIER'S PRIORITIES:

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

NSW HEALTH HAS ALSO CONTRIBUTED DIRECTLY TO THESE STATE PRIORITIES:

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

The NSW Premier's Priorities 2015–2019 are available at www.nsw.gov.au/improving-nsw/premiers-priorities-2015-2019.

NSW HEALTH STRATEGIC PRIORITIES 2018-19

PRIORITY 1

KEEPING PEOPLE HEALTHY

KEY ACHIEVEMENTS FOR 2018-19

- Launched the Milk Bank in December 2018, to provide pasteurised donor human milk to vulnerable infants in neonatal intensive care units.
- Increased distribution of influenza vaccines doses from 2.2 million doses in 2017-18 to 2.4 million doses in 2018-19.
- Vaccinated 120,000 high-school students against meningococcal ACWY disease.
- Fully vaccinated 90,357 children aged one year (94.0 per cent) and 97,396 children aged five years (94.7 per cent).
- Invested $38 million in overweight and obesity prevention.
- Around 88 per cent of centre-based early childhood services participated in the Munch & Move program and 83 per cent of primary schools participated in Live Life Well @ School.
- Invested more than $13.5 million on tobacco control initiatives and developed the *NSW Health Tobacco Strategy Work Plan 2019-2021* to guide efforts to tackle smoking, which is a leading cause of disease and premature death.
- Committed $225.3 million to minimise harm from alcohol and other drug use by delivering comprehensive education, brief intervention, treatment, rehabilitation and continuing care programs through NSW Health public sector services, non-government organisations (NGOs) and Aboriginal community–controlled health services.
- Referred more than 500 women to the expanded Substance Use in Pregnancy and Parenting Service.
- Scaled up the Hepatitis in Prisons Elimination Program and almost eliminated hepatitis C in 12 correctional facilities.
- Completed Housing for Health measures in 23 Aboriginal communities to improve safety and reduce infections.

1.1 IMPLEMENT POLICY AND PROGRAMS TO REDUCE CHILDHOOD OBESITY

More than one in five children are overweight or obese. The NSW Ministry of Health invested $38 million in overweight and obesity prevention in 2018-19.

KEEPING PEOPLE HEALTHY
HEALTHY FOOD IN CHILDCARE

Hunter New England Local Health District

The Hunter New England Local Health District took out the Keeping People Healthy category at the 2018 NSW Health Awards for an online menu-planning program that supports childcare services to provide meals consistent with dietary guidelines.

To ensure all children in care have access to healthy foods, the local health district developed an online menu-planning program that has helped plan healthier menus and improved children's diets.

The free program has been disseminated nationally, with over 1800 services (400 in NSW) accessing the program.

Photo: Brad Hazzard, Minister for Health and Medical Research; Elizabeth Koff, Secretary, NSW Health; Serene Lin Yoong, Hunter New England Local Health District; Alice Grady, University of Newcastle; Luke Wolfenden, Hunter New England Local Health District; Dr Kerry Chant, Chief Health Officer; and Dr Teresa Anderson, Chief Executive, Sydney Local Health District.

Preventive measures

Childhood obesity prevention programs delivered through the NSW Healthy Children Initiative target children's settings and families, including early childhood services, schools, and junior community sport clubs.

Around 88 per cent of centre-based early childhood services participated in the Munch & Move program and 83 per cent of NSW primary schools are participating in Live Life Well @ School. Go4Fun, a healthy lifestyle program for children aged 7-13 years who are above a healthy weight, has helped 13,400 children and their families to adopt a healthier lifestyle. A Go4Fun program tailored for Aboriginal families is being delivered across NSW in partnership with 23 Aboriginal communities. In 2018-19, four new Aboriginal communities participated in the program.

Local health districts continue to work with all communities to support and encourage them to remain engaged in Go4Fun and deliver future programs.

Go4Fun Online is a non-face-to-face version of the program delivered online with telephone coaching and support. It is available to improve access for families, particularly those in rural areas.

FIRST STATEWIDE MILK BANK OPENS IN NSW

NSW Health is committed to the safe, equitable and ethical provision of pasteurised donor human milk to vulnerable infants in neonatal intensive care units.

The Milk Bank, a partnership between NSW Health and the Australian Red Cross Blood Service, was launched in December 2018, to provide pasteurised donor human milk to these infants. Neonatal intensive care units at the Royal Hospital for Women, the Liverpool, Nepean, Westmead, John Hunter, Royal North Shore and Royal Prince Alfred hospitals, and the two units located in the Sydney Children's Hospitals Network can access pasteurised donor human milk from the Milk Bank.

Go4Fun has helped 13,400 children and their families to adopt a healthier lifestyle

NSW Health continues to increase routine growth assessments for children as part of good-practice clinical care across health settings. This helps health professionals to identify children who are above or below a healthy weight, and provide parents with brief advice and referral if needed. The Healthy Kids for Professionals website, developed in collaboration with experienced health professionals and families, provides online resources and training, and supports face-to-face engagement. Website visits increased by 48 per cent from 68,268 in 2017-18 to 100,813 in 2018-19. More users accessed content, with a 40 per cent increase in the number of resources downloaded.

The NSW Ministry of Health conducted two social marketing campaigns to help children stay at a healthy weight. Evaluation found that people targeted in the campaign – which included parents of children aged 5-12 years – intended to adopt a range of healthier behaviours after being exposed to the campaign.

1.2 ENSURE PREVENTIVE AND POPULATION HEALTH PROGRAMS TO REDUCE TOBACCO USE

Smoking is a leading cause of disease and premature death in NSW. NSW Health has developed the *NSW Health Tobacco Strategy Work Plan 2019-2021* and invested more than $13.5 million in tobacco control initiatives.

Reducing smoking during pregancy is a priority. NSW Health has rolled out a comprehensive statewide training and incentive program for antenatal service providers.

Smoking rates among pregnant Aboriginal women reduced from 45% in 2015 to 42.4% in 2017

NSW Health has also prioritised smoking cessation support for Aboriginal people and people with a lived experience of mental health issues. In partnership with the Aboriginal Health and Medical Research Council of NSW, NSW Health hosted an Aboriginal tobacco control roundtable. Outcomes from the workshop will drive action to further reduce smoking rates among Aboriginal people.

The NSW Ministry of Health invested $485,500 in Aboriginal Community Controlled Health Services for the provision of nicotine replacement therapy in 2018-19, to assist in reducing smoking rates in Aboriginal communities.

A range of nicotine replacement therapy products, and interventions in declared emergency departments and mental health facilities, strengthened support for mental health consumers in 2018-19.

The Cancer Institute NSW launched the Smoking Cessation in Cancer Services project, to embed brief interventions to stop citizens smoking in local health district clinical cancer settings.

Anti-tobacco campaign

From September 2018 to June 2019, the Cancer Institute NSW delivered a comprehensive anti-tobacco advertising campaign. This included the 'Win' campaign, which focused on the positives of quitting smoking.

Quitline and iCanQuit.com.au

In 2018-19, there were 6424 inbound calls to Quitline and 6904 outbound calls from Quitline.

iCanQuit.com.au logged 789,614 sessions, with tobacco control social marketing campaigns continuing to drive traffic to the iCanQuit tools and peer forum. An evaluation of iCanQuit in November 2018 demonstrated that the site provides an important online resource that offers smokers information, useful tools and the opportunity to share their quitting journey.

1.3 EMBED A HEALTH SYSTEM RESPONSE TO ALCOHOL AND DRUG USE AND WORK ACROSS GOVERNMENT AGENCIES

In 2018-19, NSW Health committed $225.3 million to minimise harm from alcohol and other drug use by delivering education, brief intervention, treatment, rehabilitation and continuing care programs through NSW Health public sector services, non-government organisations (NGOs) and Aboriginal Community Controlled Health Services statewide.

NSW Health committed $225.3 million to minimise harm from alcohol and other drug use

Criminal justice diversion programs

In 2018-19, 3984 people were referred for assessment and 2336 people were accepted and supported in the Magistrates Early Referral into Treatment (MERIT) Program which aims to break the drug-crime cycle.

Support for women during pregnancy

The Substance Use in Pregnancy and Parenting Services (SUPPS) is a key program implemented to improve the reach and effectiveness of multidisciplinary support for pregnant women who use alcohol and other drugs during pregnancy, their families and the health service system.

As part of the NSW Drug Package announced in 2016-17, $15 million over four years was allocated to expand SUPPS across NSW. Eight local health districts received funding to expand and develop SUPPS, with funding also being allocated through regional enhancements. This has resulted in most local health districts being able to offer some support to pregnant women who may be using substances and their families.

More than 500 women were referred to the expanded services in 2018-19.

Opioid Treatment Program reform

In July 2018, NSW Health released updated NSW Clinical Guidelines: Treatment of Opioid Dependence. Over the one-year period since this policy change, there has been an increase in both accredited (6.5 per cent) and non-accredited (5.8 per cent) prescribers, contributing to an increase of 6.2 per cent in total opioid treatment prescribers in NSW.

Overdose prevention

The Overdose Response and Take Home Naloxone Translational Research Grants Scheme trial tested methods to increase the uptake of naloxone, a medication that can prevent death or disease from opioid overdose including enabling and supporting specific health workers to safely supply naloxone and train clients for home use.

Support for families

Workforce development and the provision of direct support has been expanded to support the needs of families impacted by alcohol and other drug use. Part-time allied health workers support the families of young people engaged in treatment services. Family inclusive workshops were delivered by NSW Health and across non-government sector services in rural and metropolitan districts to increase the capacity of health workers to support families and significant others.

The Justice Health and Forensic Mental Health Network delivered targeted programs for Aboriginal people, including court diversions into treatment, rather than servicing custodial sentences, through the Drug Court of NSW.

ELIMINATING HEPATITIS C

NSW is moving closer to eliminating hepatitis C, with research showing more than 22,000 people across the state have been cured of the virus, using new easy-to-take treatments. Around 32 per cent of people estimated to be living with hepatitis C in NSW have now been treated.

For 2018-19, the avoided costs per patient treated was $1612 per year, which equates to $87 million in avoided healthcare costs since direct-acting antiviral therapy became available on the Pharmaceutical Benefits Scheme.

New medications have a cure rate of 95 per cent. They can be prescribed by any GP and a cure is usually achieved within eight to 12 weeks, with few or no side-effects, providing amazing health outcomes for persons who have been infected.

1.4 REDUCE THE IMPACT OF INFECTIOUS DISEASE ON THE COMMUNITY

HIV

NSW Health continued to make progress towards the virtual elimination of HIV transmission in NSW. In 2018, 17 per cent fewer NSW residents were diagnosed with HIV than the average of the previous five years.

Programs targeted at hard-to-reach populations include the NSW Dried Blood Spot program and increasing HIV testing in general practice, mental health, drug and alcohol, and emergency departments.

NSW Health continued to ensure access to pre-exposure prophylaxis (PrEP) for those at high risk of HIV, with the listing of PrEP on the Pharmaceutical Benefits Scheme in April 2018.

98% of HIV-positive people attending public clinics were on treatment

Hepatitis C

The elimination of hepatitis C as a public health concern in NSW by 2028 remains a priority. There has been a focus on improving access to testing and curative treatment for vulnerable populations,

CAMPAIGN URGES TRAVELLERS HEADING OVERSEAS TO GET A MEASLES JAB

NSW Health rolled out a new campaign in April 2019 in response to the increase in measles cases across the state. Several cases were linked to overseas visitors and residents returning from countries where measles is more common.

The campaign 'Bring back memories not measles!' aimed to raise awareness among people travelling overseas about the ongoing risks of measles and encourage full vaccination prior to travel.

including people who inject drugs and Aboriginal people.

The NSW Dried Blood Spot program provides greater access to hepatitis C testing for at-risk populations, particularly those who are reluctant to test in traditional settings.

Influenza programs

NSW Health funded programs to provide influenza vaccinations to children aged six months to less than five years. Stronger influenza vaccines for people aged 65 years and over were successfully rolled out under the National Immunisation Program. Strategies to assist general practitioners manage their influenza vaccines supplies were put into action, including a web-based GP information kit.

On 1 May 2019, NSW Health launched its 2019 Winter Flu campaign to encourage people to get a flu shot and combat the spread of the flu virus by practising healthy respiratory hygiene habits.

Management of significant infectious disease outbreaks

In July 2018, NSW Health identified the first known contamination of Australian eggs with *Salmonella* Enteritidis. Between July 2018 and June 2019, the outbreak affected 242 residents of five states, most of whom were NSW residents. The outbreak led to seven separate recalls of eggs, affecting 21 egg products in NSW and Victoria, and prohibition orders were issued to at least five food venues by the NSW Food Authority. NSW Health, along with the NSW Food Authority and the NSW Department of Primary Industries continues enhanced surveillance for *Salmonella* Enteritidis.

Between October 2018 and June 2019, NSW Health identified and helped control a multi-state outbreak of a novel strain of *Salmonella* Typhimurium linked to eggs. At least 235 people developed the infection as a result of poor handling or poor cooking of eggs. The NSW Food Authority and local councils issued prohibition orders on 10 food venues found to be responsible for one-third of all cases. The outbreak was controlled through enhanced sanitisation and cleaning at the egg farm, and prohibition of raw egg use at food venues in affected council areas.

NSW Health responded to 44 cases of measles among NSW residents (38) and visitors to NSW (six) between December 2018 and June 2019. Despite the significant increase in the number of importations of infectious measles (30 cases – almost four times higher than the same period in 2017-18), secondary spread was limited (14 cases). Measles vaccine demand in NSW almost doubled during April and May 2019.

1.5 EMBED ABORIGINAL CULTURAL CONCEPTS OF HEALTH AND WELLBEING IN PROGRAMS AND SERVICES

The Centre for Aboriginal Health is developing and implementing a suite of tools and resources to embed cultural safety across the health system.

The centre commenced development of a NSW *Aboriginal Health Governance and Accountability Framework*, to support system reforms to better deliver improved Aboriginal health outcomes.

The centre also released the mid-term evaluation of the *NSW Aboriginal Health Plan 2013-2023*, which outlined 43 recommendations to drive systemic changes in Aboriginal health. The evaluation provides priority focus areas for the remaining five years of the plan.

The centre also began development of the NSW Health Services Aboriginal Cultural Engagement Self-Assessment Tool to identify ways of strengthening cultural engagement between NSW Health organisation staff and their Aboriginal stakeholders to enhance cultural respect and collaboration across the system.

The Centre for Aboriginal Health also reviewed and published updated versions of *Communicating Positively*, and the *Aboriginal Cultural Activities Guidelines*.

The first of a series of symposia, partnering with Public Health Units and Aboriginal Community Controlled Health Services, was held, to find solutions to current and emerging public health issues.

A new Aboriginal Health Dashboard and accompanying toolkit was also released, to better enable local health districts to demonstrate their performance against a range of Aboriginal health indicators.

EXCELLENCE IN THE PROVISION OF MENTAL HEALTH SERVICES
WHEN LESS IS MORE – WEIGHT GAIN IN MENTAL HEALTH UNITS

Murrumbidgee Local Health District

Murrumbidgee Local Health District took out the Excellence in the Provision of Mental Health Services category at the 2018 NSW Health Awards for its 'When less is more' project. An audit of consumers on second-generation antipsychotic (SGA) medication indicated an average weight gain of 13.96 per cent during admission to the acute Mental Health Unit at Wagga Wagga Base Hospital. This project aimed to reduce weight gain to under five per cent for consumers admitted for longer than five days, prescribed SGA medication, and whose baseline weight was within or above the healthy weight range.

Post intervention, a repeat audit showed average weight gain had decreased to 1.6 per cent, exceeding the project's target. Metabolic monitoring increased from 70 per cent to 88 per cent. Effective interventions included psycho education, physical activity opportunities and routine metabolic monitoring.

Photo: Brad Hazzard, Minister for Health and Medical Research; Elizabeth Koff, Secretary, NSW Health; Katherine Swords, Murrumbidgee Local Health District; Dr Alyson Hickey, Murrumbidgee Local Health District; Sherylyne Rosengren, Murrumbidgee Local Health District; and Dr Nigel Lyons, Deputy Secretary, Health System Strategy and Planning.

PRIORITY 2

PROVIDE WORLD-CLASS CLINICAL CARE: PATIENT SAFETY FIRST

KEY ACHIEVEMENTS FOR 2018-19

- Provided a more comprehensive picture of cancer control in NSW, with the Reporting for Better Cancer Outcomes Program reporting on 67 key performance indicators in 2018, three times the number of indicators in 2015.
- Minimised potential harm by issuing 21 Safety Alert Broadcasts and four medication shortage communications.
- Risk-assessed 670 medical devices; 17 identified were as high risk and two as extreme risk, requiring a system-level response.
- Increased use of the Quality Data Improvement System to over 5000 clinicians and managers in NSW Health, with users empowered with their local data to improve patient safety and healthcare quality.
- Continued to build the NSW Health workforce patient safety and quality improvement capabilities, training 693 improvement coaches, with 417 taking part in Safety System Skills training.
- Trained 58 improvement coaches as part of the Mental Health Patient Safety Program to assist local teams to improve their safety priorities.
- Released a new version of the Between the Flags electronic observation charts, including charts for Antenatal Short Stay, Standard Maternity and Standard Newborn.
- Recorded 27,000 occasions where patients received acute care in a Hospital in the Home service rather than having to stay in a hospital bed.
- Successfully implemented the Emergency Department Patient Experience initiative in the emergency departments at Liverpool, Lismore, Blacktown and Nepean hospitals, creating significant improvements for patients awaiting care.
- Developed the *Patient Reported Measures (PRM) Strategic Framework* to ensure a more consistent and coordinated approach to the collection and use of PRM information across the state.
- Invested an additional $2 million to further improve access to elective surgery services in NSW. Around 97.1 per cent of patients had elective surgery in their clinically recommended timeframe.
- Supported implementation of Leading Better Value Care initiatives in more than 100 health facilities to help accelerate NSW Health's move to value-based healthcare.
- Continued to drive the Patient Flow Collaborative, a statewide program to implement improvement initiatives and collectively address patient flow challenges. More than 240 improvement initiatives have been implemented across 31 hospitals.

- Developed and implemented adult intensive care and neonatal intensive care statewide dashboards to enhance visibility and access to adult and neonatal critical care beds across NSW.
- Developed Electronic Patient Journey Boards and a bed status update tool, which was rolled out to special care nurseries to improve patient flow and ensure babies were safely transferred closer to home.
- Exceeded the 40 per cent target by rolling out My Food Choice – a more personalised way of serving patient meals – to 42 per cent of beds statewide, an increase from 33 per cent at the end of 2017-18.

2.1 CONTINUE TO EMBED QUALITY IMPROVEMENT AND REDESIGN TO ENSURE SAFER PATIENT CARE

NSW has a system-wide approach to delivery. One that is safe, high quality, timely, efficient and evidence based.

Eight hospital-acquired complications were identified as key performance indicators in 2018-19, and incorporated into local health district and specialty health network service-level agreements. These were:

- pressure injuries
- venous thromboembolism
- healthcare-associated infections
- falls resulting in fracture/other intracranial injury
- surgical complications requiring unplanned return to theatre
- medication complications
- third-and-fourth degree perineal laceration during delivery
- neonatal birth trauma.

Progress in achieving targets associated with these key performance indicators has been monitored in line with the *Purchasing and Performance Framework*.

In 2018-19, the NSW Ministry of Health developed the Data Quality for Improved Performance Program (DQIPP) app, which is progressing through user acceptance testing.

Quality improvements

Over 2018-19, the Clinical Excellence Commission (CEC) continued to develop improvement leaders across NSW, and equip them with coaching and tools to drive local improvements.

The Quality Improvement Academy, within the CEC, continued to build the NSW Health workforce patient safety and quality improvement capabilities, training 693 improvement coaches, with 417 taking part in Safety System Skills training. Since 2007, over 5000 participants have been trained in improvement science through the academy.

Increased use of the Quality Data Improvement System to over 5000 clinicians and managers in NSW Health

Quality Improvement Data System

The Clinical Excellence Commission (CEC) continued to develop its Quality Improvement Data System, a digital analysis platform for sharing information to assist with patient safety and quality improvement activities. By the end of June 2019, more than 5000 clinicians and health managers were using the Quality Improvement Data System. Additionally, they had created more than 200 improvement projects, and were generating or refreshing around 15,000 reports every month.

Hospital-acquired complications

In collaboration with key agencies, in 2018-19, the Clinical Excellence Commission continued to develop resources and strategies to reduce hospital-acquired complications. Information on prevalence of hospital-acquired complications is now provided to clinical teams by the CEC. Using data, consultation commenced with senior clinicians to identify patient safety priorities. There are around 14 types of recognised hospital-acquired complications. Reports of healthcare-associated infection, one of the highest reported hospital-acquired complications, have fallen over the reporting year. The overall rate of reported hospital-acquired complications has also decreased in 2018-19.

Clinical incident and deteriorating patients

As part of the redesign of the Clinical Incident Review System, a new preliminary risk assessment was developed in consultation with clinical leaders and directors of clinical governance, and is being piloted in two local health districts.

In collaboration with eHealth, the Clinical Excellence Commission released Version 4 Between the Flags electronic observation charts in March 2019 including the Antenatal Short Stay Observation Chart, the Standard Maternity Observation Chart and the Standard Newborn Observation Chart.

Quality improvement in cancer control

In 2018, the Better Care Outcomes program reported on 67 key performance indicators across cancer control (including nine patient-reported measures), which is three times the number of indicators reported in 2015.

The NSW Prostate Clinical Cancer Registry now has more than 8000 registrants and has, to date, collected quality-of-life information on 2526 men.

eviQ

The eviQ Cancer Treatments Online website (eviQ.org.au) is a free resource of evidence-based, consensus-driven cancer treatment protocols and information. Provided by the Cancer Institute NSW, eviQ supports health professionals in the delivery of cancer treatments at the point of care. It now has 50,000 users per month – a 100 per cent increase since the new eviQ website was launched in August 2017.

New information resources

The Cancer Institute NSW launched a new website patients.cancer.nsw.gov.au to help people affected by cancer talk to their cancer care team, understand their options, and make informed decisions about their treatment and care.

The *Understanding chemotherapy* eviQ resource was produced in 10 community languages, with development informed by multicultural network members.

Education resources – in simplified and traditional Chinese, Vietnamese and Arabic – were also developed to help patients have informed conversations with their doctors after a cancer diagnosis.

Aboriginal Cancer Network

In 2018-19, the Cancer Institute NSW grew the statewide Aboriginal Cancer Network to 524 members. The Aboriginal Cancer Network Forum was held in April 2019, highlighting best-practice models of care to improve cancer outcomes for Aboriginal people in NSW.

2.2 CONTINUE TO MOVE TO PATIENT-CENTRED VALUE-BASED CARE

Healthcare worldwide is changing along with the needs and expectations of patients, carers, clinicians and communities. Patients have greater expectations and understanding of what they would like to receive and what they expect from their health journey.

Value-based healthcare will improve health outcomes that matter to patients by evolving how we organise and provide care. This will be achieved with a focus on delivering and measuring health outcomes, and using insights to further inform expenditure, clinical models and the experience of receiving and giving care.

Value-based healthcare in NSW means continually striving to deliver care that improves:

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

Understanding the patient journey

The *NSW Patient Reported Measures Strategic Framework* was developed to achieve a more consistent and coordinated approach to the collection and use of information about patient-reported measures across NSW Health. This strategic approach will enable the health system to improve clinical practice and patient quality of life, identify excellence and drive improvement.

Leading Better Value Care

Leading Better Value Care is a statewide program that is helping to accelerate NSW Health's move to value-based healthcare. It does this by identifying and scaling evidence-based initiatives for specific conditions.

Foundational measurement activities were completed, including finalising the measurement alignment approach, measuring the economic impact of the first two years of Leading Better Value Care, and costing studies to support the provision of care in new settings.

In 2018-19, Leading Better Value Care activities focused on continuing to work with local health districts to embed and expand the reach of the eight Tranche 1 initiatives and developing solutions for five new Tranche 2 initiatives.

VALUE-BASED HEALTHCARE

Value-based healthcare is a contemporary model of care in which health systems put the patient at the centre of the care they deliver. Value-based healthcare involves measuring clinical outcomes and the outcomes that matter to the patient.

Value-based healthcare in NSW means continually striving to deliver care that improves:

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

In 2018-19, NSW Health continued to implement and embed initiatives to support the move towards value-based healthcare. This included foundational work for collecting patient-reported measures and data linkage, and support for local health districts to implement new models of care through the Leading Better Value Care and Integrated Care programs.

Statewide approaches have been developed to improve outcomes for:

- paediatric bronchiolitis
- hip fracture care
- direct access colonoscopy for positive faecal occult blood tests
- hypofractionated radiotherapy for early-stage breast cancer
- wound management.

Supporting implementation

This year, the Agency for Clinical Innovation (ACI) hosted a series of webinars, meetings and forums that focused on capability and skills development and knowledge sharing to deliver change in key statewide clinical priority areas, under the Leading Better Value Care initiatives. The ACI, in partnership with the NSW Ministry of Health, also held capability development, system knowledge and clinical solution-sharing workshops across all clinical initiatives.

Other key Leading Better Value Care achievements include:

- More than 100 NSW Health staff attended a bronchiolitis workshop, including paediatric and emergency clinicians from across the state.

- More than 50 clinicians attended workshops on chronic obstructive pulmonary disease and chronic heart failure.
- The hip fracture care team partnered with the Australian and New Zealand Hip Fracture Registry to deliver a two-day workshop to launch an initiative.
- The Diabetes and Endocrine Network supported local health districts and specialty health networks in implementing the inpatient management of diabetes initiative. Resources to support junior medical officers and nursing staff as they care for patients with diabetes in hospital continued to be implemented across the system.
- The clinical decision support app Thinksulin recorded 4800 users and a series of eLearning and Qstream modules are being used by clinicians across the state.
- The Diabetes Network hosted a statewide workshop to share best practice in NSW hospitals and build further capability in spreading change and patient-reported measures.
- The Diabetes Network continued to improve access to high-risk foot services across NSW, with 27 services now active across 13 local health districts and specialty health networks.
- The ACI partnered with Sydney Local Health District podiatry services and the Royal Prince Alfred Hospital Diabetes Centre to run a two-day workshop to support sites in setting up a high-risk foot service.
- The ACI also convened a working group to provide advice on incorporating telehealth to align with the standards for high-risk foot services in NSW.
- The Musculoskeletal Network continued to support the implementation and ongoing evaluation of the osteoporotic refracture prevention and osteoarthritis chronic care programs. These services are now available in each of the 16 local health districts and at St Vincent's Health Network.
- In 2018-19, a group was established to support the planning and facilitation of a series of peer-mentoring events, including a consumer experience panel in which patients shared their experience of living with chronic disease and participating in the programs.
- The Musculoskeletal Network hosted two workshops to teach behaviour change methodology to 58 clinicians who are delivering models of care, and techniques to use in their clinical role. The network also hosted a forum for more than 100 attendees, which showcased the work and progress of service sites, implementation groups and researchers working in musculoskeletal health.
- The patient-reported measures team worked with key stakeholders to identify surveys, collection points and clinical processes to support the routine collection of outcomes and experiences that matter to patients.

Understanding progress toward implementation and outcomes

Between August 2018 and February 2019, NSW Ministry of Health listened to the experiences of local health districts in implementing the Leading Better Value Care program and found:

PATIENTS AS PARTNERS
MY RECOVERY – THE CONSUMER LED JOURNEY

Murrumbidgee Local Health District

Murrumbidgee Local Health District took out the Patients as Partners category at the 2018 NSW Health Awards for My Recovery – The Consumer Led Journey. The Mental Health Recovery Unit tries to empower consumers to achieve their own goals and take control of their own support networks during their recovery. Consumers chair their own 'Recovery Reviews' at weeks two, five and seven, giving them an opportunity to review their goals and enlist support from relevant parties.

Evaluations have revealed that 88 per cent of consumers felt like a leader in their own recovery journey, and 82 per cent felt as though their relationship with mental health services had improved.

Photo: Elizabeth Koff, Secretary, NSW Health; Brad Hazzard, Minister for Health and Medical Research; Paul Templeton, Murrumbidgee Local Health District; Amanda Larkin, Chief Executive, South Western Sydney Local Health District; and Scott McLachlan, Chief Executive, Western NSW Local Health District.

- widespread support for value-based healthcare across the state
- a structured statewide approach to Leading Better Value Care created a strong enabling environment
- approaching Leading Better Value Care as part of long-term reform contributes to more sustainable implementation
- districts have identified many opportunities to involve community health, allied health and primary care providers in improving the coordination and appropriateness of care
- more support is required to help districts to embed, scale and sustain progress.

More than 100 health facilities now have a Leading Better Value Care initiative in place

2.3 IMPROVE THE PATIENT EXPERIENCE

The principles of exceptional patient and carer experience align with the Premier's Priority of 'putting the customer at the centre of everything we do'; however, the clinical outcomes and complexities of

IMPROVING THE PATIENT EXPERIENCE

In 2018-19, the NSW Ministry of Health set out to define an innovative system-level strategy for patient and carer experience.

The Emergency Department Patient Experience initiative was implemented into emergency departments at Liverpool, Lismore, Blacktown and Nepean hospitals. Four key strategies were rolled out to help patients, carers and their families feel more welcome, safe, cared-for and empowered including:

- patient experience managers
- enhancing the waiting room facilities
- multilingual digital patient information
- patient experience development for staff.

The mid-point pilot evaluation demonstrated significant improvement in the experience with, on average, a 30 per cent improvement in patient satisfaction across all four hospitals. These key strategies are now being implemented in a further 15 emergency departments.

human interactions and vulnerability in healthcare make the patient experience more complex.

A Patient Experience Executive Strategy Group was established to oversee this work. The Group has representation from the Ministry, local health district and pillar organisation executives, and two consumer representatives. It is chaired by the Deputy Secretary, Patient Experience and System Performance division.

Supporting the patient experience

In 2019, the Clinical Excellence Commission (CEC) and the Agency for Clinical Innovation (ACI) hosted the fifth Patient Experience Symposium which was also supported by the Cancer Institute NSW, Bureau of Health Information, Health Education and Training Institute, HealthShare NSW, NSW Health Pathology, eHealth NSW and the NSW Ministry of Health.

The two-day event, held in Sydney, attracted 657 attendees, with almost one in five being consumers.

The event qualified for the #consumertick logo, demonstrating recognition of its commitment to integrating the experience and insight of consumers into program development.

NSW Patient Survey Program

In 2018-19, the Bureau of Health Information (BHI) continued to manage and expand the NSW Patient Survey Program, asking almost 300,000 patients about their time in the NSW health system.

This year, additional surveys covering 10 high-priority clinical cohorts were undertaken to support the Leading Better Value Care program. BHI also created a new survey of patients with longstanding health conditions to support NSW Health's Integrated Care program, particularly with respect to how different healthcare professionals and services work together.

The NSW Ministry of Health is working in partnership with BHI to better understand and improve Aboriginal patient experiences.

74% of consumers reported an excellent or very good experience in mental health services

In 2018-19, more than 26,000 Your Experience of Service (YES) questionnaires were returned in NSW, and 74 per cent of people reported an excellent or very good experience. YES is the nationally developed consumer experience of care measure used in NSW public mental health services. In 2018-19, an online version of YES (eYES) was introduced to make YES more accessible and provide consumers with immediate feedback.

Health literacy

The Clinical Excellence Commission worked with consumer groups and held formal and informal consultations with local health literacy champions, groups and staff to identify the main principles for a *NSW Health Literacy Framework*.

Poor health literacy is one of the social determinants of health and is associated with more hospitalisations, greater use of emergency care, lower uptake of screening and vaccines, less ability to take medications appropriately, less ability to interpret labels and health messages, and, among elderly persons, poorer overall health status and higher mortality rates.

The *NSW Health Literacy Framework* released in April 2019 is a call to action for NSW Health. Its four priority areas are:

- All patients, their families and carers are active partners in their healthcare.
- Staff communicate with patients, families and carers in ways they understand.
- Health facilities and centres are easy to access and navigate.
- Our health systems are built to be sustainable and reliable for every patient, every time.

Food service improvements

My Food Choice was introduced in 2017 as a new, more personalised way of serving patient meals in NSW public hospitals. My Food Choice uses technology to cut the time between ordering and

YOUR HEALTH LINK NATIONAL PHOTOGRAPHIC COMPETITION

Each year, photographers of all abilities are encouraged to enter the Your Health Link National Photographic Competition. The prestigious competition is run by the Mid North Coast Local Health District, as part of the Your Health Link initiative, a strategy aimed at enhancing community understanding of health and healthcare information, and how people can apply that information to their lives.

The competition offers a host of prizes in the categories of Mobile Photography, Open, Primary and High School, and includes prizes to support healthy school canteen programs.

receiving meals to under four hours, and gives patients a menu of up to 18 hot meals at lunch and dinner.

In 2018-19, HealthShare NSW increased coverage of My Food Choice in NSW hospitals and Living Well changes in multipurpose services, with patients in a total of 42 per cent of beds across the state now receiving better service and more nutritious meals. In total, My Food Choice and Living Well has been rolled out to 8152 beds across 75 hospitals and multipurpose services.

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

Emergency treatment performance

For the majority of emergency departments in NSW, attendances are typically higher in winter and lower in summer; however, in 2018-19, NSW emergency department attendances in the summer matched the peak activity levels of winter. An increase in acuity was also evident, with higher numbers of triage category 2 and 3 presentations.

The *NSW Health Recovery Performance Framework* was revised to strengthen all service access and flow indicators and identify support needs. This process involves close collaboration with the districts and networks as well as the NSW Ministry of Health on strategies to address patient flow and ensure patients are efficiently moving through emergency departments.

In 2018-19, the NSW Ministry of Health continued to provide structured, on-site support to hospitals to improve the flow of patients through the emergency department.

The Patient Flow Collaborative is a statewide program driven by the NSW Ministry of Health that partners with local health districts to implement improvement initiatives and collectively address patient flow challenges. The initial 13 hospitals participating across NSW continued to be supported into 2019 through Patient Flow Collaborative 1. Due to the success of the program, Patient Flow Collaborative 2 launched in 2019, with an additional 18 hospitals across three streams – metropolitan hospitals, rural hospitals and mental health services.

240 improvement initiatives were implemented across 31 hospitals through the Patient Flow Collaborative

The Patient Flow Collaborative provides participating hospitals with a dedicated coach to support the hospital with diagnostic activities, implementation and evaluation of improvement initiatives.

Through 2018-19, strong networks across all participating hospitals have been formed and more than 240 improvement initiatives have been implemented across the 31 hospitals.

Surgery performance

NSW Health is committed to cutting waiting times and increasing on-time admissions for planned surgery. The NSW Ministry of Health developed a comprehensive model for elective surgery access performance (ESAP) management. The ESAP Monitoring and Recovery Support programs targets facilities with high numbers of overdue elective surgery patients and poor on-time performance. The Ministry worked closely with the hospitals to monitor improvement strategies, including spot purchasing, to reduce the number of overdue elective surgery patients and improve on-time performance.

Intensive care capacity

Winter 2017 was the worst flu season on record and created a significant challenge across the system, especially in intensive care units (ICUs).

In 2018/19 the NSW Ministry of Health led work to:

- develop a live ICU dashboard to enhance the visibility and accessibility of available ICU beds, and to monitor and manage the available beds statewide
- review existing polices and processes to support the timely acceptance and transfer of critically unwell patients
- develop a critical care governance model for management of statewide critical care capacity, and strategic direction for critical care in NSW.

Key achievements include the development and implementation of adult intensive care, paediatric intensive care and neonatal intensive care statewide dashboards, which have enhanced visibility and access of adult, paediatric and neonatal critical care beds. The dashboard has also been implemented in all birthing suites and Level 4 special care nurseries across NSW to provide real-time information on the level of demand for beds, and has led to improved patient flow and safer transfer of babies closer to home.

PATIENT SAFETY FIRST
DEVELOPMENT OF AN EXTENDED DWELL PERIPHERAL CATHETER PROGRAM

South Western Sydney Local Health District

South Western Sydney Local Health District won the Patient Safety First category at the 2018 NSW Health Awards for the development of an extended dwell peripheral catheter program. This program aimed to reduce multiple, painful cannulation attempts and complication rates related to peripheral catheters in patients with difficult venous access. An insertion algorithm was developed to provide the most suitable intravascular device based on ultrasound assessment.

Results showed that:

- four in every five catheters were inserted at the first attempt
- the insertion algorithm contributed to the majority of devices remaining in place until therapy ended
- phlebitis rates (inflammation of the walls of a vein) were minimal and no infections were reported.

Photo: Brad Hazzard, Minister for Health and Medical Research; Elizabeth Koff, Secretary, NSW Health; Craig McManus, South Western Sydney Local Health District; Dr Evan Alexandrou, South Western Sydney Local Health District; Susan Pearce, Deputy Secretary, Patient Experience and System Performance; Dr Michael Brydon, Chief Executive, Sydney Children's Hospitals Network; Vanno Sou, South Western Sydney Local Heath District; and Nicholas Mifflin, South Western Sydney Local Health District.

Newborn Paediatric Emergency Transport Service

Work commenced on the implementation of a Newborn Paediatric Emergency Transport Service, a nurse-led transport service to enhance the model of transport, improve the timeliness of transfer of neonates and small babies, and free bed capacity in vital neonatal intensive care units (NICUs).

Addressing surgical access block

The Agency for Clinical Innovation (ACI) worked with the NSW Ministry of Health to design and implement local solutions to address surgical access block in several hospitals across the state. This included strategies to structure workflow processes and theatre schedules efficiently, strengthen criteria around patient selection for surgical interventions, and enhance coordination of surgical services between hospitals to improve collaboration and promote a more integrated service across local health districts.

NSW Ambulance integrated care initiatives

NSW Ambulance has continued to expand and implement a number of integrated care initiatives to provide patients with appropriate care options and reduce the number of transports to emergency departments. These include patient referral to alternate destinations, palliative and end of life care, aged care, Paramedic Connect and frequent user management.

Non-emergency patient transport

The Patient Transport Service established the Booking Better project, a collaborative initiative with the Patient Transport Service booking hub, frontline, and training and education teams working closely with the NSW Ministry of Health Patient Flow Portal team and local health districts and specialty networks. The project redesigned and implemented a booking form that better records essential clinical information for all patient transport.

The Patient Transport Service more accurately matches the right staff, in the right vehicle, to the right patient at the right time, and reduces on-scene cancellations.

Pathology transport

NSW Health Pathology continued to enhance pathology specimen transport and tracking in 2018-19. Procedures were streamlined at the point where samples come into laboratories to ensure rapid diagnosis, which underpins urgent patient care.

2.5 USE SYSTEM PERFORMANCE INFORMATION TO DRIVE REFORM TO THE SYSTEM

NSW Health Data Governance Framework

The *NSW Health Data Governance Framework* was published in March 2019. The framework outlines the key data governance roles and responsibilities as well as the people, processes and technology necessary to support good governance of NSW Health's statewide data assets.

Board engagement

The development of Board Reports standardised board reporting across the state by identifying the key performance indicators within the service level agreements. In June 2019, the inaugural reports were distributed, and future reports will be distributed quarterly.

Board reporting was standardised across the state

The reports have been developed in consultation with a working group of Board Chairs and Chief Executives, to ensure they meet the needs of NSW Health boards.

Data assets for patient experience and outcomes

The Bureau of Health Information (BHI) manages the NSW Patient Survey Program, which gives thousands of patients across a variety of health settings the

opportunity to provide feedback about their experiences of care and subsequent outcomes. The program is a key source of patient-reported measures for the health system, and BHI's survey results can be used alongside other data to provide in-depth analysis and insights for specific population groups, conditions or services.

In 2018-19, NSW Health created the Register of Outcomes, Value and Experience (ROVE), a public health registry that links the Leading Better Value Care administrative, clinical and patient-reported measures data in one place. ROVE supports the system-wide move toward a patient-centred, value-based healthcare system and will eventually operate as a virtual registry.

The NSW Ministry of Health is working with the patient-reported measures teams at eHealth NSW and the Ageny for Clinical Innovation to enable the flow of data from patient-reported measures into EDWARD (Enterprise Data Warehouse for Analysis Reporting and Decisions) and ROVE , which will be used by stakeholders. This includes application of the *NSW Data Governance Framework* to this process and implementation of data quality and error reporting.

PRIORITY 3

INTEGRATE SYSTEMS TO DELIVER TRULY CONNECTED CARE

KEY ACHIEVEMENTS FOR 2018-19

- Launched the *Strategic Framework for Integrating Care* to guide better coordination of care, and greater health literacy and self-care, reduce duplication in investment and services, and support greater job satisfaction for clinicians and staff.
- Changed the funding for Integrated Care from a grant-based to a population-based purchasing model.
- Selected five locally-led integrated care initiatives with proven patient-centred outcomes to be scaled for future rollout.
- Led negotiations to secure National Disability Insurance Scheme (NDIS) funding for disability-related health supports.
- Audited the patient population to identify individuals who are experiencing NDIS related discharge delays.
- Led negotiations on a National Hospital Discharge Delay Action Plan for NDIS participants.
- Successfully advocated for improved disability supports for young children to the National Disability Insurance Agency (NDIA).
- Established the NDIS Critical Services Incident Response (CSIR) to provide an escalation pathway for urgent or critical NDIS-related issues for health patients, including delayed discharges.
- Launched the *Strategic Framework for Suicide Prevention in NSW 2018-2023*. The framework started the journey towards zero suicides in NSW.
- Released the *NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022* to strengthen suicide prevention and recovery-oriented services, deliver holistic care, improve physical care for consumers, increase community-based options and organise local systems of care.
- Provided $1.1 million recurrent funds through the Parents Package to expand Perinatal and Infant Mental Health Services, which means an additional seven full-time equivalent positions are funded across regional local health districts, and funded positions in metropolitan districts with the highest birth rates.
- Established a working group to develop strategies to support clinicians to maximise the benefits of using the clinical information held in the My Health Record.
- Committed $67.2 million over five years to implement key recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse.
- Released the *Integrated Prevention and Response to Violence, Abuse and Neglect Framework*.

3.1 DRIVE SYSTEM INTEGRATION THROUGH FUNDING AND PARTNERSHIP AGREEMENTS

The *NSW Health Strategic Framework for Integrating Care* was launched to provide an overarching vision for how NSW Health approaches the integration of care.

The framework supports:

- better coordination of patient care across different settings
- improved health and wellbeing of the population, with greater health literacy and self-care
- a more value-based health system, with reduced duplication in investment and services
- more effective use of resources
- greater job satisfaction for service providers, clinicians and other staff, with improved experiences of providing care.

Launched the *NSW Health Strategic Framework for Integrating Care*

Health and primary care partnerships

Integrated care is crucial to delivering care that is patient-centred and of greatest value to the population.

In 2018-19, five initiatives were selected from other locally led models of integrated care to be scaled up.

They focus on:

- patients attending an emergency department more than 10 times in 12 months
- families (parents and their children) with complex health and social needs
- residential aged care facility residents
- patients requiring specialist care in primary health settings
- regional and/or isolated paediatric patients

The funding for integrated care changed from a grant-based to a population-based purchasing approach.

Collaborative commissioning with primary health networks

NSW Health continued the design and planning for collaborative commissioning, reflecting a continued focus on local autonomy, decision-making and accountability. This design will meet local priority population health needs using local resources to provide care in the community.

Data quality improvement

The NSW Ministry of Health, eHealth NSW and Northern NSW Local Health District have partnered to undertake a proof of concept project with the Australian Digital Health Agency (ADHA).

The project will deliver the capability to identity where:

- external healthcare services are provided

- internal Northern NSW Local Health District healthcare services are provided.

This is a joint initiative with primary health networks.

Health Care Home initiative

The Australian Government led the Health Care Home initiative, which focuses on identifying people in a primary care practice with chronic disease and at risk of hospitalisation. This initiative aims to keep people well and out of hospital. The primary focus for practices in this early phase has been completing the training modules, redesigning the practice flow to support Health Care Home patients, and implementing the capitation funding model. The program has been extended to 2021 for existing patients only. Around 10,000 people enrolled in approximately 170 primary care practices across Australia. The monitoring of the enrolled patients and evaluation of the program outcomes will continue to 2021.

As at 30 June 2019, the NSW Health Care Home showed:

- Primary Health Networks had enrolled:
  - 2040 patients
  - 47 practices

Local health districts and primary health networks are working together on coordinating care for these patients to ensure there is no duplication of case management.

3.2 DELIVER MENTAL HEALTH REFORMS ACROSS THE SYSTEM

Mental Health Strategic Framework and Workforce Plan

The *NSW Strategic Framework and Workforce Plan for Mental Health 2018-2022* (The Framework and Workforce Plan) was released in August 2018. It demonstrates how the vision of *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024* will be delivered and outlines approaches to embed the NSW Health values of collaboration, openness, respect and empowerment in practice, to build a health system where consumers are able to access and receive high-quality care.

An implementation plan articulates nine key areas for action under three goals:

1. Holistic, person-centred care to:

- strengthen recovery-oriented services
- deliver holistic care
- improve physical healthcare for consumers
- increase community-based options.

2. Safe, high-quality care to:

- continuously improve safety and quality
- intervene early for children and young people
- strengthen suicide prevention.

3. Connected care to:

- organise local systems of care
- improve transitions.

PATHWAYS TO COMMUNITY LIVING INITIATIVE
DOUGIE'S STORY

The *Pathways to Community Living Initiative* is a coordinated statewide approach to supporting people with severe and persistent mental illness, who have been in hospital for more than 12 months, to re-establish their lives in the community.

One person who has benefited from this initiative is Dougie. He has lived an itinerate lifestyle, with long periods of homelessness and frequent extensive mental health hospital admissions.

As a result of the *Pathways to Community Living Initiative* and the improved partnerships with aged care facilities, Dougie was offered a placement at Annie Green Court in Redfern.

He has now been living in the community at Annie Green for two years, with no hospital readmissions and continues to enjoy the freedom and safety his new home provides him.

Thank you to Dougie for giving permission to share his story.

Achieving the objectives will drive improvements in health outcomes for mental health consumers and carers, and deliver more efficient and effective care. Ongoing implementation of the Framework and Workforce Plan is a key priority for NSW Health in 2019-20.

Reducing the use of seclusion and restraint in NSW

Following the release of *Mental health safety and quality in NSW: A plan to implement the recommendations of the review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities* a statewide plan was developed.

The statewide plan required action from all local health districts and specialty health networks to reduce and, where possible, eliminate the use of seclusion and restraint. Implementation actions addressed areas of culture and leadership, consumer safety, accountability and governance, the workforce, consumer and carer engagement, data, and the built and therapeutic environment.

A key element of the plan is to work in collaboration with mental health consumers, carers and families. All districts and networks worked with consumers, carers, families and staff to complete a local plan to reduce the use of seclusion and restraint.

The NSW Government committed $20 million to improve the therapeutic environment of acute mental health units. The NSW Ministry of Health worked collaboratively with peak consumer and carer

organisations to ensure investment targeted the development of welcoming environments that were trauma-informed and would foster hope and safety. Funding was approved for all districts and networks to co-design projects with consumers and carers to improve care experiences and outcomes. Many of these projects were delivered in 2018-19.

$20 million committed to improve the therapeutic environment of acute mental health units

Reducing the use of seclusion and restraint is a safety and quality priority. As part of the implementation plan, the Mental Health Patient Safety Program was established in 2018-19. The program is being implemented by the Clinical Excellence Commission. It is informed by contemporary quality improvement science.

Potential local priorities include leadership and culture, suicide prevention, least restrictive practice, co-morbidity and safe use of medicines.

Delivering coordinated suicide prevention strategies

The *Strategic Framework for Suicide Prevention in NSW 2018-2023* was launched by NSW Premier Gladys Berejiklian and the former Minister for Mental Health, Tanya Davies, on 17 October 2018.

The framework was developed by the NSW Mental Health Commission and the NSW Ministry of Health in collaboration with residents with lived experience of a suicide attempt or who were bereaved by suicide, communities concerned about suicide, government agencies, clinicians, service providers and experts in suicide prevention. More than 1800 people contributed to the framework's development.

The framework starts the journey towards zero suicides in NSW. It sets out NSW's priorities for further coordinating, integrating and investing in suicide prevention activities, while building on what is already in place.

The launch of the framework was accompanied by a commitment of $87 million over three years from 2019-20 for new and expanded initiatives to implement priorities including:

- strengthening practices in the mental health system to eliminate suicides and suicide attempts among people in care
- aftercare services for people who have made a suicide attempt
- alternative services for people presenting to emergency departments in distress
- support services for people bereaved by suicide
- more counsellors for regional and rural communities
- expanded community mental health outreach teams
- resilience building in local communities, with particular focus on Aboriginal communities
- improvements to the collection and distribution of suicide data in NSW.

In June 2019, *Towards Zero Suicides* became a NSW Premier's Priority.

Perinatal and infant mental health

In the 2018 State Budget, the NSW Government's Parents Package provided $1.1 million recurrent funds to expand perinatal and infant mental health services. An additional seven full-time equivalent positions are funded across regional local health districts, as well as in metropolitan districts with the highest birth rates. Twenty-six specialist perinatal and infant mental health workers are now funded across the state to provide services for up to 1248 perinatal women with mental health needs annually. This brings the total annual perinatal and infant mental health services funding to $4.3 million.

Culturally safe mental health resources

Aboriginal mental health workers, academics and community elders guided the NSW Ministry of Health production of a workforce resource – *Working with Aboriginal People: Enhancing Clinical Practice in Mental Health Care Video* and *Discussion Guidebook*. These resources provide cultural insight into effective engagement with Aboriginal people, particularly young people with mental health issues.

Pathways to Community Living

The *Pathways to Community Living Initiative* was established by the NSW Government under the NSW Mental Health Reform 2014-2015 to transition people who are long-stay inpatients (over 365 days), where appropriate, to the community.

Three years into this initiative, the Australian Health Services Research Institute from the University of Wollongong has found that it is transforming people's lives and contributing to practice change in mental health hospitals.

Transitions to the community of the original 380 from July 2015 have increased as forecast from 143 in 2017-18 to 161 at December 2018, a rise of 12.6 per cent. During 2018-19, there was a substantial increase in the transitions of the original cohort of patients with age-related issues, with more than 60 per cent successfully transitioning to high-quality aged care mental health partnership services. They are reunited with their families, living near them and enjoying normal aged care community life with specialist support funded by the NSW Government.

The *Pathways to Community Living Initiative* is promoting system reform and transforming people's lives.

3.3 INTEGRATE THE APPROACH TO END OF LIFE AND PALLIATIVE CARE

Work continued on rolling out initiatives under the $100 million set aside to enhance palliative care (2017-18 to 2020-21). In 2018-19, funding was provided for new Aboriginal Health Worker and allied health positions in palliative care across all parts of NSW.

Projects were also undertaken to provide accessible information about palliative care for people from culturally and linguistically diverse backgrounds and people with disability.

Funding continued to support more nursing and medical specialist positions for palliative care, and 600 palliative care on-the job training and scholarship places for health professionals across NSW.

$100 million set aside to enhance palliative care

A new model for community palliative care for people in the Western Sydney Local Health District, run by Silver Chain Group, continued into its second year in 2018-19.

The *NSW End of Life and Palliative Care Framework 2019-2024* was released to guide the future direction for palliative and end of life care for people across NSW. An End of Life and Palliative Care Committee, with senior representatives, was established to oversee implementation of the framework.

3.4 SUPPORT PEOPLE WITH DISABILITY WITHIN THE HEALTH SECTOR AND BETWEEN AGENCIES

Integrated Service Response

Between February 2018 and June 2019, the Integrated Service Response supported the service system to deliver a wraparound service response for 138 people with disability who have complex support needs.

Enhancing and expanding specialised intellectual disability health teams

In 2018-19, three new specialised intellectual disability health teams in Hunter New England, Western NSW and Sydney local health districts were established to complement the three existing teams in South Western Sydney, South Eastern Sydney and Northern Sydney local health districts. In districts without a team, nine new specialised intellectual disability nurse or senior allied health positions are funded to provide expert advice for support staff to deliver quality healthcare to people with intellectual disability. The six teams will deliver outreach services to other local health districts.

New specialised intellectual disability health teams

NSW Health Disability Inclusion Action Plan 2016-2019

The *NSW Health Disability Inclusion Action Plan 2016-2019* sets out the high-level vision and objectives of disability inclusion for the NSW health system.

People with disability are consulted across NSW Health organisations as part of the design, development and testing of programs and initiatives to ensure they are inclusive and person-centred. This ensures the development and delivery of services are more appropriate and meaningful for people with disability.

SUPPORTING OUR PEOPLE
IMPROVING SPECIALIST OUTPATIENT SERVICE WAITLISTS

Hunter New England Local Health District

To improve timely access for patients referred for specialist outpatient services, John Hunter Hospital implemented a collaborative whole-of-service approach designed to engage and enable staff and stakeholders to improve access to care.

A suite of data-informed and clinically led strategies were introduced within and across specialist outpatient services. Executive leadership support and collaboration with partners were integral to the success of this program.

Results showed:

- Over the past four years, the number of patients waiting more than one year without a scheduled appointment fell by 68 per cent (5711 patients).
- The longest wait time for a patient without an appointment more than halved.

This project received the Supporting Our People Award at the 2018 NSW Health Awards.

Photo: Elizabeth Koff, Secretary, NSW Health; Susan McCarthy, Hunter New England Local Health District; Brad Hazzard, Minister for Health and Medical Research; Ruth Toneguzzi, Hunter New England Local Health District; Karen Harrison, Hunter New England Local Health District; Robin Haskins, Hunter New England Local Health District; Sushila Wagener, Hunter New England Local Health District; Adjunct Professor Annette Solman, Chief Executive, Health Education & Training Institute; and Sam Sangster, former Chief Executive, Health Infrastructure.

National Disability Insurance Scheme

NSW entered full-scheme operation of the National Disability Insurance Scheme (NDIS) on 1 July 2018.

Over the first year of being fully operational, NSW Health has worked with renewed intensity with the National Disability Insurance Agency (NDIA) and other government departments to negotiate agreements to fund disability-related health supports, to implement a plan to assist with discharging NDIS participants from hospital, and ensure faster access to early intervention services for children with disability.

The NSW Ministry of Health supported local health districts and specialty health networks to embed clear referral pathways, resolve NDIS-related issues as quickly and locally as possible, and develop supporting resources for participants and health staff.

As at March 2019, approximately 101,963 disability clients were being supported by the NDIS in NSW, including 34,397 who began receiving support for the first time. There continues to be no observable increase in health service utilisation for this group (that is, emergency department presentations, length of stay, unplanned re-admissions or potentially preventable hospitalisations), compared with the four years before the NDIS Plan approval date.

3.5 LEVERAGE HEALTH INFORMATION AND ANALYTICS TO CONNECT CARE ACROSS THE SYSTEM

The integration of healthcare information has enabled insights to inform policy and planning, and guide the strategic directions of the NSW health system. This has facilitated greater collaboration between health service providers and improved the value of care delivered to patients.

Integrated care evaluation and collaboration

The development of algorithms is enabling NSW Health to identify patient cohorts by those who are likely to benefit and those less likely to benefit from a program, based on historical data. These insights could generate cost savings of around 35 per cent, with no reduction in outcomes.

The Ministry has worked with local health districts to enhance their data analytics capability to realise potential benefits and to evolve the targeted, proactive recruitment of individuals across the state who are very likely to benefit from an integrated care intervention program.

3.6 SUPPORT VULNERABLE PEOPLE

The parenting package

Research and evidence shows that investing in the early years of a child's life can ensure better health throughout their lifetime. In 2018-19, $157 million was committed over four years for additional services and supports for new parents and their children, known as the parenting package. The $35.3 million funding allocation for the parenting package in 2018-19 included:

- providing additional child and family health nurse home visits across NSW to new parents who need extra support in the first months of their child's life. This includes a partnership with the early parenthood support non-government organisation Karitane, to provide virtual home visits for parents in regional and rural locations
- establishing Regional Family Care Centres in partnership with Tresillian in Queanbeyan, Coffs Harbour, Dubbo, Taree and Broken Hill. These centres provide local intensive support for vulnerable families with infants living in regional and rural NSW.

A CHILD SAFE HEALTH SYSTEM

NSW Health has supported proposals in the Office of the Children's Guardian's Regulating Child Safe Organisations discussion paper. Our response was informed by significant input from local health districts, specialty health networks and pillar organisations. The response promotes building on existing good practice and includes suggestions for how standards can be implemented and monitored in diverse service settings across the health system.

NSW Health will continue working closely with the Office of the Children's Guardian's on regulating child safe standards.

Investing in the early years of a child's life can ensure better health throughout their lifetime

Their Futures Matter

NSW Health is a key partner in the Their Futures Matter reform. The reform highlights the NSW Government's commitment to improving outcomes for current and future generations of vulnerable children and young people and their families across the state.

NSW Health, in collaboration with other partner agencies, has contributed to significant changes to the NSW human services system under the Their Futures Matter reform, including:

- designing and delivering of evidence-based, wraparound service solutions to meet the needs of vulnerable children, young people and families
- establishing the first human services cross-agency data set in NSW, with data linkage undertaken by the NSW Health Centre for Health Record Linkage.
- completing the first stage of liability and outcomes modelling to improve statewide responses, and deliver more effective service system reforms
- beginning a redesign of the child wellbeing and safety intake, assessment and referral system.

NSW Health continues to work closely with the NSW Stronger Communities Investment Unit – Their Futures Matter, and partner agencies, to implement this landmark cross-government reform.

My Personal Health Record

In 2018-19, NSW Health incorporated the 'Learn the Signs. Act Early. Milestone Monitoring Tools' into the My Personal Health Record (Blue Book). This helps parents and carers track their child's development using milestone tools before every health check with their child and family health nurse or doctor.

Royal Commission into Institutional Responses to Child Sexual Abuse

In response to the Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission), the NSW Government committed $127.2 million over five years to implement its key recommendations. NSW Health will receive new investment of $67.1 million over five years to implement specific initiatives that aim to improve services for people who have experienced sexual assault and to improve prevention and response to children's problematic and harmful sexual behaviour.

Enhancements are designed to meet urgent service gaps identified by the Royal Commission and focus on:

- prevention
- early intervention
- improving access to therapeutic services
- meeting the needs of groups that are disproportionately impacted by sexual abuse.

As an initial response to the Royal Commission's final report, NSW Health funded additional New Street services in Murrumbidgee and Northern NSW, which are currently being established. New Street is a leading specialist service for children and young people aged 10 to 17 years who display harmful sexual behaviours.

NSW Health has additionally funded a broader expansion of the New Street service network to achieve statewide coverage. New full-service hubs will be in Mid North Coast, South Western Sydney and Southern NSW local health districts. New spoke services will be located in the Central Coast and Far West local health districts.

The Ministry has funded Survivors and Mates Support Network to provide trauma-informed counselling and holistic support to adult male survivors of childhood sexual abuse and their partners, family members/carers, prioritising Aboriginal men and young men in rural and regional areas. This funding increase recognises the Royal Commission's identification of an immediate gap in community support services to adult male survivors of child sexual assault.

Integrated Prevention and Response to Violence, Abuse and Neglect (IPARVAN) Framework

NSW Health released the *IPARVAN Framework* as a key component of the VAN Redesign Program, which is seeking to enhance the capacity of the public health system to provide 24-hour, trauma-informed and trauma-specific integrated psychosocial, medical and forensic responses to sexual assault and child physical abuse and neglect presentations. It will also broaden the scope of these services to respond to domestic and family violence presentations.

DELIVERING INTEGRATED CARE
NON-EMERGENCY PATIENT TRANSPORT REFORM PROJECT

HealthShare NSW

The Non-Emergency Patient Transport Reform Project is a single, statewide service that safely and efficiently transports non-emergency patients. It provides timely and high quality care, frees the NSW Ambulance emergency fleet to provide more incidents of life saving, critical care and assists patient flow.

HealthShare NSW collaborated with local health districts and NSW Ambulance to develop a service to replace a slow and fragmented system with multiple providers. HealthShare NSW built an equitable, value for money service that partners with NSW Health to integrate into demand and capacity management.

The project uses advanced technology to automatically plan and optimise trips, allowing clinicians to electronically book and track patients' travel between hospitals, home and aged care. It provides a better service for patients and clinicians, and greater capacity for hospitals and the ambulance service.

This project received the Delivering Integrated Care Award at the 2018 NSW Health Awards.

Photo: Front: Paul Willma, Cerner; Brad Hazzard, Minister for Health and Medical Research; Alex Graham, Kylie Sammut and Dushan Tatic, HealthShare NSW.
Middle: Jennifer Van Cleef, Dr Anne Mok, Sarina Strickland, Romana De Beer, Hayley Arnott, Thavashanie Govender, Vanessa Allen, HealthShare NSW.
Back: Stephen Rodwell, Chief Executive, Far West LHD; Elizabeth Koff, Secretary, NSW Health; Melanie Frost, HealthShare NSW; Carmen Rechbauer, A/Chief Executive, HealthShare NSW; Dunko Grubisic, HealthShare NSW; James Munro Ford and Cate Coles, HealthShare NSW.

The *IPARVAN Framework* provides an overarching strategic platform for all of NSW Health to respond to violence, abuse and neglect. It also outlines guiding principles and key priorities to strengthen NSW Health services responding to violence, abuse and neglect, and detailed guidance for NSW Health's specialist related services.

The framework emphasises the need to mobilise NSW Health at the system, service and practice levels to support the successful integration of service responses for victims and families.

PRIORITY 4

DEVELOP AND SUPPORT OUR PEOPLE AND CULTURE

KEY ACHIEVEMENTS FOR 2018-19

- Exceeded our target for the number of Aboriginal people in the workforce, which rose to 2.75 per cent of staff.
- Filled 139 rural preferential intern positions, building on recruitment within rural hospitals across NSW Health.
- Developed the *Aboriginal Workforce Culture Diagnostic Framework*, to identify priority areas of health service delivery against an appropriately supportive Aboriginal workforce model.
- Commissioned research into ways to increase the number of Aboriginal and Torres Straight Islander people to enter and remain in allied health careers.
- Supported workforce recruitment through advertising campaigns aimed at recruiting junior medical officers to regional and rural NSW.
- Commenced development of the *Workforce Planners' Workforce Initiative*, which aims to build the capabilities of workforce planning at the district level and drive a consistent statewide approach.
- Commenced the Finance Executive Development Program pilot to prepare 20 participants for the critical role they will play in leading and transforming health organisations.
- Graduated the first group from the Next Generation of Leaders and Managers within NSW Health program. The two-year program includes extending leadership capabilities and working with a rural local health district on a significant strategic challenge.
- Completed implementation of the NSW Health Rostering Portal to optimise rostering outcomes, with the key objectives of patient safety, staff wellbeing and organisational efficiency.
- 57 nurse and midwifery managers completed the In the Lead program, a customised leadership program to enhance skills as transformational leaders.
- Employed more than 2500 new graduate nurses and midwives.

The NSW public health system is the largest healthcare employer in Australia, with 119,784 full-time equivalent staff as of June 2019.

In June 2019, there were 12,503 full-time doctors employed within the NSW health system, representing approximately 10 per cent of the total health workforce, and 10,697 allied health professionals. A record 49,353 full-time equivalent nurses and midwives were working in NSW Health hospitals and health services as at June 2019.

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

Building and strengthening an Aboriginal workforce has been a strong focus for NSW Health for many years.

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

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

4.1 ACHIEVE A 'FIT FOR PURPOSE' WORKFORCE FOR NOW AND THE FUTURE

The *Health Professionals Workforce Plan 2012-2022* is now in its seventh year and 90 per cent of strategies and targets had been achieved or are on track for achievement.

This year saw the start of development of the *Workforce Planners' Workforce Initiative*, which aims to build the capabilities of workforce planning at the district level. Key areas of focus include:

- developing workforce planning capability and capacity in NSW Health
- introducing a consistent statewide approach to workforce planning
- driving local process improvement
- maintaining a future focus
- having a strong and engaged network of stakeholders.

139 rural preferential intern positions filled, building on recruitment within rural hospitals

In 2018-19, 139 rural preferential intern positions were filled, building on recruitment within rural hospitals across NSW Health. The Rural Preferential Recruitment Program also assists interns interested in a career as a rural General Practitioner to enter the NSW Rural Generalist Medical Training Program. The Ministry has built stronger connections with the NSW Rural Doctors Network, as the rural workforce agency in NSW, and continues to work in partnership on the National Rural Generalist Pathway.

The NSW Ministry of Health has investigated opportunities to develop more strategic allied health recruitment campaigns, particularly for the rural and regional context and workforce categories in demand.

The Ministry commissioned Services for Australian Rural and Remote Allied Health to conduct a rapid review to investigate strategies for increasing allied health recruitment and retention in rural Australia.

The rollout of Recruitment and Onboarding (ROB) was completed for general recruitment, and for senior medical, dental officer and junior medical officer recruitment. In 2018-19 the development and implementation of the bulk recruitment and onboarding technology and processes for graduate nurses and midwives, postgraduate midwifery students and NSW Ambulance was completed.

The NSW Ministry of Health, in collaboration with the Health and Education Training Institute, is reviewing the current mandatory training suite for the nursing and midwifery workforce through the Behavioural Insights Mandatory Training Project. The aim of this initiative is to develop a new approach for mandatory training that is more agile. To date, a number of new modules have already been designed and piloted with key stakeholder groups.

Work has also commenced to identify the best industrial relations arrangements for delivering clinical care in the future.

Aboriginal Population Health Training Initiative

The *Aboriginal Population Health Training Initiative* supports Aboriginal people to develop and apply public health skills through three years of workplace-based training and part-time postgraduate study. In 2018-19, three new trainees started the program and one trainee successfully completed their training and achieved a Master of Public Health degree.

The Productive Mental Health Ward program

Since 2014, the Productive Mental Health Ward program has been rolled out to more than half of inpatient mental health units in NSW. In April 2019, the second phase of Productive Mental Health Ward commenced, with 22 inpatient mental health units. It will run for 12 months and build upon the foundation modules of the program and further develop processes to increase time for direct care and staff wellbeing.

Training opportunities

During 2018-19, the Health Education and Training Institute provided a range of face-to-face and blended learning opportunities and events for clinical staff (in addition to the digital resources available to all staff) to develop and support NSW Health's people and culture.

Opportunities and events for allied health professionals included:

- Inter-professional family conferencing training
- Inter-professional guardianship training
- Allied health delegation training
- Aboriginal cultural responsiveness training.

Opportunities and events for medical professionals included:

- Golden Scalpel Games
- NSW Prevocational Medical Education Conference 2019
- Medical Managers Training program
- Basic Science in Oncology course
- Basic Physician Training Masterclasses
- Emergency Medicine conference
- General Medicine Masterclass
- Medical Administration Masterclass
- Radiology courses
- Medical Education workshop for Directors of Prevocational Education and Training and term supervisors.

For nurses and midwives, a range of scholarship opportunities funded by the NSW Health Nursing and Midwifery Office were available during 2018-19:

- More than 700 scholarships were awarded to NSW Health nurses and midwives to support their postgraduate education across a broad range of specialties.
- Thirty-two scholarships were awarded to rural undergraduate nursing and midwifery students.
- Over 1000 clinical placement grants were awarded to NSW nursing and midwifery students to support placements undertaken at locations away from home.

A range of learning opportunites were provided for rural and remote staff, including:

- an annual Rural Health and Research Congress
- simulation education via the Sister Alison Bush Mobile Simulation Centre
- Rural Research Capacity Building program
- support for Aboriginal Maternal and Infant Health Service/Building Strong Foundations network staff from the Training Support Unit
- scholarships for professional development for rural staff.

NSW RURAL HEALTH PLAN PROGRESS REPORT 2017-18

Every year in NSW, more than one million people receive care in a rural hospital.

The *NSW Rural Health Plan: Progress Report 2017-18* was released in December 2018. It is a snapshot of achievements against the directions and strategies of the *NSW Rural Health Plan: Towards 2021*, which outlines the NSW Government's commitment to ensuring that the people of regional and rural NSW receive the right care, in the right place, at the right time.

The progress report details performance against key health indicators and showcases the importance and benefits of collaboration and partnerships.

Strategic recruitment campaigns

In 2018-19, the NSW Ministry of Health supported workforce recruitment through advertising campaigns aimed at recruiting junior medical officers (JMO) to regional and rural NSW. Historically, NSW Health has had consistently high vacancy rates for JMO positions in regional and rural locations, and some under-subscribed specialist roles.

2019 Enrolled Nurse Scholarships Campaign

NSW Health supports the development of the Enrolled Nurse workforce through scholarship positions that are linked to areas of workforce need.

In partnership with TAFE NSW and the NSW Health Registered Training Organisation, 239 scholarships were awarded to support students to undertake enrolled nurse training in 2019.

Aboriginal Nursing and Midwifery Cadetship and Scholarship Program

The NSW Aboriginal Nursing and Midwifery Cadetship and Scholarship Program supports NSW Health's commitment to increase the Aboriginal nursing and midwifery workforce by improving career development opportunities for Aboriginal employees working in the public health system.

In 2018-19, cadetship and scholarship applications were above set targets, assisted by an external campaign that ran from December 2018 to January 2019 across metropolitan and regional areas.

4.2 ENABLE NEW WAYS OF WORKING FACILITATED BY THE MOVE TO ST LEONARDS

With the leases of 10 NSW Health agencies set to expire in 2020, the relocation of these agencies to a building owned by the NSW Government at 1 Reserve Road, St Leonards, provides significant opportunities to leverage economies of scale and co-location to reduce costs. The co-location will bring together staff from the Agency for Clinical Innovation, the Bureau of Health Information, Cancer Institute NSW, Clinical Excellence Commission, Health Education and Training Institute, Health Infrastructure, eHealth NSW (corporate functions), HealthShare NSW (corporate functions), NSW Ministry of Health and NSW Health Pathology (Chatswood office), and strives to improve collaboration and efficacy within NSW Health more broadly. Ultimately, these improvements will benefit patients and health consumers.

The co-location on the one site provides a unique opportunity to redefine the way NSW Health employees and organisations work, and how their work spaces and technology are used to support and build an agile, flexible, connected and contemporary workplace.

Driving diversity, inclusion and wellness at 1 Reserve Road

The New Ways to Work project is leading the change to foster cultural development, enhance collaboration and drive connection. The focus areas for 1 Reserve Road are accessibility, safety and wellbeing, and technology. The base build design exceeds standard compliance of access for staff with disabilities and a Connection to Country group has been established for increased awareness and understanding of Aboriginal heritage, culture and workforce.

COLLABORATIVE LEADER OF THE YEAR DR JENNIFER ANNE STEVENS

St Vincent's Health Network

Dr Stevens leads numerous successful, inexpensive collaborative programs. Each program demonstrates her ability to bring together disparate groups to deliver positive clinical outcomes and enhanced patient safety and empower staff.

Her skill lies in connecting the collection of local baseline data, drawing together the right people across departments, health agencies and pillar organisations, and arranging innovative scalable programs. These include:

- teaching senior emergency department nurses across NSW to perform nerve blocks to reduce delirium rates
- aiding eHealth NSW in creating a physician-facing audit software tool which is now available across the state
- connecting health agencies with surgeons to reduce regional community opioid use.

Congratulations to Dr Stevens who won Collaborative Leader of the Year at the 2018 NSW Health Awards.

Photo: Brad Hazzard, Minister for Health and Medical Research; Elizabeth Koff, Secretary, NSW Health; Dr Jennifer Anne Stevens, St Vincent's Health Network; Jill Ludford, Chief Executive, Murrumbidgee Local Health District; and Prof David Currow, Chief Executive Officer, Cancer Institute NSW.

Promoted flexible working in line with the NSW Government's commitment to diversity and flexibility

Using online technology for staff communications and collaboration

Throughout 2018 and early 2019, NSW Health introduced mobile devices, Skype for Business, soft phones and a virtual private network for staff in relocating agencies, enabling them to work securely and flexibility from anywhere.

The statewide email migration across the relocating agencies was completed in 2018, bringing all health entities onto a single email platform.

Business and technology architecture

The New Ways to Work technology program team has worked closely with each of the relocating NSW Health organisations to define the future technology state for 1 Reserve Road and to facilitate a technology design for the new building. Technologies will allow staff to transform their ways of working, bringing significant benefits to staff, their organisations and the wider health community.

Our digital health workforce

eHealth NSW hosted two workforce-focused Industry Partnership Summits in 2018-19 to explore ways in which to build the future digital health workforce. Universities, peak bodies, vocational education and industry representatives presented on a range of initiatives they were implementing to build culture, skills and competencies in the workforce.

Following on from the summits, eHealth NSW established a Digital Health Workforce Implementation Group with representatives who will actively implement initiatives that will grow, develop and sustain a digital health workforce in NSW.

4.3 STRENGTHEN THE CULTURE WITHIN HEALTH ORGANISATIONS TO REFLECT OUR CORE VALUES MORE CONSISTENTLY

In 2018-19, the NSW Health Aboriginal workforce grew to 2.75 per cent of staff, exceeding the minimum Aboriginal workforce target of 2.6 per cent established for the state. NSW Health has an ongoing commitment to grow and develop the Aboriginal workforce across the breadth and depth of occupations and salary ranges.

The Respecting the Difference review commenced in 2018 and was completed in 2019. Early indicators show that NSW Health can develop the capacity of the workforce to deliver culturally safe patient-centred care. In addition to Respecting the Difference training, cultural responsiveness training has been delivered to 30 allied health professionals across NSW Health to improve knowledge and action to deliver culturally safe and appropriate services to Aboriginal people.

Aboriginal workforce grew to 2.75% of staff, exceeding the target of 2.6%

The Aboriginal Workforce Unit continues to identify areas of significant need and to drive change, enhancing the Aboriginal workforce across NSW Health. In 2018-19, the Aboriginal Workforce Unit developed the *Culture Diagnostic Framework*, which seeks to identify priority areas of health service delivery against an appropriately supportive Aboriginal workforce model.

NSW Health commissioned an Aboriginal-led research team from the University of Technology Sydney (UTS) for the UTS Aboriginal Allied Health Pathways Project to investigate ways to increase the number of Aboriginal and Torres Strait Islander peoples who enter and remain in allied health careers. This project, including the literature review and research, commenced in 2018-19. A priority of NSW Health is to build the number of Aboriginal allied health professionals, to launch innovative initiatives. Allied health careers were showcased at multiple high school forums targeting Indigenous high school students.

Healthy Deadly Feet is an initiative to address diabetes-related foot disease in Aboriginal people, using a workforce solution. A partnership between the NSW Ministry of Health, local health districts and key stakeholders supports developing Aboriginal health practitioners who focus on foot care, to work with local Aboriginal communities, podiatry and high-risk foot services. Five districts have signed up to the Healthy Deadly Feet initiative. In 2018-19, a governance framework was developed by the multi-agency expert reference group.

CHIEF WELLNESS OFFICER APPOINTED AT SYDNEY LOCAL HEALTH DISTRICT

In an Australian first, Sydney Local Health District appointed Dr Bethan Richards as its Chief Medical Wellness Officer. Part of a statewide push to improve the wellbeing of trainee doctors, Dr Richards will also lead a new program to teach young medical staff the skills to care for their own health and manage traumatic events.

Dr Richards, the head of rheumatology at Royal Prince Alfred Hospital, said "We want to empower them to look after their wellbeing, not only during training but ideally set good patterns for the rest of their careers."

The performance and complaints process

Complaint and performance processes have been mapped to create navigation tools to assist complainants, and those managing complaints.

Management and leadership opportunities

During 2018-19, the Health Education and Training Institute continued to deliver a wide range of management and leadership learning opportunities to develop effective health professional managers and leaders.

4.4 DEVELOP EFFECTIVE HEALTH PROFESSIONAL MANAGERS AND LEADERS

The Health Education and Training Institute is supporting development across NSW Health. Alongside its leadership and management development offerings, it has designed and delivered a suite of programs to enable the development of high potential staff and senior leaders, and support succession planning for critical roles.

The NSW Health Senior Executive Development Program is designed to develop NSW Health senior executives and general managers who are motivated and ready to take on a more senior leadership role within NSW Health. The program reflects contemporary leadership theories and best-practice approaches to developing senior executives. It is the premier leadership program for NSW Health and was a finalist in the 2018 Australian Psychological Society Workplace Excellence Award for Leadership Development and Coaching. The 22 participants of the third cohort of this 10-month program graduated in 2019 and join an alumni of executives who may be considered suitable for future senior executive and Chief Executive roles within NSW Health.

The Finance Executive Development program pilot ran in 2018-19 with 20 participants. The aim of the program is to equip staff in senior finance roles with the broader leadership capabilities of a future chief financial officer. As the role of senior finance executives in health is rapidly changing, this program targets the most talented individuals to prepare them for the critical role they will play in leading and transforming health organisations.

The Next Generation of Leaders and Managers within NSW Health program aims to discover hidden talent and develop aspiring leaders

The Next Generation of Leaders and Managers within NSW Health program is designed for early career health managers. It aims to discover hidden talent through developing aspiring leaders who might otherwise be overlooked. It also helps local health districts better profile their emerging talent and build stronger succession plans. The first cohort of this two-year program graduated in 2019, having completed the Diploma of Leadership and Management. The cohort has also extended their leadership capabilities and worked with a rural local health district on a significant strategic challenge.

The NSW Health Rostering Portal continues to build the capability of managers to roster effectively. Implementation of the HealthRoster system is now complete. The focus for continuous improvement in rostering outcomes has shifted to developing capability among NSW Health managers to optimise rostering outcomes in terms of patient safety, staffwellbeing and organisational efficiency.

In the Lead is a customised leadership program for senior nursing and midwifery managers. It aims to enhance their knowledge and skills as transformational leaders. Fifty-seven nurse/midwifery managers completed the program in 2018-19.

A SAFE AND HEALTHY WORKPLACE REDUCING INJURIES IN A MOBILE WORKFORCE

HealthShare NSW

The Patient Transport Service provides non-emergency transport for NSW Health patients to and from health facilities. Patients are regularly transported to and from locations such as residential homes, general practitioner surgeries, and medical imaging facilities.

In May 2017, the Patient Transport Service had a high incidence of workplace injuries. Many of the injuries were the result of manual handling tasks associated with loading and unloading patients. HealthShare NSW took a broad-ranging approach to improving workplace safety through prevention strategies, better workplace injury management and creating a culture that values safety.

These initiatives have vastly reduced safety risks to staff.

This project won the award for 'a safe and healthy workplace' at the 2018 NSW Health Awards.

Photo: Brad Hazzard, Minister for Health and Medical Research; Elizabeth Koff, Secretary, NSW Health; Dunko Grubisic, HealthShare NSW; Dr Anne Mok, HealthShare NSW; Ken Pritchard, HealthShare NSW; Heidi Blasig, HealthShare NSW; Nasim Jafari, HealthShare NSW; Michael DiRienzo, Chief Executive, Hunter New England Local Health District and Carrie Marr, Chief Executive, Clinical Excellence Commission.

4.5 IMPROVE HEALTH, SAFETY AND WELLBEING AT WORK

In accordance with the *Work Health Safety Act 2011* (NSW) and the Work Health and Safety Regulation 2017 (NSW), the NSW Ministry of Health maintains its

MORE SUPPORT FOR JUNIOR DOCTORS

Junior Medical Officers (JMOs) at public hospitals are benefiting from several new projects under a $1 million package aimed at improving their health and wellbeing.

The JMO Be Well Program has provided funding for eight new projects across the state over the next three years.

The new projects are part of a comprehensive plan to improve the training and working environment of JMOs and ensure they have a long, rewarding career in the world-class NSW public health system.

commitment to the health, safety and welfare of workers and visitors. Progress against strategic priorities for workplace health and safety included participation in the NSW Government Work Health and Safety Sector Plan led by SafeWork NSW. The plan was launched in July 2018 as part of the *Australian Work Health and Safety Strategy 2012-2022*. In April 2019, the Ministry submitted NSW Health's self-assessment report and action plan to meet a major milestone of the program, with 26 health organisations undertaking self-assessment of their work, health and safety performance. The results were aggregated into a total health cluster report and associated action plan to improve workplace safety outcomes. The three priority initiatives are set out below:

1. Implement a *Security Audit Framework*, including a standardised Security Improvement Audit Tool (SIAT). There are currently 500 security-related standards set out for NSW Health to keep people and workplaces safe.
2. Continue to develop strong safety leadership across NSW Health to ensure all levels of leadership show a practical commitment to a safe workplace and an embedded safety culture.
3. Review NSW Health Standards and Supporting Tools for Fatigue Management to improve fatigue management practices across the Health cluster leading to a reduced impact of fatigue related issues on Health cluster staff.

Our response to violence in our workplace

In November 2018, the NSW Government appointed the Hon. Peter Anderson AM to review security in NSW hospitals and to look for potential improvements to ensure our staff, patients and visitors are protected.

Mr Anderson released his interim report in February 2019. His review into security has continued in rural and regional hospitals.

The Ministry and local health districts and networks have commenced work to implement the recommendations contained in Mr Anderson's interim report.

In October 2018, the Ministry released a Security Improvement Audit Tool to be used in every hospital to assess compliance with NSW Health security standards.

Safety at work

Mr Anderson's interim report included recommendations on developing safety awareness across NSW Health. The Ministry and local health districts and networks have commenced work to implement these recommendations.

In 2018-19, NSW Health continued to work to improve work health and safety across the Ministry's premises. This included the implementation of *Work Health Safety: Better Practice Procedures* and *Injury Management and Return to Work* policy frameworks; ongoing commitment to the NSW Ministry of Health's Work Health Safety Mission Statement; and the promotion of healthy lifestyle campaigns for staff.

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

- a focus on early intervention to support the recovery and return to work of employees who sustain a work-related injury
- working with treating professionals to ensure that injured workers receive the best possible treatment, their family and peers get support, and factors linked to the injury are managed
- frequent claims reviews with the Fund Claims Manager to monitor recovery and return-to-work progress for individual claims and ongoing return-to-work strategies.

The Ministry has an ongoing commitment to promote risk management and injury prevention strategies, including conducting workplace assessments, making ergonomic information available on the intranet, and investigating and resolving identified hazards in a timely manner.

Junior medical officers

The second Your Training and Wellbeing Matters Survey was expanded to include Junior Medical Officers (JMOs), supervisors, JMO managers and support staff. A total of 2097 JMOs responded, representing a response rate of 24 per cent, an increase of two per cent from the 2017 survey. Where the response rate meets the threshold for reporting, the survey results are provided on a statewide, local health district/specialty health network and facility basis. Local health districts and specialty health networks are working with their junior medical officers to address issues and concerns identified in the survey.

NSW Ambulance Wellbeing Investment Program

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

Four streams are being implemented as part of the program – well at work, safe at work, protected at work, and capable leader.

Wellbeing workshops are being rolled out to every staff member at NSW Ambulance

A major feature of the program is the wellbeing workshops, which are being rolled out to every member of staff at NSW Ambulance. Run over three days, the workshops have been designed to support, empower and enhance staff health, wellbeing, safety, self-awareness and quality of life. The face-to-face education and training incorporates strategies and skills to implement in the personal and professional life of staff.

The Wellbeing Investment Program also features a major suite of initiatives to enhance support for staff including the appointment of the first chief psychologist, two occupational violence prevention officers and new occupational therapist, physiotherapist and exercise physiotherapist positions. The program is also increasing the number of peer support officers and chaplains.

PRIORITY 5

SUPPORT AND HARNESS HEALTH AND MEDICAL RESEARCH AND INNOVATION

KEY ACHIEVEMENTS FOR 2018-19

- Committed $12.05 million over four years to the Australian Genomic Cancer Medicine Program to support recruitment of more than 1250 NSW patients, enable development of innovative approaches to enhance evidence-based access to new drugs, and establish six PhD scholarships for related postgraduate research opportunities.
- Led global recruitment for spinal muscular atrophy gene therapy clinical trial.
- Committed to investing $150 million over 10 years for cardiovascular disease research.
- Committed to investing $20 million over four years for paediatric precision medicine research as part of the parents package.
- Provided more than $2.8 million to seven NSW research organisations to support research infrastructure, capability building initiatives and strategies to translate research evidence into policy and practice across NSW.
- Launched a world-first clinical trial using the cannabis medicine cannabividarin for children with Rett Syndrome who have epilepsy.
- Were gobal leaders in a trial of a cannabidiol/ delta-9-tetrahydrocannibinol to manage the symptoms of vomiting due to chemotherapy.
- Led clinician support services through Australia's first Cannabis Medicines Advisory Service, providing research advice and evidence to support health professionals prescribing and dispensing cannabis medicines.
- Reviewed 17 early phase trial applications, with an average review time of 23 days.
- 70 per cent of completed round one Translational Research Grants Scheme projects positively impacted policy or practice.
- Funded seven translational cancer research centres, bringing together 1081 members, both clinicians and researchers, across 86 institutions.

5.1 GENERATE POLICY-RELEVANT RESEARCH

Through the Prevention Research Support Program, NSW Health supports research organisations that are conducting prevention and early intervention research that is aligned with NSW Health priorities. In 2018-19, more than $2.8 million in funding was provided to

seven NSW research organisations to support research infrastructure, capability-building initiatives and strategies to translate research evidence into policy and practice across NSW.

More than $2.8 million to support research infrastructure, capability building and strategies to translate research evidence into policy and practice

To boost access to high-quality research evidence, NSW Health has funded the Sax Institute $1.8 million a year for five years to June 2023. These funds assist the Institute in providing research, evaluation services and training, enabling exchange between researchers, policy makers and practitioners.

In 2018-19, this funding also supported brokered evidence reviews, evaluation and research services, and research skills training sessions.

5.2 DRIVE RESEARCH TRANSLATION IN THE HEALTH SYSTEM

The Translational Research Grants Scheme funds research projects led by NSW Health clinicians that will translate into better patient outcomes, health service delivery, and population health and wellbeing. A review of completed projects from the first round found that 70 per cent of scheme-funded projects had positively impacted policy or practice.

There has been overwhelming support for the scheme across the state, particularly in regional and rural areas where there has been a substantial increase in research capacity as a result, and where 50 per cent of grant funding has been awarded to date.

The scheme provides clinicians with a pathway for incorporating research into their clinical work that no other grant scheme has been able to achieve, particularly for nursing and allied health. Other grant programs conducted within the NSW health and medical research sector have been restructured to align with this scheme.

Build capability in evaluation techniques and use of data analytics

The NSW Health Cluster Evaluation Reference Group and Population and Public Health Research Group have promoted capability-building opportunities and contributed to the development of the NSW Health evaluation capability-building program.

More than 200 Ministry and pillar staff attended training workshops on evaluation, study design and program logic

Face-to-face workshops and online training resources were offered on economic evaluation and critical appraisal of research.

HEALTH RESEARCH AND INNOVATION HIGH-FLOW OXYGEN FOR BRONCHIOLITIS

Hunter New England Local Health District

Hunter New England Local Health District took out the Health Research and Innovation category at the 2018 NSW Health Awards for their high-flow oxygen for bronchiolitis project.

Bronchiolitis is the most common lung infection in infants. Usual treatment involves management of respiratory distress and hypoxia. High-flow warm humidified oxygen (HFWHO) is increasingly used, but its efficacy and safety has not been demonstrated in rigorous trials.

This project examined whether HFWHO:

- shortened the time to weaning off oxygen
- reduced treatment failure, Intensive Care Unit (ICU) transfers and length of stay
- was acceptable to parents.

A pragmatic randomised controlled trial was conducted with infants with moderate bronchiolitis. No significant difference was detected in the time to weaning off oxygen. But using HFWHO significantly reduced the number of treatment failures, length of stay in ICU and number of ICU presentations. It also improved the time to treatment failure, and was well accepted by parents. No oxygen-related adverse events occurred.

Photo: Brad Hazzard, Minister for Health and Medical Research; Andrew Searles, University of Newcastle; Adam Collinson, University of Newcastle; Elizabeth Koff, Secretary, NSW Health; Elizabeth Kepreotes, Hunter New England Local Health District; Joerg Mattes, University of Newcastle; Bruce Whitehead, Hunter New England Local Health District; Mark Kepreotes, Hunter New England Local Health District; Steven Flynn, General Manager, Baxter; and Andrew Newton, Chief Executive, Southern NSW Local Health District.

Seed funding and clinical trials

The Agency for Clinical Innovation (ACI) partnered in translational research grants and managed a seed funding process to support innovative clinical improvement projects. In 2018-19, more than $500,000 was invested across 17 projects. These projects focused on a wide variety of innovations, including a clinical analytics tool to support patient flow and streaming in NSW emergency departments and an early activation care bundle for hip fracture patients.

The ACI's Centre for Healthcare Redesign partnered with the University of Tasmania to build capability in translational research through the Graduate Certificate in Clinical Redesign. This course was awarded the

inaugural Bond University Sustainable Healthcare prize in 2018.

In 2018-19, there were 188 cancer clinical trials open for recruitment that met the Cancer Institute NSW's 'Portfolio' definition (that is, investigator-initiated and non-commercial). There were 1464 participants enrolled into these trials.

The Institute also funded seven translational cancer research centres, bringing together 1081 members, both clinicians and researchers, across 86 institutions.

5.3 MAKE NSW A GLOBAL LEADER IN CLINICAL TRIALS

Over the past 12 months, a number of key milestones for putting an early phase clinical trials framework into the NSW health system have been achieved. Expressions of interest for NSW Health's Early Phase Clinical Trials Human Research Ethics Committee (HREC) Scheme closed in September 2018. In November, NSW Health appointed two specialist HRECs to the scheme, Bellberry Limited for adult trials, and The Sydney Children's Hospitals Network for paediatrics.

Following these appointments, Bellberry and The Sydney Children's Hospitals Network began operation as NSW Health's statewide Early Phase Clinical Trials HRECs on 29 April 2019. Since then, 17 early phase trial applications have received safe and high-quality scientific and ethics reviews under the scheme, with an average review time of 23 days.

World-first clinical trials

NSW Health launched a world-first clinical trial using the cannabis medicine cannabividarin for children with Rett Syndrome who have epilepsy. In a clinical trial for the use of cannabidiol in children with tuberous sclerosis complex and epilepsy, NSW Health was a leading recruitment site. Data from NSW Health's compassionate access scheme for children with severe epilepsy using cannabidiol was also published.

NSW Health is leading the world in a trial of a cannabidiol/delta-9-tetrahydrocannibinol to manage the symptoms of vomiting due to chemotherapy. NSW has led with a trial of vaporised cannabis medicine for lack of appetite and weight loss in advanced cancer.

World-first clinical trial using the cannabis medicine cannabidivarin for children with Rett Syndrome who have epilepsy

Excellent research infrastructure, quality of clinician-researchers and transparent regulatory regime for clinical trials using these medicines has enabled NSW to continue to attract high-quality clinical trials using cannabis medicines.

NSW HEALTH STATEWIDE BIOBANK CELEBRATES FIRST ANNIVERSARY

The NSW Health Statewide Biobank celebrated its first anniversary on 13 November 2018. This facility is the largest storage bank for human biospecimens in the southern hemisphere and has the potential to improve the lives of future generations.

With capacity for over three million human samples, including DNA, tissue, blood and tumour cells, the Biobank is revolutionising medical research in Australia and is helping researchers change the way life-threatening illnesses are treated.

5.4 ENABLE THE RESEARCH ENVIRONMENT

Australian Genomics Cancer Medicine Program

In July 2018, the Federal Minister for Health announced an investment of $50 million over five years to expand NSW's Genomic Cancer Medicine Program nationally. The program, based at the Garvan Institute of Medical Research, provides treatment options for patients with cancers where standard therapies have been exhausted.

$12.05 million invested over four years to increase NSW patient recruitment in the NSW-based Australian Genomic Cancer Medicine Program

NSW is investing a further $12.05 million over four years (2019 to 2022) in a program that will support patient recruitment for at least an additional 1250 NSW residents, enable development of innovative approaches to enhance evidence-based access to new drugs, and establish six PhD scholarships for related postgraduate research opportunities.

Austrade Landing Pads fast track program

NSW Health is collaborating with Austrade to provide fast-track access for recipients of the NSW Medical Devices Fund and graduates of the NSW Medical Device Commercialisation Training Program to join the Landing Pads Program. The program helps market-

ready start-ups and scale-ups to take their business to the world. Landing Pads have been established in San Francisco, Tel Aviv, Shanghai, Berlin and Singapore. This is an initiative of the Australian Government's National Innovation and Science Agenda to stimulate innovation and entrepreneurship.

Data linkage

During 2018-19, the Centre for Health Record Linkage released around one billion linked records to support research and analytics, and scaled up data integration capability for faster and more reliable access to linked data. In 2018-19, linked data from the centre was used to support critical government priorities such as Their Futures Matter, Leading Better Value Care, NDIS evaluation and the NSW Integrated Care Strategy.

Statewide Biobank

NSW Health Pathology provided infrastructure and support to the NSW Health Statewide Biobank to help the NSW research community to undertake more high-quality research. A strategic collection and consent framework were developed to enhance consent for the collection of population biospecimens.

Develop a network of researchers to leverage new diagnostic technologies

In partnership with clinicians, NSW Health Pathology continued to grow its network of researchers to leverage new technologies in clinical diagnostic services. NSW Health Pathology partnered with universities, medical research institutes, local health districts and industry to translate new diagnostic biomarkers and put new models of service delivery into practice. Research coordinators are now working across all of NSW Health Pathology's operational areas.

PRIORITY 6

ENABLE EHEALTH, HEALTH INFORMATION AND DATA ANALYTICS

KEY ACHIEVEMENTS FOR 2018-19

- Implemented secure, cloud-based infrastructure that will enable a new patient-reported measures system to support integrated, better value care across NSW Health.
- Completed implementation of Electronic Medication Management (eMeds) at 84 sites, with an additional 12 sites going live with the Electronic Medical Record (eMR) system.
- Continued deployment of the Electronic Record for Intensive Care (eRIC) to improve safety and clinical decision-making for critically ill patients.
- Worked with the Australian Digital Health Agency, to plan the National Children's Digital Health Collaborative proof-of-concept trials in Dubbo and Blacktown to test the national Child Digital Health Record.
- Designed and developed the incident management system (ims+) to replace the Incident Information Management System (IIMS). ims+ is built around current data sets and has been configured to meet NSW Health staff needs.
- Worked collaboratively with the Australian Commission on Safety and Quality in Health Care to revise the Australian Sentinel Events list.
- Completed the Rural eHealth Program, giving 17,000 rural and remote clinicians digital access to patient information.
- Completed the integration of NSW diagnostic imaging reports from all local health districts and the Sydney Children's Hospitals Network, enabling NSW Health to share available information to My Health Record.
- Developed Analytics Assist to help NSW Health staff find and use statewide data and information to improve health outcomes and health system performance.

6.1 IMPLEMENT INTEGRATED PAPER-LITE CORE CLINICAL INFORMATION SYSTEMS

eHealth NSW has implemented secure, cloud-based infrastructure that will enable a new patient-reported measures (PRM) system to scale, to support integrated, better value care across NSW Health.

eHealth NSW's Radiology Information System and Picture Archive and Communication System (RIS-PACS) Program completed its proof-of-concept and procurement phases to update the medical imaging systems of 11 participating NSW Health organisations. The program has transitioned its focus to the statewide design, including input from more than 200 clinical

stakeholders. The first implementation projects have commenced with Western Sydney and Nepean Blue Mountains local health districts.

Electronic Medical Records (eMR) systems are live in 177 hospitals, supporting safer care for 1.8 million patient admissions annually

Deployment of the Electronic Record for Intensive Care (eRIC) continued to support the delivery of improved safety and better clinical decision-making for critically ill patients in ICUs. eRIC is now live in 19 hospitals in NSW. Work to integrate eRIC with adjacent clinical systems is also underway.

By June 2019, the eMR Connect program had implemented eMeds at 84 sites, with an additional 12 sites going live with the eMR system. eMeds is now live at 122 sites in NSW.

ims+

In partnership with clinical governance committees, eHealth NSW designed and developed ims+ to replace Incident Information Management System. The new system accommodates current data sets and configured to meet NSW Health staff needs. Its improved reporting capability will help NSW Health staff to make more effective decisions and drive continuous improvements in safety.

The Clinical Excellence Commission has worked collaboratively with the Australian Commission on Safety and Quality in Health Care to revise the Australian Sentinel Events (ASE) list, and with eHealth NSW to design the data sets for ims+, ensuring the capability to monitor and report ASEs.

Other initiatives

The Clinical Excellence Commission's Quality Improvement Data System (QIDS) assists local health districts and specialty health networks with data and improvement tools that monitor and reduce 16 hospital-acquired complications.

Led by NSW Health, in partnership with the Australian Digital Health Agency, the National Children's Digital Health Collaborative planned proof-of-concept trials in Dubbo and Blacktown to test the national Child Digital Health Record. The record will enable the tracking of key health interactions, including baby health checks, immunisations, growth charts and development milestones.

The Rural eHealth Program – a four-year program was completed in 2018-19. The program implemented secure and reliable ICT infrastructure that delivers 'anywhere, anytime' access to patient records and gives 17,000 rural and remote clinicians digital access to patient information.

6.2 FOSTER EHEALTH SOLUTIONS THAT SUPPORT INTEGRATED HEALTH SERVICES

eHealth NSW continued to drive a digitally enabled, patient-centred and integrated public health system.

eHealth NSW joined forces with industry partners on two proof-of-concept projects. At Wagga Wagga Base Hospital, eHealth NSW and Murrumbidgee Local Health District are investigating how critical test results can be shared securely and in real time via mobile devices to support enhanced clinical decision-making. A second project aims to create an open platform that provides access to simulated data, which researchers and developers can use to test functionality and feasibility of their models in a safe environment while protecting patients' privacy.

The Northern NSW Local Health District's Service Registration Assistant Project is enhancing the quality of health provider information contained within the district's patient administration systems. It aims to improve the delivery rate of referral letters by providing digital health information to external parties such as GPs.

NSW Health Pathology continued its work to deliver more public pathology results into HealtheNet for the majority of NSW local health districts. This is helping to reduce duplication of procedures, allowing for more immediate patient treatment and ultimately reducing costs.

Pathology results are now shared with the national My Health Record system, making NSW the first state or territory in Australia to share pathology results on this platform.

In June 2019, eHealth NSW completed the integration of NSW Diagnostic Imaging Reports from all local health districts and The Sydney Children's Hospitals Network, enabling NSW Health to share available information to My Health Record.

eHealth NSW continued to deploy collaborative ICT solutions across NSW Health

eHealth NSW has continued to deploy collaborative ICT solutions across NSW Health. Developments in video-conferencing solutions in 2018-19 include:

- greater capacity for web- and mobile-based technology, with 3000 virtual meeting rooms,

ANALYTICS ASSIST

The NSW Ministry of Health developed Analytics Assist to help NSW Health staff find and use statewide data and information to drive improved health outcomes and health system performance. The focus of Analytics Assist is to:

- connect NSW Health staff to statewide data and information
- provide guidance on how to use data and information for the questions at hand
- provide referrals for setting up the required teams and partnerships
- provide advice on projects that use statewide data.

2170 pieces of video infrastructure and approximately 250 over-bed cameras statewide

- development of new web-based patient waiting room functionality for clinical and interpreter video consults
- facilitating approximately 22,290 web- and mobile-based calls, 16,500 video calls from room-based systems and integrating 5600 audio calls into video calls each month.

Shared Care Planning

In 2018-19, eHealth NSW continued to explore options for a statewide Shared Care Planning tool. Shared Care Planning enables patients and their care team to access and edit their care plan in a flexible and online environment that is appropriate to their needs. The tools can be used by patients, general practitioners, medical specialists and other members of a patient's care team, and encourage integration and collaboration across health systems and other care clusters.

The Integrated Care Implementation team has supported local development of mental health recovery planning and care planning for people receiving palliative care.

6.3 SYSTEMISE ENHANCED ACCESS TO DATA AND INFORMATION THROUGH IMPROVED PLATFORMS

During 2018-19, eHealth NSW progressed the design of a prototype platform that aims to replicate raw production system data (such as from the eMR) in a secure and centralised analytics platform. This will allow large volumes of information-rich data to be shared from production systems in an appropriately governed manner.

eHealth NSW also implemented StaffLink procurement information data discovery to enable staff to order the products that best meet their needs through instant search results and inbuilt business intelligence, while saving money through highlighting more cost-effective options.

eHealth NSW successfully developed a new workforce executive reporting pack that is informing the development of a statewide dashboard for health organisation chief executives and directors of workforce.

Real-time data

The NSW Ministry of Health provides rapid surveillance in near-real time of ambulance, emergency department, mortality, and drug and alcohol intelligence to inform policy, program development and research. The Public Health Rapid Emergency and Disease Syndromic Surveillance system operates seven days a week to enable a rapid response to emerging public health issues and provide timely advice and support during emerging public health incidents.

VOLUNTEER OF THE YEAR
JANETTE DU BUISSON PERRINE

Hunter New England Local Health District

For over 20 years, Janette has significantly contributed as a volunteer to improve services and facilities for people with a mental illness and their carers in South Western Sydney. She has demonstrated outstanding leadership as Chair of the Mental Health Consumer, Carer, Community Committee since 2014. She was personally commended during the accreditation Periodic Review Survey for her leadership in integrating consumer/carer participation into the governance of the Mental Health Service.

Janette's skills and effective leadership of the committee have been pivotal in ensuring that its work achieves significant long-lasting benefits.

Congratulations Janette for winning Volunteer of the Year at the 2018 NSW Health Awards!

Photo: Elizabeth Koff, Secretary, NSW Health; Brad Hazzard, Minister for Health and Medical Research; Janette Du Buisson Perrine, South Western Sydney Local Health District; Kay Hyman, Chief Executive, Nepean Blue Mountains Local Health District; and Daniel Hunter, Deputy Secretary, Finance Services and Asset Management.

NSW Ambulance invested over $40 million in improved mobile communications and patient medical data

The Agency for Clinical Innovation has continued to work with pillar organisations, local health districts, specialty health networks and primary care providers to embed the routine collection and use of patient-reported measures into business-as-usual activity.

Data linkage

The Centre for Health Record Linkage (CHeReL) is dedicated to helping researchers, planners and policy makers access linked data about people in NSW and the ACT. In 2018-19, CHeReL undertook data linkage, collected over 25 years for key NSW Government projects.

Primary Care Data Linkage Project

Work on the scaled-up primary care linkage program, Lumos, is underway. Lumos securely links encoded data from general practices to other health data in NSW, including hospital, emergency department and mortality data. Lumos creates a unique anonymised data asset that provides a comprehensive view of the patient journey across health settings and is the first of its kind at scale in Australia.

Lumos builds on the ethically approved pilot GP Data Linkage Project, which has generated insights from 400,000 patient journeys across 40 NSW general practices. Partnership agreements with all 10 NSW primary health networks are now in place to support the statewide expansion of Lumos. In 2018-19, resources were developed that included GP information packs and information cards to streamline discussions between primary health networks and GPs.

Work is also underway with eHealth NSW to develop a cloud solution, the Secure Analytics Primary Health Environment, for secure data storage and sharing.

Edward Business Implementation Program

The Edward Business Implementation Program is making notable progress towards the establishment of EDWARD (Enterprise Data Warehouse for Analysis Reporting and Decisions). It is also preparing for the transition that will make EDWARD NSW Health's principal clinical data source for performance monitoring, health service purchasing and funding, health service planning, epidemiology and research.

A forum to support project managers, the EDWARD Community of Practice, and a collaboration space has been established. The Community of Practice has identified strategic data sources to incorporate into EDWARD and a structure is being established for finance data.

6.4 SYSTEMISE AND EXPAND THE INTEGRATION OF DATA TO DRIVE GREATER INSIGHTS

In 2018-19, eHealth NSW created end-to-end data integration standards by developing a data reference model to foster the sharing and reuse of data across NSW Health.

The Health Education and Training Institute has implemented an enterprise-wide operational planning and project management software solution to provide greater insight and visibility across all operations. It has been integrated with NSW Health's human resources system and recent additions of risk and audit modules provide a comprehensive and integrated data set for decision-making.

The NSW Health inaugural Data Governance Framework was published in March 2019. The NSW Ministry of Health is also providing advice to pillar organisations and branches in relation to their data governance.

6.5 ENHANCE DECISION-MAKING BY SUPPORTING INSIGHTS AND ACTIONING

eHealth NSW completed technical implementation for a trial of a risk trigger monitoring tool to support patient safety. The tool captures combinations of events within the Electronic Medical Record (eMR), allowing for rapid feedback on the effectiveness of quality and safety initiatives. A trial of the risk trigger monitoring tool is underway at Blacktown and Prince of Wales Hospitals in conjunction with the Agency for Clinical Innovation (ACI) and the Clinical Excellence Commission.

eHealth NSW also established the Safety and Quality Oversight Committee to develop safety and quality metrics that will provide actionable insights to ensure continuous monitoring of safe practices. eHealth NSW will continue to work closely with the Clinical Excellence Commission to ensure eSafety across the NSW public health system.

The ACI worked with local teams to collect comparative data and information about key elements of care in respiratory, cardiac, paediatric and other Leading Better Value Care initiatives, supporting evidence-based audit and feedback processes in 40 different sites across 12 local health districts and specialty health networks.

Over the past year the ACI and the CEC have developed monitoring and evaluation plans and produced quarterly monitoring reports on each Leading Better Value Care initiative in every local health district and specialty health network.

New reporting and analytics functionality added to My Health Learning

The Health Education and Training Institute (HETI) has worked collaboratively with eHealth to improve and add new reporting and analytics functionality for My Health Learning. The result is improved learning analytics, standard and compliance reports are now available. HETI has also successfully integrated Google Analytics into one of its learning modules, which allows for monitoring and analysis of the behaviour flow of learners, as well as device use and actions performed by learners.

In 2018-19, HETI, eHealth NSW and the University of Sydney partnered to develop a Massive Open Online Course – Using Clinical Health Data for Better Healthcare.

MORE SOPHISTICATED DATA AND ANALYTICS HELP US TO DELIVER THE BEST CARE FOR EACH INDIVIDUAL

Value Based Health Care and the importance of patient reported measures

Using timely patient experience information to inform how care is provided

Linked data is powerful

Patient experience information is vital to co-designing services

This combination leads to better care for our patients.

The NSW Ministry of Health has developed a data literacy framework, aligned with the Public Sector Capability Framework to drive an uplift in understanding data and its insights across the health system.

NSW Health continues to improve workforce reporting and analytics through a number of ongoing approaches including:

- Refining accuracy and reliability of workforce data through partnering with health agencies to ensure ongoing quality of data.
- Improved access to workforce data and ongoing analysis of workforce data including the development of additional dashboards from new data sets including rostering, recruitment and learning and development data.
- Alignment of workforce, finance, clinical data and other data sets to identify opportunities for the alignment of data and reporting to provide cross health insights for improved decision making.

6.6 ENHANCE PATIENT, PROVIDER AND RESEARCH COMMUNITY ACCESS TO DIGITAL HEALTH INFORMATION

eHealth NSW is part of a national initiative to develop a framework for the use of mobile health applications (mHealth apps).

eHealth NSW has implemented a pilot solution to deliver the Health Information Exchange at Northern Beaches Hospital. The exchange receives eMR data from the Northern Beaches Hospital and the Northern Sydney Local Health District, making the data visible to clinicians through a single source. The solution is designed to enable the safe transfer of patient records between public and private facilities.

eHealth NSW has broadened the scope of its Clinical Engagement and Patient Safety directorate by incorporating human-centred design processes into the build of NSW Health's digital health tools. This provides NSW Health with a range of human-centred design functions, including user research, co-design, and user experience and usability analysis, to create technology that fits with the way people think, work and behave.

In 2018-19, eHealth NSW developed a framework for engaging consumers in the design and build of eHealth solutions.

The Research Ethics and Governance Information System (REGIS) was fully implemented on 1 April 2019. The platform is set to improve management of ethics and site governance approvals of human health and medical research projects in NSW and ACT public health organisations.

Collaboration with the NSW Health Statewide Biobank

The Centre for Health Record Linkage is a dedicated data linkage centre for health and human services. In 2018-19, it collaborated with the NSW Health Statewide Biobank to create a new service that can store and process millions of biospecimens, and link the data. The service will be a vast and accessible resource for health and medical research.

PRIORITY 7

DELIVER INFRASTRUCTURE AND SYSTEM CAPABILITY

KEY ACHIEVEMENTS FOR 2018-19

- Delivered 26 infrastructure projects across NSW on time and on budget*.
- Completed construction of eight ambulance stations as part of the $122.1 million Rural Ambulance Infrastructure Reconfiguration Program; four multipurpose centres as part of the $304.9 million Multipurpose Service Program; and six paramedic response points/superstations as part of the $184 million Sydney Ambulance Metropolitan Infrastructure Strategy Program*.
- Completed construction of the $91.5 million Forensic Medicine and Coroners Court Complex at Lidcombe.
- Enhanced the NSW Ministry of Health's strategic and governance oversight role across NSW Health to optimise the procurement of goods and services, and refine the approach for commissioning and contestability.
- Established the Medical Asset Management Program to support a whole-of-life approach to medical equipment.
- Progressed a new approach to commissioning and providing hospital networking infrastructure as a service.
- Established a reliable clinical-grade network for NSW Health through the Health Wide Area Network program.
- Delivered a Disaster Recovery Policy and Disaster Recovery Framework to ensure that disaster recovery plans are developed, implemented, tested and maintained.
- Participated in working groups with the Greater Sydney Commission to support better integration between local and state governments and to help guide future planning of local strategic planning statements.
- Drove collaboration between health, academia and industry to further existing health and education precincts and create synergies for economic growth.

7.1 DELIVER AGREED INFRASTRUCTURE ON TIME AND ON BUDGET

Clinical service planning

Robust service planning underpins NSW Health's annual capital program. The Health Service Planner Capability Development Strategy has been in place since October 2017 and remains a key tool in supporting improved health service planning capability across the system.

Key capability initiatives put into practice in 2018-19 include the Planners Intensive Program pilot – an intensive capability development program focused on three of the core capabilities for service planners identified in the Strategy.

A Job Shadowing Guide was piloted and launched in 2018 as well as a Communities of Practice portal to allow information sharing, networking and discussion among planners.

Clinical service planning analytics

The CaSPA portal (Clinical Services Planning Analytics Portal) is a resource for local health districts to support evidence-based service planning. CaSPA continues to be developed and regular training was provided to teach planners how to use the analytical tools hosted on the CaSPA portal throughout 2018-19.

An updated preliminary cost benefit analysis template was developed to support health districts, specialty health networks, NSW Ambulance, eHealth NSW and NSW Health Pathology for use with future asset strategic plans.

In 2018-19, NSW Health was active in the Common Planning Assumptions Group, made up of senior representatives across NSW Government.

Capital works infrastructure

Across NSW, 26 infrastructure projects were delivered on time and on budget including:

- $30 million Broken Hill Health Service Redevelopment
- $91.5 million Forensic Medicine and Coroners Court Complex
- $21.5 million Muswellbrook Hospital Redevelopment
- $348 million Gosford Hospital Redevelopment and associated $39 million multi-storey car park.

Completed $348 million Gosford Hospital Redevelopment and associated $39 million multi-storey car park

A number of key program milestones were also delivered:

- Construction was completed at Bathurst Ambulance Station, Bay and Basin Ambulance Station, Berry Ambulance Station, Griffith Ambulance Station,

* Note These figures refer to construction complete milestones and may include reference to individual components of larger infrastructure projects and programs that may not be recognised as officially complete.

Hamlyn Terrace Ambulance Station, Kiama Ambulance Station, Pottsville Ambulance Station, Toukley Ambulance Station and Wauchope Ambulance Station, as part of the $122.1 million Rural Ambulance Infrastructure Reconfiguration Program*.

- Construction was completed at Bonalbo Multipurpose Service, Coolah Multipurpose Service, Culcairn Multipurpose Service and Rylstone Multipurpose Service, as part of the $304.9 million Multipurpose Service Program*.
- Construction was completed at Bonnyrigg Paramedic Response Point, Caringbah Superstation, Haberfield Superstation, Leppington Paramedic Response Point, Roselands Paramedic Response Point and Quakers Hills Paramedic Response Point, as part of the $184 million Sydney Ambulance Metropolitan Infrastructure Strategy Program*.
- Construction was completed on the $19.8 million Hornsby Hospital Car Park and $26 million Nepean Hospital Car Park, as part of the Sustainable Hospital Car Park Investment Program*.
- The business case for the $700 million Statewide Mental Health Infrastructure Program was submitted*.

ICT infrastructure

In 2018-19, eHealth NSW progressed a new approach to commissioning and providing hospital networking infrastructure as a service. The Health Grade Enterprise Network Pilot at Westmead Redevelopment Precinct was designed to ensure NSW Health's foundational information and communication technology infrastructure is robust, resilient and future-ready for the state's public hospitals to provide the best possible health care.

The NSW Government Data Centre Reform Strategy was ongoing in 2018-19. All eHealth NSW-hosted systems are now operating out of the government data centres. Migrations have started for Cancer Institute NSW and NSW Ambulance, and preparations are underway for the migration of Northern Sydney, Central Coast and Western Sydney local health districts, and the Health Professional Council Australia.

eHealth NSW made significant progress in maturing its information and communication technology disaster recovery capability in 2018-19. It delivered a Disaster Recovery Policy and Disaster Recovery Framework to ensure that disaster recovery plans are developed, implemented, tested and maintained in support of the reliability and availability of key systems and infrastructure. It also expanded the transition of services to production to include associated disaster recovery assessments, plans and appropriate due diligence.

A statewide integration and interoperability strategy and integration platform have been developed to improve the seamless sharing of information across multiple systems.

The Health Wide Area Network program has established a reliable clinical-grade network for NSW Health and 702 links have been rolled out to date. Deployment to metropolitan local health districts is progressing, and migrations of 250 NSW Ambulance sites have increased to 84 per cent complete. Remaining works are planned for completion by the end of 2019-20 when the program will close.

7.2 UNDERTAKE INTEGRATED PLANNING WITH OTHER AGENCIES

In 2018-19, NSW Health continued to support integrated planning with other NSW Government agencies led by the Greater Sydney Commission on a number of initiatives, including various collaboration areas, development of infrastructure compacts, and Greater Parramatta Olympic Peninsula strategic business case.

In March and April 2019, NSW Ministry of Health and local health district representatives participated in working groups with the Greater Sydney Commission to support better integration between local and state governments and to help guide future planning of local strategic planning statements.

Integrated planning with other agencies enabled plans on health and education precincts to progress including:

- The $1 billion Nepean Redevelopment. Schematic designs were completed and enabling works started.
- Planning for the $780 million John Hunter Health and Innovation Precinct
- The $740 million Liverpool Health and Academic Precinct. The master plan was endorsed and schematic designs commenced.
- Completion of detailed designs for the $720 million Randwick Campus Redevelopment and approval for the State Significant Development Application. Site establishment and early works began on the Prince of Wales Hospital Acute Services Building.

BIO 2019 International Convention

In June 2019, a NSW delegation showcased the state's world-class clinical trial capabilities at the BIO 2019 International Convention in Philadelphia.

The showcase was a collaboration between NSW Health and NSW Department of Industry in conjunction with AusBiotech who hosted the Australian Pavilion. The showcase aimed to raise the profile of NSW's medtech and biotech industries and seek opportunities to attract clinical trials to NSW.

Note: The above refers to construction complete milestones and may include reference to individual components of larger infrastructure projects and programs that may not be recognised as officially complete.

Health and education precincts

NSW Health is facilitating collaboration between health, academia and industry to support precincts and create synergies for economic growth, using a whole-of-system approach to maximise the benefits of the State's significant investment in precincts. The Office for Health and Medical Research has analysed key research precincts in NSW including Camperdown, Liverpool, Randwick, Western Parkland City and Westmead focusing on areas of research strength and opportunities.

Faciliated collaboration between health, academia and industry to support precincts and create synergies for economic growth

7.3 BUILD ASSET MANAGEMENT CAPABILITY

In 2018-19, NSW Health continued to build asset management capability and implemented a statewide reform of asset management.

The ongoing development of a statewide asset management system will see the implementation of new policy and standardisation of data to facilitate the development of NSW Health asset management capability.

External cladding remediation works addressed the presence of Aluminium Composite Panel (ACP) cladding at public hospitals. More than 4600 NSW Health sites were reviewed across NSW with 13 sites identified as requiring cladding remediation. NSW Health invested over $19 million on ACP remediation works to date. In addition, Health Infrastructure supported health organisations in the development of long-term ACP management plans for low-risk sites, which are now being administered and maintained by the respective health organisations.

More than 150 projects underway as part of the $500 million Asset Refurbishment and Replacement Program

The Medical Asset Management Program was established to support a whole-of-life approach to medical equipment and achieve fit-for-purpose, safe and optimised public health assets. More than 150 projects are underway as part of the $500 million Asset Refurbishment and Replacement Program. Health Infrastructure delivered future-focused, critical maintenance programs for existing facilities across the state, including audits and rectification works pertaining to the long-term remediation and management of aluminium composite panel cladding and holistic fire safety improvements.

7.4 OPTIMISE PROCUREMENT AND SUPPLY CHAIN

HealthShare NSW established a program during the 2017-18 financial year to deliver a procurement strategy and approach to accelerate and increase procurement efficiencies and recurrent savings. The program has a target to deliver recurrent annual savings of $100 million by 2020-21. In 2018-19, in-year cash savings of $24.9 million were achieved as a result of the program.

There were a number of successful contractual outcomes under this program during 2018-19, including the new cardiovascular prostheses contract. Working with clinicians, HealthShare NSW Procurement developed a new and innovative way to contract suppliers, creating additional benefits for hospitals and patients.

A 12-month pilot to introduce, measure and test initiatives to improve efficiency opportunities in the medical consumables supply chain was another project HealthShare NSW progressed.

Optimising the supply chain for medical consumables

Improvements in the ability of the supply chain to provide medical consumables at the right time, volume and location minimise a local health district's financial costs associated with the ordering, receipting and physical delivery process. This reduces the time clinical staff spend on administrative supply chain tasks with a matching increase in time spent on patient care.

Royal North Shore Hospital and the Northern Sydney Local Health District have been working collaboratively with HealthShare NSW throughout the various stages of the program. At the end of the pilot, a formal evaluation will determine whether the initiatives will be rolled out to other hospitals and local health districts across NSW.

Improved procurement strategies

Various procurement savings initiatives focused on optimising value across NSW Health in 2018-19, including the implementation of greater statewide contracts through competitive tender processes.

The NSW Ministry of Health has refined procurement strategies and contracts to optimise long term capital lease replacement programs for medical imaging categories with an aim to ensure optimal patient treatment at the best possible cost. The long term benefit will be realised to staff and patients with a well-designed clinical environment, reduced downtime, improved patient turnaround times coupled with investment in modern technology, offering patients high-quality medical services.

These long-term strategic procurement initiatives will provide more sustainable and efficient hospital operations that in turn will enable the local health districts to provide high-quality, innovative and future-proofed standard of care to the community.

PEOPLE'S CHOICE
EGGSPECTATION

The Sydney Children's Hospitals Network

The Sydney Children's Hospitals Network won People's Choice at the 2018 NSW Health Awards for an integrated oncofertility service providing equitable and timely oncofertility care. The team developed the first public oncofertility service driven by consumer targeted initiatives.

Results show:

- a 63 per cent increase in access to oncofertility care in the last five years
- 100 per cent of adolescent and young adult patients received information about fertility risk and options in the last 12 months
- 91 per cent of patients are seen within 24 hours of referral.

The team successfully developed and lead a change in practice giving all NSW adolescent and young adult cancer patients equitable and timely access to oncofertility care.

Photo: Front: Dr Antoinette Anazodo, Sydney Children's Hospitals Network; Dr Michael Bertoldo, University of NSW. Back: Brad Hazzard, Minister for Health and Medical Research; Elizabeth Koff, Secretary, NSW Health; Fiona Maguire, Sydney Children's Hospitals Network; Brigitte Gerstl, Sydney Children's Hospitals Network; Prof. Robert Gilchrist, University of NSW; Cath O'Dwyer, Sydney Children's Hospitals Network; Marianna Stolzenhein, Sydney Children's Hospitals Network; Dr Christopher Nicol, Sydney Children's Hospitals Network.

7.5 DELIVER COMMERCIAL PROGRAMS

In 2018-19, NSW Health carried out initiatives focused on delivering sustainable outcomes to support the delivery of patient care and the system.

Work was done in 2018-19 across the system to support the implementation of the new accounting standards which became effective from 1 July 2019. The introduction of accounting standard AASB 16 Leases will see operating leases treated in the same manner as a finance lease with the majority of all leases becoming on balance sheet - a significant change.

New accounting standards became effective from 1 July 2019

The NSW Ministry of Health worked with NSW Health entities to identify operating leases which meet the AASB 16 definitions. All NSW Health entities completed reviews into their operating expenses, identified operating leases and completed detailed lease registers. The information sourced from these reviews was collected and consolidated for transitional impacts and submitted to NSW Treasury.

NSW Health upgraded an existing IT system which was compliant with AASB 16 Leases so that all payment schedules, reporting and accounting were available for NSW Health entities to use. The upgrade of the system was completed in mid-June 2019, with all leases now contained within one IT system. This improvement has greatly assisted in providing full transparency of all leases, opportunity for informed asset management decisions (including buy versus lease decisions) and establishing better maintenance budgets based on the current asset portfolio.

A leasing pilot program was established with the successful leasing of medical equipment by Sydney Local Health District through TCorp. A master leasing head agreement between Health Administration Corporate (HAC) and TCorp was achieved in December 2018. The head agreement will enable any HAC entity to lease medical equipment via TCorp in the future.

Commissioning

The NSW Ministry of Health's strategic and governance oversight role across NSW Health is to optimise the procurement of goods and services. There was significant effort throughout 2018-19 to refine the approach for commissioning across NSW Health.

Commissioning for Better Value Care supports the delivery of value-based healthcare across NSW Health by shifting the focus of services that support patient care from outputs to outcomes, therefore improving the experience, effectiveness and efficiency of care provided. This results in overall better health outcomes for patients.

Commissioning for Better Value Care was put into practice across a number of procurement initiatives in 2018-19.

Specimen transport service

NSW Health Pathology is redesigning its statewide specimen transport service. This will provide more agile, safe and efficient transport of pathology specimens and laboratory consumables across the state, and better value for money. In 2018-19 network data was digitised and potential new routes were developed.

PRIORITY 8

BUILD FINANCIAL SUSTAINABILITY AND ROBUST GOVERNANCE

KEY ACHIEVEMENTS FOR 2018-19

- In 2018-19, NSW Health's budget included $25.1 billion recurrent and capital to invest in hospitals and better health services including providing for more emergency attendances, elective surgeries and non-admitted patient services. This also included investment in the major capital program for new health facilities, upgrades and redevelopments.
- Developed and implemented a range of financial innovation projects including the Faster Close Oracle General Ledger Project and the roll out of the statewide Clinician Billing Portal.
- Continued to transition to Outcome Budgeting and reporting for the NSW Health cluster.
- Established the Tuning Governance and Accountability Program to identify and address aspects of governance where approaches can be improved and where greater clarity of roles, responsibilities and relationships can be achieved.
- Delivered a series of engagement forums for NSW Health board chairs and members which culminated in the hosting of the 2018 Board Member Conference.
- Completed the first stage of costing studies for four of the Leading Better Value Care initiatives to monitor the economic impact of the program and support development of an economic model to assess sustainability over the longer term.
- Established linked data assets through the ROVE system (Register of Outcomes, Value and Experience) to support sophisticated analyses.
- Developed the NSW Health Financial Capability Pathway to upskill staff in the current finance and health environment.

8.1 SECURE A LONG TERM SUSTAINABLE FINANCIAL POSITION

NSW Health is focussed on providing financial leadership including sustainable resource allocation across the system. In 2018-19, the NSW Ministry of Health continued to work closely with NSW Treasury to develop a strategic financial view, incorporating revenue, expense and savings strategies over the forward estimates period.

The Ministry internally scopes projects to improve processes that support the delivery of its finance functions. As part of this, it has developed and implemented a range of financial innovation projects including the faster close of the Oracle General Ledger to allow more timely and accurate financial reporting. In 2018-19, this project has seen the general ledger close move from three business days down to two business days with the expectation that this will reduce even further in 2019-20. The faster close allows more time for analysis, improves the accuracy of reporting and allows the financial teams to focus on strategic priorities.

To assist with all aspects of financial reporting, NSW Health has started the journey to transform the NSW Health Chart of Accounts. The first phase of the process was completed in 2018-19, which identified a number of dormant and outdated segments within the NSW Chart of Accounts compared to industry best practice.

The Clinician Billing Portal is NSW Health's own web-based application used by Staff Specialists and visiting medical officers to capture Medicare Benefits Schedule activity. It automatically sends Medicare Benefits Schedule activity for chargeable patients to the billing system, removing the need for manual billing sheets. It can also be used to capture Medicare Benefits Schedule items for non-chargeable patients as a quick and easy way of recording activity. In 2018-19 three local health districts successfully completed pilots for the Clinician Billing Portal. Upon completion of implementation resources and governance models, statewide rollout of the Clinician Billing Portal commenced in mid-2019 and will continue in 2019-20.

In 2018-19, NSW Health and NSW Treasury commenced a broad revenue review. Stage 1 of the review, which was completed in early 2019, resulted in adjustments to NSW Health's revenue budget to reflect declines in Australian Government funding for Department of Veterans' Affairs patients and the changing private health insurance environment.

During the year, NSW Health also undertook a comprehensive realignment of revenue budgets for each entity in the Health cluster. The realignment process was based on principles of transparency and equity and was undertaken with wide consultation across NSW Health. The realignment was finalised in early 2019 and has led to improved accountability in revenue budgeting.

The NSW Health Purchasing Framework supports the aim of the NSW Government to keep people healthy, provide care that people need, deliver high-quality services, and manage services well. The framework was reviewed in 2018-19, to better align with value-based healthcare programs, to more clearly articulate the purchasing methodology for greater transparency, and build capability in the NSW public health system.

In 2018-19, the NSW state price per national weighted activity unit remained stable and consistently below the national efficient price for Australian public hospital services. This stability provided the right environment to review growth funding arrangements for NSW local health districts and specialty health networks.

Growth in health service demand resulting from population and ageing is calculated for each local health district and specialty health network using NSW Department of Planning and Environment population growth estimates (developed from ABS census data), which are then adjusted for the relative health usage of different age groups and sexes.

Equity growth is allocated where the per capita consumption of hospital services by the local health district/specialty health network population is lower than the NSW average. This incorporates adjustments to account for the population's age and sex and socio-economic factors that can influence the quantity of services needed by the population.

Australian Government – NSW Government health funding arrangements

NSW Health continues to support integration and sustainability through negotiation of the next National Health Reform Agreement 2020–2025. NSW is advocating for this agreement to provide sustainable health funding that builds on existing activity based funding principles, whilst embedding flexibility for NSW Health to innovate and fund the models of care that deliver outcomes that matter to patients.

To support this, NSW continues to collaborate with the Australian Government and other states and territories to develop and implement a suite of long term reforms that will transform the system and provide NSW the resources it needs to plan and provide value-based healthcare, with a focus on patient experience.

Establishing the economic impact of the Leading Better Value Care Program

The Leading Better Value Care program is one way that NSW Health is achieving value-based healthcare. Leading Better Value Care started in 2017 with eight clinical initiatives providing best practice models of care.

Leading Better Value Care aims to improve health outcomes and patient, carer and clinician experiences of receiving and providing care. Leading Better Value Care aims to increase the effectiveness and efficiency of care and support future sustainability of the health system.

Leading Better Value Care aims to increase the effectiveness and efficiency of care and support future sustainability of the health system

A number of foundational activities were developed to begin monitoring the economic impact of the initiative, including:

- completion of the first stage of costing studies for four initiatives that represent a significant departure from usual care (osteoporosis refracture prevention, high risk foot services, osteoathritis chronic care program and renal supportive care). Outputs of the costing study will be used to align funding to costs of care and in the economic evaluation
- ongoing monitoring of economic benefits and utilisation of resources to measure against business as usual projections and to assess early impact
- development of an economic model to assess sustainability over the longer term.

The efficiency and effectiveness achieved by implementing Leading Better Value Care is key to determining sustainability. This information has also presented an ongoing opportunity to discuss repurposing and reinvesting any freed up (net) capacity to other patient care priorities within the budget allocation.

Analytics and measurement to support value based decision making

The NSW Ministry of Health worked collaboratively with local health districts, specialty health networks and pillars to lay the foundations of a comprehensive approach to analyse and measure the impact of Leading Better Value Care initiatives. This supported and informed decision making about healthcare interventions focusses on improving patient outcomes, patient carer and clinician experience of receiving and providing care, together with achieving enhanced sustainability for the healthcare system.

This work has included:

- implementing the Measurement Alignment Framework to refocus measurement on what matters to patients
- development of monitoring and evaluation plans for each Leading Better Value Care initiative
- establishment of linked data assets through the ROVE system (Register of Outcomes, Value and Experience) to support sophisticated analyses
- analyses of linked and stand-alone patient experience data and the provision of data to local health districts and specialty health networks
- implementing various economic models to support and determine sustainability
- providing resources to support the transition of services to patient focussed models of care.

8.2 ENSURE HEALTH'S DELIVERY ON THE FINANCIAL MANAGEMENT TRANSFORMATION PROGRAM

With the successful implementation of the Financial Management Transformation Program, NSW Health continued to transition to Outcome Budgeting and reporting for the NSW Health cluster in 2018-19.

Continued to transition to Outcome Budgeting and reporting for the NSW Health cluster

In December 2018, NSW Treasury released Treasury Policy 18-09 Outcome Budgeting (TPP 18-09). Outcome Budgeting seeks to align financial and performance reporting with governance and decision making from a whole-of-government perspective. Outcome Budgeting changes the way the government makes budget decisions and how agencies manage their resources, with an increased focus on performance outcomes. NSW Health has been working

closely with NSW Treasury and the Department of Premier and Cabinet to improve and refine outcome based reporting across both financial and non-financial performance elements.

The Financial Management Transformation Program also introduced new legislation to redefine public financial management laws that had not been updated in more than 30 years.

The Act introduced a greater focus on performance, accountability and efficiency with respect to financial management in the government sector. The Act is being implemented in stages which commenced on 1 December 2018, and applies to all government sector agencies. A collaborative approach was undertaken with NSW Treasury in development of the legislation and the underlying policies and procedures as sections of the Act became effective.

Work to implement the Act will continue as new sections become effective. NSW Health will continue to work closely with NSW Treasury to ensure policies and procedures are consistently developed and applied. Further review and update of impacted policies and procedures is expected throughout the implementation period, which will continue into 2021.

8.3 DRIVE IMPROVED FINANCIAL CAPABILITY TO SUPPORT FISCAL SUSTAINABILITY

NSW Health is working to enhance financial sustainability by developing the capability of finance staff from entry level to executive, to provide the necessary skills to create value and support decision making in a rapidly evolving workplace.

The NSW Health Financial Capability Pathway was developed in 2018-19 to ensure that skills development was relevant to the current finance and health environment. The Pathway aligns with NSW Treasury's Financial Capability Strategy and provides a suite of initiatives for finance staff to continuously enhance capabilities and to develop reciprocal relationships within government by transferring knowledge and skills.

Finance teams across NSW Health have worked together to contribute to the Healthcare Financial Management Association NSW Chapter, which included contribution towards the 2018 Healthcare Financial Management Association NSW Conference and opportunities for knowledge sharing and contributing to the national finance agenda.

Launched the NSW Health Finance Executive Development program

The Health Education and Training Institute (HETI) also launched the NSW Health Finance Executive Development program, to build the leadership and strategic skills required to support a complex healthcare environment. HETI also offers other learning opportunities to drive improved financial capability to support fiscal sustainability.

STAFF MEMBER OF THE YEAR JENNY MCKENZIE

Murrumbidgee Local Health District

One of NSW's first palliative care nurse practitioners, Jenny McKenzie has led and championed palliative care in the district for over 20 years. Jenny has been the clinical lead for a palliative care service providing quality care to patients living in rural and remote NSW. She has driven the expansion of this service, allowing wider access to palliative care in rural NSW.

Jenny has mentored generations of doctors, nurses and allied health professionals in providing excellence in palliative care. She looks beyond the normal boundaries of clinical care, ensuring a home death is possible for Murrumbidgee Local Health District's rural and remote patients.

Congratulations to Jenny who won staff member of the year at the 2018 NSW Health Awards.

Photo: NSW Health; Brad Hazzard, Minister for Health and Medical Research; Jenny McKenzie, Murrumbidgee Local Health District

Recognised Employer Partnership with CPA Australia

In 2018-19, NSW Health was formally welcomed into a Recognised Employer Partnership with Certified Practicing Accountants (CPA) Australia. All CPA Australia members who work for NSW Health are now able to claim professional development conducted at work towards their Continuing Professional Development requirements.

This positive step continues to affirm NSW Health's commitment to professional learning and skill development.

NSW Health is continuing to discuss further opportunities with other professional organisations about how their members who are working in NSW Health can access similar benefits.

8.4 DELIVER EFFECTIVE REGULATORY, GOVERNANCE AND ACCOUNTABILITY

Cross sector leadership of accounting standards implementation

In line with other private and public companies, NSW Health has been impacted by some of the most substantial accounting standard changes in a number of years. To ensure NSW Health is well prepared, the NSW Ministry of Health participated in whole-of-

government working groups to implement the new accounting standards across NSW Government agencies.

To ensure all NSW Health stakeholders have the relevant guidance and information, the Ministry updated and published the NSW Health Accounting Policy, and the Accounts and Audit Determination Manual on the NSW Health website.

To implement the new accounting standards effective in 2018-19, and to be prepared for the accounting standards effective for the 2019-20 financial year, a Project Governance Group was established with an experienced project manager to lead the implementation. Working groups with key stakeholders were developed to determine the impact of adopting each of the new standards and then to develop business processes, rules and controls that would allow a smooth transition to the new standard.

Established Tuning Governance and Accountability Program to improve system-wide governance

The Tuning Governance and Accountability Program was established by the Ministry to identify approaches to governance that can be improved and provide greater clarity of roles, responsibilities and relationships where this can be achieved. The program focuses on engaging with a range of stakeholders to discuss challenges, good practice and system-wide solutions for implementation. During 2018-19 board performance evaluation and chief executive performance review and development planning were explored.

A series of tools and resources have been developed to strengthen NSW Health's approach to evaluating the performance of our boards and executive and for identifying opportunities for development.

The NSW Ministry of Health delivered a series of engagement forums for NSW Health board chairs and members over 2018-19. This included hosting a series of Council of Board Chairs' forums, attended by the Minister for Health and Medical Research, the Secretary, NSW Health and all NSW Health Deputy Secretaries and Board Chairs. The 2018-19 forum program culminated in the hosting of the 2018 Board Member Conference which focused on the theme of strengthening governance and accountability.

Incorporate investment decisions into individual performance plans

Executive Performance Agreements were amended in 2018-19 to include relevant key performance indicators for those working on developments and to monitor compliance, specifically the requirement to deliver relevant infrastructure projects on time and within budget. This requirement will be included in individual Service Agreements for future years.

Education and training governance

The Health Education and Training Institute (HETI) now uses an online system to manage accreditation for hospitals who employ junior medical officers, delivering significant efficiencies to the process. During 2018-19, 11 hospitals completed an accreditation visit.

Higher Education accreditation

HETI has maximum accreditation as a higher education provider to 2023 at which time it will seek re-accreditation. HETI manages its higher education governance process in line with the Australian Government's regulatory framework for higher education. This involves the management of academic and corporate governance including a range of stakeholders to assure the Australian Government of the standards of education and the meeting of responsibilities as a higher education provider.

In 2019 the Australian Government's Tertiary Education Quality and Standards Agency (TEQSA) undertook an initial provider registration follow-up on HETI's progress over its first two years as a higher education provider. TEQSA reported to its Commission that HETI's progress was satisfactory and congratulated HETI on its achievements to date.

HETI Higher Education governance structures include a consumer representative on the Governing Council and student representatives on its Academic Board.

The HETI Higher Education Strategy 2019-21 was developed and aligned to the corporate HETI Strategic Plan 2018-20.

Registered Training Organisation

The NSW Health Registered Training Organisation (RTO) achieved reaccreditation with the Australian Skills Quality Authority (ASQA) for the maximum seven year period to 2025.

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

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

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

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

Continued to drive system-wide consistency in the use of shared services

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

To drive system-wide consistency in the use of shared services, HealthShare NSW undertook an audit to understand which entities use HealthShare NSW's shared services. The audit identified opportunities to increase NSW Health's consistency in the use of shared services. HealthShare NSW will work with the NSW Ministry of Health, local health districts and specialty health networks to progress this in 2019-20.

SECTION 3

MANAGEMENT AND ACCOUNTABILITY

GOVERNANCE

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

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

Governance framework

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

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

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

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

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

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

NSW Health's governance framework is supported by its CORE values, as well as those of the NSW public service, and underpinned by seven governance standards.

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

The following diagram summarises the governance framework. In the centre of the circle are the key elements of effective internal governance. Public health organisations are responsible for managing them. The outer layers of the circle show external governance requirements, which apply to activities at all public health organisations.

Strategic and service planning

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

Workforce and employment

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

Under the Health Services Act 1997, the Secretary of NSW Health functions as an employer on behalf of the Government. The Government delegates most of its functions as employer to the Secretary.

The Secretary approves:

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

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

Clinical governance

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

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

- Openness about errors – these are reported and acknowledged without fear, and patients and their families are told what went wrong and why.
- Emphasis on learning – the system is oriented towards learning from its mistakes.
- Obligation to act – the obligation to take action to remedy problems is widely instilled.
- Accountability – the limits of individual accountability are clear.
- A just culture – individuals are treated fairly and not blamed for system failures.
- Appropriate prioritisation of action – actions are prioritised according to resources and where the greatest improvements can be made, actions are prioritised.
- Teamwork – cooperation is recognised as the best defence against system failures and is explicitly encouraged.

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

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

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

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

The Agency for Clinical Innovation is the lead agency in NSW for designing and implementing the best possible models of care, by working with doctors, nurses, allied health, managers and the public. It has a key role in supporting clinical governance through its clinical taskforces.

Accreditation

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

Accrediting against the NSQHS:

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

Stakeholder engagement

NSW Health is committed to improving the overall quality of healthcare. One of the challenges is identifying ways to enhance public services and build trust in the people administering and providing those services. This includes collecting better information about consumers' views through the Bureau of Health Information's (BHI) NSW Patient Survey Program. This survey gathers information from patients across NSW about their experiences with services in public hospitals and other healthcare facilities, and is published annually on BHI's website.

In 2018-19, the Bureau of Health Information continued to manage and expand the NSW Patient Survey Program to support integrating patient feedback into health system improvements. BHI asked almost 300,000 patients about their time in the NSW health system. Surveys were sent to patients admitted to NSW public hospitals; emergency department patients in rural, regional and metropolitan hospitals; maternity patients; patients attending outpatient cancer clinics; and for the first time, people with longstanding health conditions and those with select, high-priority medical conditions. This will support NSW Health's work to improve care for these patients.

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

Feedback and complaints

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

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

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

The total number of complaints for 2018 was 14,087. The most frequently reported complaint type for 2018 related to treatment, followed by communication, then access to a provider, service or hospital bed. This is consistent with themes identified in clinical incidents reported by staff in the Incident Information Management System.

Where clinical treatment was the primary issue type reported, the nature of these complaints related to inadequate treatment, poor coordination of treatment and medication concerns.

Where communication was the primary issue type reported, the nature of these complaints related to attitude of healthcare staff, inadequate information being provided to the patient and/or their carer, and wrong or misleading information being provided to the patient and/or their carer.

Where access was the primary issue type reported, the nature of these complaints related to delays in admission or treatment, followed by problems with discharge or transfer arrangements and waiting lists for treatment. Access complaints highlight citizens' concerns about demands on the healthcare system.

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

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

FINANCE AND PERFORMANCE MANAGEMENT

NSW Health Performance Framework

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

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

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

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

The Framework operates within several important contexts:

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

Service agreements

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

Audit and risk management

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

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

The legislative basis includes:

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

Audit and risk management committees

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

It oversees:

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

Internal auditing at the NSW Ministry of Health

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

Ethical behaviour

The maintenance of ethical behaviour is recognised as the cornerstone of effective corporate governance. NSW Health is committed to ethical leadership across the public health service. It requires all staff to contribute to a positive workplace culture that reflects the CORE values of collaboration, openness, respect and empowerment, and builds upon the public sector core values of integrity, trust, service and accountability. These values are reflected in NSW Health policies, including the Code of Conduct.

Risk management

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

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

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

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

External agency oversight

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

Audit Office of NSW

The Audit Office of NSW fulfils the external audit function for NSW public health organisations and undertakes audits across finance, performance and compliance. The Audit Office tabled one performance audit report in Parliament focused specifically on NSW Health in 2018-19, being: Governance of Local Health Districts, which was tabled on 18 April 2019.

Additionally, NSW Health has been involved in one interagency compliance audit, being: Engagement of Probity Advisers and Probity Auditors which was tabled on 27 May 2019.

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

The Public Accounts Committee

The Public Accounts Committee reviews performance audit reports tabled in Parliament as part of a 12-month follow-up, and requests reports on the progress of the implementation of agreed recommendations. In 2018-19 NSW Health made three submissions to the Public Accounts Committee regarding the implementation of recommendations from previous performance audits:

- Planning and Evaluating Palliative Care Services in NSW
- Managing Demand for Ambulance Services
- Medical Equipment Management in NSW Public Hospitals.

NSW Ombudsman

The NSW Ombudsman tabled three reports involving NSW Health during 2018-19:

1. *Report of Reviewable Deaths of People in 2014-2017: Deaths of People with Disability in Residential Care*
2. *NSW Child Death Review Team Annual Report 2017-18*
3. *Biennial report of the Deaths of Children in New South Wales: 2016 and 2017*

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

INTERNAL AUDIT AND RISK MANAGEMENT ATTESTATION

FOR THE 2018-19 FINANCIAL YEAR FOR THE NSW MINISTRY OF HEALTH

NSW GOVERNMENT | Health

Internal Audit and Risk Management Attestation for the 2018-2019 Financial Year for the Ministry of Health, NSW

I, Ms Elizabeth Koff, Secretary, NSW Health, am of the opinion that the Ministry of Health has internal audit and risk management processes in operation that are compliant with the eight (8) core requirements set out in the *Internal Audit and Risk Management Policy for the NSW Public Sector,* specifically:

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

Membership

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

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

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INTERNAL AUDIT AND RISK MANAGEMENT ATTESTATION

FOR THE 2018-19 FINANCIAL YEAR FOR THE NSW MINISTRY OF HEALTH (CONT)

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

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

Departures from Local Policy

I, Ms Elizabeth Koff, Secretary, NSW Health, advise that the internal audit and risk management processes for the controlled entities of the Ministry of Health depart from the following policy requirements set out in the *Internal Audit* policy (PD2016_051) for the NSW Health:

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

Departure from Policy/Procedure	Reason for departure and description of practicable alternative measures implemented / being implemented
Core Requirement: **2. An independent and qualified Audit and Risk Committee has been established** **Procedure:** **2.3.2 Appointment of Independent Member as Chair** The Chair of the Audit and Risk Committee must be appointed for one (1) term only for a period of at least three (3) years, with a maximum period of five (5) years. The term of appointment for the Chair can be extended, but any extension must not cause the total term to exceed five (5) years as a chair of the Audit and Risk Committee.	Two Health Organisations attested to the Agency Head that the Independent Chair of the Audit and Risk Committee had exceed the maximum term on their respective Audit and Risk Committees. One LHD extended the appointment as Chair for two years, and the other LHD appointed the outgoing Chair as a member for two years in order to secure continuity of knowledge and experience on the Audit and Risk Management Committee. This departure is resolved effective 1 July 2019.
Core Requirement: **3. Audit and Risk Committee Operations** **Procedure:** **3.2 Audit and Risk Committee Operations** The Audit and Risk Committee must ensure a mechanism is established to review and report on the Committee's performance as a whole, and the performance of the Chair and each member of the Audit and Risk Committee annually.	One Health Organisation attested they did not complete a performance appraisal for the Chair and each independent member during the financial year. The performance appraisals are scheduled to be completed by 30 September 2019.

INTERNAL AUDIT AND RISK MANAGEMENT ATTESTATION

FOR THE 2018–19 FINANCIAL YEAR FOR THE NSW MINISTRY OF HEALTH (CONT)

Core Requirement: **2. Audit and Risk Committee Operations** **Procedure:** **2.1 Establishment of Audit and Risk Committee** Audit and Risk Committee must review and oversight the Internal Audit functions. The responsibilities will include oversight of corruption and fraud prevention strategies.	One Health Organisation has attested the Audit and Risk Committee had not reviewed the fraud control policy and framework at the time of signing the Internal Audit and Risk Management Attestation. The review is scheduled to be completed by the end of 2019 to ensure compliance with the Internal Audit policy.
Core Requirement: **1. Internal Audit Function** **Procedure:** **1.1 Introduction** NSW Health Organisations must have a risk management framework in place that supports the organisation to achieve its objectives by systematically identifying and managing risks.	All NSW Health Organisations attested to having a risk management framework in place. One Health Organisation attested that they are collaborating with other NSW Heath organisations to formalise their Risk Appetite Statement.

These processes, including the practicable alternative measures implemented, demonstrate that the Ministry of Health has established and maintained frameworks, including systems, processes and procedures for appropriately managing audit and risk within the Ministry of Health.

Elizabeth Koff
Secretary, NSW Health
Date: 24/10/19

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

PUBLIC ACCOUNTABILITY

PUBLIC INTEREST DISCLOSURES

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

In total, NSW Health organisations received 59 Public Interest Disclosures over the 2018-19 reporting period:

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

Across NSW Health, 46 Public Interest Disclosures were finalised during the 2018-19 period.

The majority of Public Interest Disclosures related primarily to reports alleging corruption (53), with six Public Interest Disclosures reports relating to allegations of maladministration.

During the 2018-19 reporting period, NSW Health organisations received Public Interest Disclosures reports from 49 public officials:

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

The Public Interest Disclosures reports received by NSW Health have decreased (59) compared to the previous reporting period of 2017-18 (73).

During 2018-19 Public Interest Disclosures coordinators for NSW Health organisations have continued to implement tailored staff awareness strategies to suit their organisational needs. These awareness strategies include training provided by representatives from the NSW Ombudsman, internal staff briefings, e-learning and training provided to new employees as part of the induction procedure. Information about Public Interest Disclosures is available on organisation intranet sites, and some organisations have also provided information via newsletters, posters and surveys to increase awareness.

GOVERNMENT INFORMATION (PUBLIC ACCESS) ACT 2009

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

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

A total of 101 applications submitted to the Ministry were completed, including 16 that were received in the 2017-18 financial year and finalised in 2018-19. Of these applications, six were undecided as at 30 June 2019.

Two internal reviews were conducted in 2018-19 with both decisions upheld. There were six external reviews in 2018-19 by the Information and Privacy Commissioner, four recommending a new decision by internal review, with the remaining two upholding the original decisions. Five additional internal reviews were finalised following recommendations under section 93 of the Act, which resulted in five decisions being varied.

Of the 95 formal access applications decided during this reporting period, the NSW Ministry of Health made six decisions to refuse access to information referred to in Schedule 1 of the GIPA Act (information for which there is conclusive presumption of overriding public interest against disclosure). Three of these applications resulted in full refusal and another three applications involved a decision to refuse access to part of the information. Statistical information about access applications (Clause 7(d) and Schedule 2) is included in Tables A to I.

In addition, a total of 13 informal requests for access to information were completed in 2018-19, and there were seven requests to access information held on the Ministry's Disclosure Log. The Ministry was also consulted in 28 instances as a third party on GIPA applications received by other NSW Government agencies.

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	REFUSED TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN	TOTAL
Media	10	6	4	1	1	4	0	2	28
Members of Parliament	1	2	1	1	1	6	0	0	12
Private sector business	3	0	3	2	0	0	0	2	10
Not-for-profit organisations or community groups	8	0	0	3	0	1	0	0	12
Members of the public (application by legal representative)	1	0	0	2	1	0	0	3	7
Members of the public (other)	3	2	1	11	0	4	0	3	24
TOTAL	**26**	**10**	**9**	**20**	**3**	**15**	**0**	**10**	**93**

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	REFUSED TO DEAL WITH APPLICATION	REFUSED TO CONFIRM OR DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN	TOTAL
Personal information applications	0	0	0	10	0	1	0	1	12
Access applications (other than personal information applications)	26	9	9	10	3	13	0	9	79
Access applications that are partly personal information applications and partly other	0	1	0	0	0	1	0	0	2
TOTAL	**26**	**10**	**9**	**20**	**3**	**15**	**0**	**10**	**93**

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (section 41 of the Act)	14
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	14
Invalid applications that subsequently became valid applications	11
TOTAL	**3**

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

	NUMBER OF TIMES CONSIDERATION USED
Overriding secrecy laws	0
Cabinet information	6
Executive Council information	0
Contempt	1
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0
TOTAL	**7**

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

	NUMBER OF APPLICATIONS NOT SUCCESSFUL
Responsible and effective government	9
Law enforcement and security	0
Individual rights, judicial processes and natural justice	10
Business interests of agencies and other persons	10
Environment, culture, economy and general matters	9
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0
TOTAL	**29**

Table F. Timeliness

	NUMBER OF APPLICATIONS
Decided within the statutory timeframe (20 days plus any extensions)	67
Decided after 35 days (by agreement with applicant)	11
Not decided within time (deemed refusal)	1
TOTAL	**79**

Table G. Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	DECISION VARIED	DECISION UPHELD	TOTAL
Internal review	0	2	2
Review by Information Commissioner	4	2	6
Internal review following recommendation under section 93 of Act	5	0	5
Review by NCAT	0	4	4
TOTAL	**9**	**8**	**17**

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

	NUMBER OF APPLICATIONS
Applications by access applicants	17
Applications by persons to whom information the subject of access application relates (see section 54 of the Act)	0
TOTAL	**17**

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

	NUMBER OF APPLICATIONS
Agency-initiated transfers	22
Applicant-initiated transfers	0
TOTAL	**22**

ACTS ADMINISTERED

- *Anatomy Act 1977 No 126*
- *Assisted Reproductive Technology Act 2007 No 69*
- *Cancer Institute (NSW) Act 2003 No 14*
- *Centenary Institute of Cancer Medicine and Cell Biology Act 1985 No 192*
- *Drug and Alcohol Treatment Act 2007 No 7*
- *Drug Misuse and Trafficking Act 1985 No 226, Part 2A, jointly with the Minister for Police and Emergency Services*
- *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, and Minister for the Prevention of Domestic Violence)*
- *Health Professionals (Special Events Exemption) Act 1997 No 90*
- *Health Records and Information Privacy Act 2002 No 71*
- *Health Services Act 1997 No 154*
- *Human Cloning for Reproduction and Other Prohibited Practices Act 2003 No 20*
- *Human Tissue Act 1983 No 164*
- *Lunacy and Inebriates (Commonwealth Agreement Ratification) Act 1937 No 37*
- *Lunacy (Norfolk Island) Agreement Ratification Act 1943 No 32*
- *Mental Health Act 2007 No 8*
- *Mental Health Commission Act 2012 No 13*
- *Mental Health (Forensic Provisions) Act 1990 No 10, Part 5*
- *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*
- *Smoke-free Environment Act 2000 No 69*

Legislative changes

New Acts

Nil

Amending Acts

Health Legislation Amendment Act (No 3) 2018

Repealed Acts

Nil

Significant Orders

- Public Health Amendment (Scheduled Medical Conditions and Notifiable Diseases) Order 2018
- Public Health Amendment (Scheduled Medical Conditions) Order 2019

Subordinate Legislation

Principal Regulations made

Health Services Regulation 2018

Significant Amending Regulations made

- Health Records and Information Privacy Amendment (My Health Record) Regulation 2018
- Poisons and Therapeutic Goods Amendment (Cannabis and Unregistered Drugs of Addiction) Regulation 2018
- Poisons and Therapeutic Goods Amendment (Supply by Pharmacists of Vaccines) Regulation 2018
- Public Health Amendment (Exemption from Vaccine Requirements) Regulation 2019
- Public Health Amendment (Exhumations) Regulation 2018
- Public Health Amendment (Legionella Control) Regulation 2018
- Public Health Amendment (Quality Assurance Programs for Drinking Water Suppliers) Regulation 2018

Repealed Regulations

Health Services Regulation 2013

CYBERSECURITY POLICY ATTESTATION

FOR THE 2018-19 FINANCIAL YEAR FOR NSW HEALTH

ATTESTATION STATEMENT

Digital Information Security Annual Attestation & Evidence of Certification Statement for the 2018-19 Financial Year for NSW Health

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

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

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

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

I, Elizabeth Koff, am further of the opinion that the public-sector agencies, or part thereof, under the control of the Secretary (and listed below) since the publication of the NSW Government Cyber Security Policy in February 2019, have:

1. Managed cyber security risks in a manner consistent with the additional mandatory requirements set out in this new policy;
2. Assessed and managed risks to information and systems;
3. Ensured governance is in place to manage the cyber-security maturity and initiatives;
4. Prepared a cyber incident response plan which will be tested during the next reporting period;
5. Progressed work towards undertaking an independent review of the sub-agency's Information Security Management System within NSW Health.

The public-sector agencies controlled by the Secretary for the purposes of this attestation are:

1. NSW Ministry of Health
2. Central Coast Local Health District
3. Far West Local Health District
4. Hunter New England Local Health District
5. Illawarra Shoalhaven Local Health District
6. Mid North Coast Local Health District
7. Murrumbidgee Local Health District

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CYBERSECURITY POLICY ATTESTATION

FOR THE 2018-19 FINANCIAL YEAR FOR NSW HEALTH (CONT)

8. Nepean Blue Mountains Local Health District
9. Northern NSW Local Health District
10. Northern Sydney Local Health District
11. South Eastern Sydney Local Health District
12. Southern NSW Local Health District
13. South Western Sydney Local Health District
14. Sydney Local Health District
15. Western NSW Local Health District
16. Western Sydney Local Health District
17. Agency for Clinical Innovation
18. Bureau of Health Information
19. Cancer Institute NSW
20. Clinical Excellence Commission
21. Health Education and Training Institute
22. Health Infrastructure
23. eHealth NSW
24. HealthShare NSW
25. Justice Health & Forensic Mental Health Network
26. NSW Ambulance
27. NSW Health Pathology
28. The Sydney Children's Hospitals Network
29. St Vincent's Health Network
30. Health Professional Councils Authority

Elizabeth Koff
Secretary, NSW Health

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INFORMATION MANAGEMENT

PRIVACY

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

The Regulation and Compliance Unit helped NSW Health during 2018-19 by providing privacy advice about:

- participation in monthly meetings with the Patient Privacy Auditing Project Working Group, coordinated by eHealth
- participation in the Retention of Patient Records Working Group, coordinated by Legal and Regulatory Services, following the Royal Commission into Institutional Responses to Child Sexual Abuse
- coordination of six weekly briefings on the My Health Record system, to inform Ministry staff on the transition from an 'opt-in' health record to an 'opt-out' health record for all Australians
- the Ministry's Records unit's handling of complex requests from researchers for access to historical records
- the clarification of procedures around granting family members access to the health records of deceased relatives on compassionate grounds
- the privacy and health information management aspects of the trial of the Child Digital Health Record in two local health districts, which will test the feasibility of a digitised Baby Book for use by healthcare providers and parents
- the approval of Privacy Codes of Practice in relation to the state domestic violence disclosure scheme and staff health records held by the NSW Public Service Commission
- reviewing Privacy Impact Assessments for new Ministry IT programs
- reviewing and updating of NSW Health privacy leaflets for staff and patients.
- consultations on updated NSW Health Privacy Internal Review Guidelines
- consultations on draft NSW Health Privacy Audit Guidance
- consultations on draft Telehealth Guidelines.

The Regulation and Compliance Unit liaises with the Office of the NSW Privacy Commissioner on a range of privacy issues, including applications for internal privacy reviews received by NSW Health agencies and matters pertaining to the application of privacy legislation within NSW Health. They also liaise on the drafting of privacy legislation, regulation, public interest directions, guidelines, educational materials, and other materials as they arise.

The NSW Health Privacy Contact Officers Network meeting was held in November 2018. The meeting provided opportunities for discussion about statewide privacy issues including updates on the My Health Record, the Patient Privacy Auditing Project, and relevant privacy, legal and policy developments. The Network provided professional development opportunities for Privacy Contact Officers based in local health districts and public health organisations within NSW Health, particularly in relation to:

- HealtheNet, the statewide clinical portal providing summary patient information to NSW public health services via patients' electronic medical record systems.
- The national My Health Record system and the implications for NSW Health of the transitioning to the new opt-out My Health Record model in 2019.

The Regulation and Compliance Unit provided privacy compliance presentations to senior pharmaceutical officers, the NSW Ministry of Health, the Health Professional Councils Authority; and the Murrumbidgee Local Health District Research Information Workshop.

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 2018-19, the NSW Ministry of Health received one application for Internal Review under the *Privacy and Personal Information Protection Act 1988*. An internal review application was received in January 2019 alleging that the NSW Ministry of Health had breached the privacy and confidentiality of the applicant's personal information. No breach of privacy was identified, as it could not be established that there had been any unauthorised access, use or disclosure by a staff member or that the information had not been securely stored.

During 2018-19, an application was made to the NSW Civil and Administrative Tribunal in relation to the one internal privacy review received in 2018-19 under the *Privacy and Personal Information Protection Act 1988*. The application alleged the Ministry had breached the terms of the Information Protection Principles by engaging in the unauthorised use and disclosure of the applicant's personal information, and failing to ensure secure storage of that information.

OUR PEOPLE

The NSW public health system is the largest healthcare employer in Australia with 119,784 full-time equivalent staff reported as of June 2019.

A record 49,353 full-time equivalent nurses and midwives are working in NSW Health hospitals and health services as at June 2019. At the same time, there were 12,503 full-time equivalent doctors employed within the NSW health system, representing approximately 10 per cent of the total health workforce, and 10,697 allied health professionals.

There were a record 1024 medical intern training positions in NSW in 2019, an increase of 174 intern positions since 2012. A further six interns in southern NSW were recruited as part of the Australian Capital Territory intern training network. This represents an annual investment in the order of $107 million to train interns. In 2019, 15 Aboriginal medical graduates started as interns in NSW.

The number of graduate nursing and midwifery positions has increased each year from over 1800 positions in 2015 to over 2500 positions in 2019. This is an increase of more than 25 per cent in the last five years.

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

NSW HEALTH PROFESSIONALS WORKFORCE PLAN 2012-2022

The *NSW Health Professionals Workforce Plan 2012-2022* is now in its seventh year. It has played an important role in guiding the NSW Health system to focus on workforce planning and development against identified strategic priorities. Each year local health districts, specialty health networks and pillar agencies report on strategies in the Plan to demonstrate their commitment to workforce growth and development, with many of the strategic priorities being embedded as 'business as usual'.

The *NSW Health Professionals Workforce Plan 2012-2022* identified five small but critical workforces, which fall under the Allied Health Workforce. An additional two professions were identified as small but critical workforces. Work is continuing in this space to understand these workforces and develop and sustain them for the future. Projects are underway, for example, to develop education pathways for orthotics and prosthetics technicians, and fund professional development opportunities for them. Furthermore, five scholarships and two academic prizes for Radiopharmaceutical Science students from Macquarie University were funded to encourage course enrolment and completion.

In 2019, the NSW Ministry of Health consulted with the broader NSW Health system, to shape the state's health workforce for the next 10 years. From November 2018 to June 2019, more than 200 management and frontline staff from across NSW Health participated in the consultations. These stakeholders were invited to share their insights and opinions. Consultation included four roundtable events, one of which had a specific rural and remote focus, nine in-depth interviews with key organisational leaders, and a survey for frontline managers and team leaders from different discipline networks. Consultation is key to developing a refreshed Health Professionals Workforce Plan that ensures NSW Health achieves a fit-for-purpose workforce.

BUILDING POSITIVE WORKPLACE CULTURE

Strengthening workplace culture and building positive staff engagement in workplaces and teams is an important priority for NSW Health.

NSW Health tracks employee engagement and workplace culture via the NSW Public Service Commission's People Matter Employee Survey. The online survey was open to all employees from 30 May 2019 to 28 June 2019.

The NSW Health People Matter Employee Survey employee engagement index score for 2019 was 65 per cent and the culture index score was 60 per cent. These scores are similar to last year's results.

NSW Health actively responds to the People Matter Employee Survey results. All health organisations are now reviewing their individual results and considering actions they can take to continue to improve staff engagement and workplace culture.

WORKFORCE DIVERSITY

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

Trends in the representation of workforce diversity groups

		PERCENTAGE OF TOTAL STAFF		
WORKFORCE DIVERSITY GROUP	**BENCHMARK**	**2017**	**2018**	**2019**
Women	50%	74.6%	74.5%	74.4%
Aboriginal and/or Torres Strait Islander People	3.3%	2.5%	2.6%	2.7%
People whose First Language Spoken as a Child was not English	23.2%	25.3%	25.8%	25.8%
People with Disability	5.6%	1.8%	1.7%	1.7%
People with Disability Requiring Work-Related Adjustment	N/A	0.4%	0.4%	0.4%

Source: PSC Workforce Diversity Report June 2019. Notes: **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 minimum NSW Health Aboriginal Workforce target in 2018-19 was 2.6%. 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 of workforce diversity groups

		DISTRIBUTION INDEX		
WORKFORCE DIVERSITY GROUP	**BENCHMARK**	**2017**	**2018**	**2019**
Women	100	92	92	92
Aboriginal and/or Torres Strait Islander People	100	77	75	76
People whose First Language Spoken as a Child was not English	100	97	98	99
People with a Disability	100	96	95	92
People with a Disability Requiring Work-Related Adjustment	100	99	98	94

Source: PSC Workforce Diversity Report June 2019. Notes: **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.

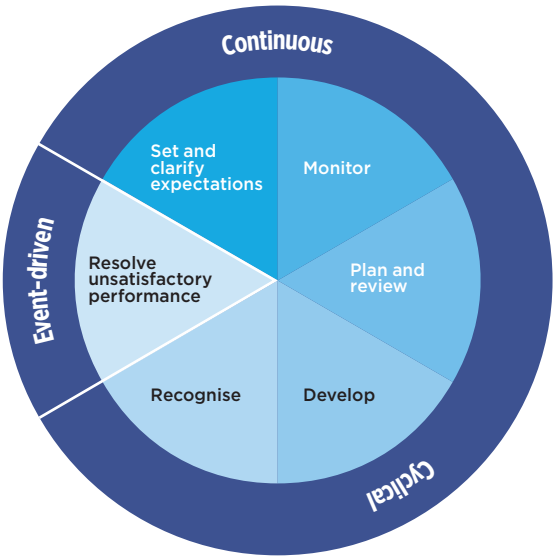
PERFORMANCE MANAGEMENT

NSW Health is continuing its commitment to nurturing a skilled workforce that can achieve individual goals and adapt to change.

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

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

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



Learning and development

Learning and development plays a key role in facilitating innovative thinking. The Health Education and Training Institute (HETI) provides world-class education and training resources to support the full range of roles across the public health system including patient care, administration and support services.

Skills development

Innovation and technology remained at the centre of the Health Education and Training Institute's (HETI) work this year, with 378 new digital resources being added to My Health Learning. These included interactive videos, games, podcasts and the new cinematic-style video Promoting Inclusive Healthcare for Lesbian, Gay, Bisexual and Transsexual people, which was awarded a Gold LearnX Impact award for innovative workforce learning.

HETI continued to contribute to the health outcomes of Aboriginal people through the Aboriginal Trainee Doctors Forum, the Aboriginal Medical Workforce Recruitment Pathway and the Jumbunna webcast series. This year also saw the:

- launch of the Health for Older Aboriginal People eLearning module, developed with Aboriginal healthcare workers, elders and patients
- the inaugural Aboriginal Allied Health Forum, which attracted 36 Aboriginal allied health professionals from nine local health districts
- the First Connections Forum, which was attended by more than 100 NSW Health staff who work with Aboriginal mothers, families and communities. The virtual format enabled statewide staff to connect and share ideas, knowledge and experiences.

Regional and rural NSW received 32 new trainees embarking on careers in rural general practice with advanced skills through HETI's Rural Generalist Medical Training program; and 1026 first year doctors were placed into 64 hospitals across the state.

Nearly 200 staff attended HETI's Prevocational Conference, which focused on the education and wellbeing of Junior Medical Officers. Recognising the importance of leadership and inter-professional collaboration to excellence in patient care, HETI provided leadership and management training to 7515 staff and delivered Inter-Professional Family Conferencing training to 266 staff.

HETI launched the NSW Health Finance Executive Development program in 2018-19. Support for further studies expanded with the NSW Health Registered Training Organisation becoming an accredited VET Student Loan Provider and HETI Higher Education now offering FEE-HELP.

Bullying and complaints

This year, health organisations continued to implement local strategies to reduce incidents of bullying and unacceptable behaviour, and enhance workplace culture. Anti-bullying management advisors developed strategies for improving communication, increasing information sharing and providing support and coaching to managers on effective complaints management processes. The confidential Anti-Bullying Advice Line provides guidance and information to employees about the complaint resolution process. Health organisations' human resources departments must report individual complaint data to the NSW Ministry of Health, while protecting complainants' identities. These individual complaints are initially assessed as potential bullying complaints.

There were 109 bullying complaints received for the period from 1 July 2018 to 30 June 2019. This represents 0.1 per cent of the total full-time equivalent staff in the health system (based on the June 2019 full-time equivalent figure.). This is an increase from the 2016-17 figure of 72 complaints, and the 2017-18 figure of 85 complaints.

The Ministry's Workplace Relations Branch commenced a series of network forums with NSW Health unions and associations in 2018-19. This is a collaborative strategy to assist with the implementation of bullying policies. Each forum includes information sharing, feedback, the identification of immediate and long-term challenges, and the development of strategies to address these challenges.

WORKPLACE HEALTH AND SAFETY

Workers' compensation

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

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

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

- a focus on early intervention to support the recovery and return to work for employees who sustain a work-related injury
- working with treating professionals to ensure the best possible support for injured workers in terms of treatment, family and peer support
- frequent claims reviews with the Fund Claims Manager to monitor recovery and return to work progress for individuals.

The Ministry has an ongoing commitment to promoting risk management and injury prevention strategies, by conducting workplace assessments, making ergonomic information available on the intranet, and investigating and resolving identified hazards in a timely manner.

ENVIRONMENTAL MANAGEMENT

ENVIRONMENTAL SUSTAINABILITY

NSW Health continued its strong commitment to environmental sustainability, implementing key measures within the Health Resource Efficiency Strategy in alignment with the Government Resource Efficiency Policy.

The table below shows the rolling five-year electricity cost and consumption for NSW Health. Electricity consumption has decreased by 0.4 per cent from 2017-18 despite the addition of new assets and the increased intensity of health service delivery. The electricity bill has increased by 17 per cent from last year due to rising electricity prices.

Rolling 5-year electricity contract cost and use

YEAR	ELECTRICITY USE MWh	TOTAL ELECTRICITY BILL $**
2014-2015	779,000	$112,327,000
2015-2016	777,000	$96,581,000
2016-2017	775,000	$105,083,000
2017-2018	782,000	$123,209,000
2018-2019	779,000	$144,175,000

** including GST

Key achievements 2018-19

NSW Health continued to lead the NSW Government in resource efficiency, attaining a 100 per cent compliance rate for reporting under the Government Resource Efficiency Policy. All 19 asset managing agencies within the Health cluster have provided detailed reports to the Department of Planning, Industry and Environment for the 2018-19 reporting period. Three agencies within that Health cluster not captured by the policy requirement to report still reported voluntarily.

The NSW Ministry of Health oversaw an extended large-scale solar photovoltaics (PV) pilot with the aim of testing the financial viability of implementing battery-ready large-scale solar installations on major hospitals and other suitable sites. The first of these systems at Port Macquarie Hospital has generated $130,000 in bill savings over its first 12 months of operation. The pilot continues, with a second site in the implementation phase at Blacktown Hospital. This will be the largest solar installation on a healthcare facility in Australia and the largest on any NSW Government building. Funding applications are being considered for an additional four sites statewide. The NSW Ministry of Health's Sustainability and Facilities Team is also investigating the suitability of battery storage at solar-fitted NSW Health sites which could generate further savings for hospital energy bills.

A combination of energy efficiency measures managed by the local health districts, has seen NSW Health's electricity consumption remain stable for a fifth consecutive year.

RESEARCH AND DEVELOPMENT

MEDICAL RESEARCH SUPPORT PROGRAM AND ASSOCIATED PROGRAMS

Medical Research Support Program

The NSW Government established the Medical Research Support Program (MRSP) to provide infrastructure funding to health and medical research organisations. The 2016-20 funding round has benefited 15 institutions. The following table lists the grants paid in 2018-19.

ORGANISATION	AMOUNT ($)
The George Institute for Global Health	$7,898,315
Westmead Millennium Institute for Medical Research	$3,299,913
Hunter Medical Research Institute (HMRI)	$9,910,340
ANZAC Research Institute	$765,578
Centenary Institute	$1,658,764
Children's Medical Research Institute (CMRI)	$70,832
Ingham Institute	$2,189,680
Heart Research Institute	$656,106
Neuroscience Research Australia	$7,058,584
Victor Chang Cardiac Research Institute	$1,657,551
Black Dog Institute	$1,963,427
Children's Cancer Institute Australia (CCIA)	$1,051,915
Illawarra Health and Medical Research Institute (IHMRI)	$1,177,847
Woolcock Institute	$1,095,350

Zero Childhood Cancer Initiative

The Zero Childhood Cancer initiative is part of the Australian Brain Cancer Mission, with early work seeking to consolidate this initiative as a national clinical trial open to Australian children diagnosed with high risk brain cancer.

ORGANISATION	AMOUNT ($)
Paediatrio	$1,000,000

Cancer Proteogenomics Research Program

Funding was provided to the Children's Medical Research Institute (CMRI) in collaboration with the Garvan Institute of Medical Research, as part of the United States Cancer Moonshot Initiative.

ORGANISATION	AMOUNT ($)
Children's Medical Research Institute (CMRI)	$340,000

SCHIZOPHRENIA RESEARCH CHAIR

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

ORGANISATION	AMOUNT ($)
Neuroscience Research Australia	$1,000,000

NETWORKS

Funding has been provided to the following clinical networks to support statewide research collaboration.

ORGANISATION	AMOUNT ($)
National Heart Foundation (Cardiovascular Research Network)	$250,000
Multiple Sclerosis Research Australia	$105,000
Australian and New Zealand Spinal Cord Injury Network	$50,000

RESEARCH HUBS

These research hubs receive funding to enhance collaboration and to facilitate the efficient sharing of expensive equipment, accommodation and support services,. Funding also supports the development of statewide research translation.

ORGANISATION	AMOUNT ($)
Sydney Local Health District (Central Sydney)	$100,000
St Vincent's Centre for Applied Medical Research (Darlinghurst)	$100,000
Hunter New England Local Health District (Hunter)	$100,000
Ingham Institute (Liverpool)	$100,000
University of Sydney (Northern Sydney)	$100,000
Randwick Health and Medical Research Institute (Health Science Alliance)	$100,000
Children's Medical Research Institute (Westmead)	$100,000
Mid North Coast Local Health District (Rural)	$200,000

GENOMICS

Australian Genomic Cancer Medicine Program

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

ORGANISATION	AMOUNT ($)
Garvan Institute of Medical Research	$4,500,000

Pathogen Genomics Partnership

This investment is supporting the application of genomics to the study of pathogenic bacteria and viruses.

ORGANISATION	AMOUNT ($)
NSW Health Pathology	$600,000

PAEDIATRIC PRECISION MEDICINE

This investment in technology and staff is designed to advance paediatric precision medicine that helps treat childhood cancer and other genetic disorders.

ORGANISATION	AMOUNT ($)
Paediatrio	$5,000,000

CELL AND GENE THERAPY

By supporting workforce and infrastructure capability, these investments advance research and developments in cell and gene therapy.

ORGANISATION	AMOUNT ($)
University of Sydney - David Gottlieb	$1,460,000
University of Sydney – Greg Neely	$810,000
Paediatrio – Ian Alexander	$2,000,000
Centenary Institute – John Rasko	$730,000

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 ($)
Kico Knee Innovation	$2,500,000
Cenofex Innovations	$1,500,000
Trimph Technologies	$1,000,000
Eudaemon Technologies	$1,000,000
Indee	$500,000
Ellen Medical	$2,200,000

Medical Device Commercialisation Training Program

Delivered by Cicada Innovations, this program provides training in medical device commercialisation. Participants gain skills in entrepreneurship, medical device design, development and commercialisation.

Medical Research Commercialisation Fund

The Medical Research Commercialisation Fund (MRCF) 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. MRCF has been working with the NSW institutes over the past five years to increase NSW's capacity to commercialise research discoveries. Through funding MRCF, NSW Health gains access to its expertise, training and mentoring.

ORGANISATION	AMOUNT ($)
Cicada Innovations (ATP Innovations)	$729,723
SDIP Pty Ltd (scholarship grant) (Part 2 of 2)	$33,395
Medical Research Commercialisation Fund (MRCF)	$300,000

EARLY TO MID-CAREER FELLOWSHIPS

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

ORGANISATION	AMOUNT ($)
Garvan Institute	$221,239
Hunter Medical Research Institute	$85,787
Macquarie University	$440,481
The George Institute	$95,000
The Sax Institute	$115,000
University of NSW	$345,000
University of Sydney	$343,640
University Of Wollongong	$115,000

TRANSLATIONAL RESEARCH GRANTS

The Translational Research Grants Scheme takes an innovative approach to funding priority-driven research led by local health districts in NSW. Funding was awarded to nine new projects in 2018-19. The following table lists the grants paid in 2018-19.

ORGANISATION	AMOUNT ($)
Central Coast Local Health District	$683,118
Hunter New England Local Health District	$1,823,685
Illawarra Shoalhaven Local Health District	$574,398
Justice Health and Forensic Mental Health Network	$405,168
Mid North Coast Local Health District	$303,484
Murrumbidgee Local Health District	$826,431
Northern NSW Local Health District	$15,465
Northern Sydney Local Health District	$269,530
NSW Health Pathology	$145,383
South Eastern Sydney Local Health District	$538,533
South Western Sydney Local Health District	$537,104
Southern NSW Local Health District	$294,276
Sydney Children's Hospital Network	$246,853
Sydney Children's Hospitals Network	$259,134
Sydney Local Health District	$416,473
Western NSW Local Health District	$365,689
Western Sydney Local Health District	$741,561

CARDIOVASCULAR RESEARCH CAPACITY BUILDING GRANTS

Established in 2018-19, these grants are part of the NSW Cardiovascular Disease Research Capacity Building Program, which aims to increase the number of high-quality cardiovascular researchers in NSW.

ORGANISATION	AMOUNT ($)
Heart Research Institute	$746,423
University of Sydney	$5,933,193
Victor Chang Cardiac Research Institute	$5,249,999
University of Newcastle	$600,000
ANZAC Health & Medical Research Foundation	$1,490,112
University of NSW	$750,000

PREVENTION RESEARCH SUPPORT PROGRAM

The Prevention Research Support Program is a competitive funding scheme administered by the NSW Ministry of Health. Round 5 of the program runs from July 2017 to June 2021.

GRANTS PAID IN 2018-19	AMOUNT ($)	PURPOSE
Hunter Medical Research Institute	$ 400,000	Public Health Program Capacity Building Group
University of New South Wales	$ 250,000	Centre for Primary Health Care and Equity
University of New South Wales	$ 500,000	The Kirby Institute
University of Sydney	$ 477,884	Clinical and Population Perinatal Health Research
University of Sydney	$ 499,966	Prevention Research Collaboration
University of Wollongong	$ 250,000	Early Start Research Institute
Western Sydney Local Health District	$ 500,000	Centre for Infectious Diseases and Microbiology - Public Health
TOTAL	$ 2,877,850	

EQUITY AND DIVERSITY

NSW DISABILITY INCLUSION ACTION PLAN 2016–2019

The *NSW Health Disability Inclusion Action Plan 2016-2019* promotes equitable and dignified access to NSW Health services and employment, regardless of disability. In its third year of reporting, the plan has made significant progress across a number of domains in NSW health organisations.

Promoting positive attitudes and behaviours

- The Central Coast Local Health District launched its Caring for the *Coast Culture Plan* in 2018. It includes strategies for inclusion and is the foundation for developing the *District's Disability Inclusion Strategic Plan*.
- The Hunter New England Local Health District implemented its local *Disability Inclusion Action Plan 2017-2020* as part of their *Strategic Plan Towards 2021*.

Creating liveable communities

- The Western Sydney Local Health District installed wayfinding kiosks at Blacktown Hospital with 'screen lowering' functions to provide access for people with disabilities.
- The Cancer Institute NSW designed accessible premises and facilities including wide corridors and doorways enabling wheelchair access, push button access, sliding entry doors, and desks and kitchen facilities at heights suitable for wheelchair access.

Providing equitable systems and processes

- The NSW Ministry of Health published the Policy Directive 'Emergency Department Patients Awaiting Care' in 2018. This policy identifies the need for emergency departments to use a variety of communication strategies to support effective communication for patients with disability.
- The Clinical Excellence Commission has an actively engaged consumer body that includes people with disability. They attend committee meetings, provide feedback on documents for public dissemination, and are consulted during program development and implementation. They have also participated in videos for staff education and been involved in telling patient stories at board meetings.
- The NSW Ministry of Health has undertaken initiatives to improve the provision of accessible information and resources by:
  - promoting Plain English for easy-to-read information
  - providing text resize functionality on the NSW Health website
  - captioning videos
  - ensuring documents and webpages are designed with appropriate colour contrast
  - uploading HTML webpage versions of PDF documents to be read by screen readers
  - ensuring pages are logically formatted for use with screen readers
  - including alternative text for images on webpages.

Supporting access to meaningful employment opportunities

- The Health Education and Training Institute developed a new learning module in 2018 titled 'Employment – People with Disability' to encourage the active recruitment of people with disability and the reasonable adjustment of workplaces to accommodate them.
- HealthShare NSW and eHealth undertake monthly reporting to identify the number of staff with disability and assess the requirement for reasonable adjustments. This data is used to:
  - identify staff who have not completed their EEO data
  - identify and track workplace adjustments
  - identify staff with disability who have left the organisation, and to follow up and gather feedback on disability inclusion practices.

CARERS (RECOGNITION) ACT 2010 (NSW)

There are 904,400 carers currently living in NSW. They play a vital role in our community by providing ongoing, unpaid support to family and friends needing help due to disability, terminal illness, chronic illness, mental illness or ageing. NSW Health is committed to supporting carers to participate fully in their own social and economic lives, and to helping them be healthy and live well.

To achieve this and meet the objectives of the Carers (Recognition) Act 2010 (NSW), NSW Health continues to deliver projects, initiatives and information that:

- inform and guide our employees to recognise and support carers
- value and engage with carers as partners in care
- support employees who have caring responsibilities.

Key highlights in 2018-19 include:

- The NSW Health patient administration system and electronic Medical Record was updated to record and display when a patient has a carer or is a carer. These changes will ensure that carer information is consistent, prints onto inpatient, outpatient and emergency department documents, and is available for use by NSW Health clinicians. The changes were tested in Southern NSW, Murrumbidgee, and the Far West and Western NSW local health districts. They are being progressively implemented across NSW Health.
- The 2019 NSW Health Carers Program Statewide Workshop was held in April 2019 and showcased a range of initiatives which support the vision of the *NSW Health Recognition and Support for Carers: Key Directions 2018-2020*. The Key Directives ensure that NSW Health and its employees recognise the important role of carers and respond to their needs, so that carers feel valued, respected, engaged and supported in the NSW public health system.

MULTICULTURAL HEALTH

The Multicultural Policies and Services Program (MPSP), overseen by Multicultural NSW, 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. The MPSP Framework is outcome-based and consists of four focus areas: service delivery, planning, leadership and engagement.

Under these key focus areas, NSW Health has continued to build on initiatives delivered in previous years to ensure the health system is accessible and responsive to the needs of culturally and linguistically diverse (CALD) people. In 2019, NSW Health released its Plan for *Healthy Culturally and Linguistically Diverse Communities 2019-2023*. The Plan strategically aligns with the MPSP Framework and is a statewide policy for meeting the health needs of CALD citizens in NSW for the next five years. The Plan builds on key achievements and focuses on access, quality, health literacy, cultural responsiveness and knowledge of community health needs.

The key achievements in each of the Plan's focus areas for 2018-19 are provided on the following pages.

ACCESS AND QUALITY OF CARE

NSW HEALTH ORGANISATION	PROJECT/INITIATIVE
NSW Refugee Health Service (RHS)	RHS, in close partnership with Family Planning NSW, delivered the Well Women's clinic program in Liverpool. The program aims to meet the needs of newly arrived refugee populations by providing high-quality, culturally sensitive sexual and reproductive healthcare.
Central Coast Local Health District	The district created a Manager of Diversity and Inclusion role that will work within the Consumer and Carer Engagement team and broader Clinical Safety, Quality and Governance directorate. The role will support the district to develop and implement strategic plans and activities that focus on consumers and carers who are from CALD backgrounds.
Sydney Local Health District	The district, in partnership with the South Eastern Sydney Local Health District and the Central and Eastern Sydney Primary Health Network, established a Cultural Support Program (CSP) to improve the ability of district services to work with CALD communities. The CSP provides clinical and non-clinical services access to a pool of 130 casual bilingual staff from over 30 language groups to assist with a range of work including community education, community engagement, ethnic media, resource development and research.
Justice Health and Forensic Mental Health Network (JHFMHN)	JHFMHN undertook a mapping exercise to inform service and program improvements for CALD people in custody. The project identified a number of recommendations to improve compliance, reduce risks and better integrate JHFMHN's response to and capacity to work with CALD people in custody. JHFMHN commenced implementing the project recommendations in August 2019.
Health Education and Training Institute (HETI)	HETI provides an International Medical Graduates (IMG) program which includes information for doctors from CALD backgrounds. HETI also funds a Local Health District workshop each year for supervisors of IMG doctors, which enables them to support CALD communities.
Western Sydney Local Health District	In partnership with the Community Migrant Resource Centre, district implemented a Mother of Many Societies (MOMs) Program to support mothers from CALD backgrounds with relevant information, education and access to social networks.

HEALTH LITERACY

NSW HEALTH ORGANISATION	PROJECT/INITIATIVE
Western NSW Local Health District	The district continues its work in partnership with local council, developing strategies to improve health messages for CALD community groups, and strengthening relationships with service partners, including general practitioners, non-government organisations and private providers.
St Vincent's Hospital Network (SVHN)	The bilingual counsellor at SVHN provides culturally sensitive and appropriate mental health support to Mandarin-speaking clients and makes mental health information and support more accessible for the Mandarin-speaking population. The service includes: 1. individual case management, carer support and promotion of mental health support information in the Chinese community 2. co-case management and cultural liaisoning with other mainstream mental health teams within SVHN Mental Health Service.
Cancer Institute NSW	The NSW Quitline Multicultural Engagement Strategy 2018-2022 directs the Cancer Institute's work in engaging priority CALD communities with high smoking prevalence. It aims to increase awareness of the NSW Quitline service and encourage these communities to interact with it. In October 2018, four multilingual Quitline videos (Mandarin, Cantonese, Arabic and Vietnamese) were published on the iCanQuit website. NSW Quitline also participated in five community events in 2018-19 to increase awareness of the NSW Quitline, including CALD Men's Health Expo and the Australian Chinese Medical Association education seminar.
Northern NSW Local Health District	The district appointed a Health Literacy Project Officer who provides training to health staff on best practices in health literacy. Best practices include confirming that patients understand their own health situations, and having the ability to identify when an interpreter is needed. The project also promotes the use of best practice health literacy strategies when working with services, which includes staff knowing how to access interpreters and how to with them effectively.
Hunter New England Local Health District	John Hunter Children's Hospital created 10 videos to promote awareness and encourage the use of professional interpreters among patients. Videos were produced in nine community languages, with one video in English to raise awareness among service providers. The videos have been shared through community groups, social media and training sessions.
Far West Local Health District	The district has updated information and contact details for Health Care Interpreter Services to support staff who need to access professional interpreters.
South East Sydney Local Health District	The Effective and Efficient Use of Professional Interpreters in Clinical Care Project provided resources to promote interpreter services for staff within the district. The project also targeted patients, carers and families with promotional posters and banners displayed throughout facilities conveying the message that interpreter services are available, free and confidential. The project also produced a training video for Junior Medical Officers that promoted the use of interpreters. This video is used in training programs and orientation for new medical staff.
Health and Social Policy Branch (HSPB), Ministry of Health	HSPB, in partnership with community partners, produced new resources to help multicultural communities and people with disability discuss and understand the sensitive topics of palliative care and end of life conversations. These resources include radio programs and podcasts in Mandarin, Cantonese, Vietnamese, Greek and Arabic.

CULTURAL RESPONSIVENESS

NSW HEALTH ORGANISATION	PROJECT/INITIATIVE
Southern NSW Local Health District	Planning is underway with the Illawarra Shoalhaven Local Health District to provide education sessions with ANU Graduate Medical School student doctors looking at avoidable hospital admissions for CALD communities.
Centre for Population Health, Ministry of Health	The NSW Sexual Health Promotion International Students group was established to support the development, implementation and scale up of project activities for international students who experience barriers to accessing services. Members include overseas health fund providers, universities, local health districts, community organisations, TAFE and the Council of International Students Australia.
Northern Sydney Local Health District	The district has introduced a diversity award category in the 2019 Northern Sydney Local Health District Quality and Improvement Awards. The award is for a project that demonstrates best practices for achieving better health outcomes for people from diverse backgrounds, coordinated and integrated care for the target population and improved collaboration with external stakeholders.
Clinical Excellence Commission (CEC)	CEC runs the Clinical Leadership Program, which includes a one-day module about Managing across Culture, Generations and Gender. The program is a state-wide course, run twice a year.
Illawarra Shoalhaven Local Health District	The district undertakes a number of community engagement projects including hospital tours for CALD communities in Wollongong Hospital and Shoalhaven Hospital, the GROW Youth Project for young women from refugee backgrounds, the Italian Older Persons community group with sessions ranging from appropriate use of medicines to prevention of falls, and the Indian Older Persons community group to provide support on women's health and dental health service access, as well as Bowel Cancer Screening Education.
South Western Sydney Local Health District	The district is currently developing a Racism, Discrimination, Diversity and Inclusiveness Strategy to ensure staff, consumers and carers feel empowered and welcomed, safe, respected and valued in a culturally sensitive and competent environment.

KNOWLEDGE OF COMMUNITY HEALTH NEEDS

NSW HEALTH ORGANISATION	PROJECT/INITIATIVE
Nepean Blue Mountains Local Health District	The district conducted a needs analysis with the Tibetan community as a new and emerging community in the Blue Mountains region, to identify how best to assist the community in the areas of housing, employment, education, health and access to interpreters.
Government Relations Branch, Ministry of Health	The branch is progressively updating a suite of strategic documents, policies and procedures that govern NSW Health's responses to violence, abuse and neglect, with recent publications including the Child Protection Counselling Policy and Procedures (PD 2019_014), which includes requirements to promote equity of access for people from CALD communities.
Mental Health Branch, Ministry of Health	The Mental Health Community Living Supports for Refugees (MH-CLSR) program is a new initiative funded by the Ministry of Health. It provides community-based psychosocial supports to refugees and asylum seekers across seven local health districts in NSW. To support the design of the MH-CLSR program model, in 2018 the Mental Health Branch commissioned Western Sydney University to undertake an evidence check of comparable psychosocial support programs and initiatives targeting refugees in national and international jurisdictions.
Murrumbidgee Local Health District	The district's Priority Populations Program (PPP) service streams undertook a 90-day Strategic Action Plan in July 2019 to determine how the services can better engage and respond to the needs of people from CALD communities. The Plan includes strategies for each PPP service site to better understand the culturally diverse communities in their respective geographical area, and better identify ways in which they can build links and increase referrals from within those communities.
Bureau of Health Information (BHI)	In 2019, BHI will begin issuing patient survey reports created from standardised survey results. To support fair comparisons in the context of wide local variations in linguistic diversity across the state. To standardise results so that hospitals can be compared fairly, BHI will include the new category in the surveys, which asks respondents which language they speak at home. hospitals. BHI will also report on inequities in overall ratings of care across CALD groups.
The Office for Health and Medical Research (OHMRC)	During 2018-19, OHMRC provided research grants for projects including: • an evaluation of the effectiveness of an app to provide simplified patient information for chronic kidney disease patients, particularly those with lower health literacy and those from CALD backgrounds • investigations to better understand, treat and prevent spontaneous coronary artery dissection. The research aims to support the health needs of priority populations, including people from CALD backgrounds.
Mid North Coast Local Health District	The district collects all newly arrived refugee demographic and health data. Most recently the data has been used to demonstrate an increase in the number and complexity of health and social needs of the most recently arrived refugees. This data has been used to secure additional nursing, social work and administrative positions for the Mid North Coast Local Health District Refugee Health Clinic.

REFUGEE HEALTH

Ensuring the NSW Health system is accessible and responsive to the needs of new refugees is a key priority that supports successful settlement in NSW. NSW Health allocated $32 million of additional funding over four years from 2016-17 for targeted health services to support refugees arriving from Syria and Iraq. Of this additional funding, NSW Health invested $7 million in specialised refugee services in 2018-19. These services assisted more than 8250 individual clients in 2018.

A major focus of NSW Health's response has been supporting newly arrived refugees to navigate the health system. This includes linking them into on-arrival specialised health services and ensuring that they have a general practitioner as their primary healthcare provider.

In the 2018 calendar year, the Refugee Health Nurse Program provided on-arrival health assessments for approximately 3410 newly arrived refugees. The Progam also provided health assessments to approximately 1039 children in primary and secondary schools with high numbers of refugee students.

In the 2018 calendar year, the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) provided therapeutic interventions to 2862 clients with NSW Health funding. STARTTS reported that this constitutes more NSW Health clients than any year since its inception in 1988.

In the 2018 calendar year, NSW Health's specialised paediatric refugee clinics provided clinical care to more than 537 children from refugee and similar backgrounds at the Children's Hospital at Westmead, the Sydney Children's Hospital in Randwick, John Hunter Children's Hospital and a community paediatrics clinic in Liverpool. These services enabled the early identification and treatment of a range of health issues. South Western Sydney Local Health District also established a refugee-specific developmental assessment service.

KEY STRATEGIES FOR 2019-20

In 2019-20, NSW Health will finalise its evaluation of the current NSW Refugee Health Plan and will develop a new NSW Refugee Health Plan. The new plan identify priorities for improving NSW Health's care for people from refugee backgrounds over the coming years.

In 2019-20, the Mental Health Community Living Supports for Refugees program will commence, providing trauma-informed, recovery-focused and culturally responsive psychosocial supports to refugees and asylum seekers who are experiencing psychological distress, mental ill health and impaired functioning. The NSW Ministry of Health will also commission a two-year program evaluation to support implementation.

SECTION 4

FINANCES

DEPUTY SECRETARY, FINANCE AND ASSET MANAGEMENT AND CHIEF FINANCIAL OFFICER'S REPORT

EXPENSES

NSW Health is a provider of patient-centred health services. Approximately $15.3 billion (65 per cent) of costs incurred during 2018-19 were labour related, including the costs of employee salaries and contracted Visiting Medical Officers. Other operating and financing costs include approximately $1.8 billion in pharmaceutical, medical and surgical supplies and $574 million in maintenance related expenses.

Grants and subsidies to third parties for the provision of public health related services totalled approximately $1.4 billion in 2018-19, including payments of $915 million in operating grants being paid to affiliated health organisations.

REVENUE

Key items include a range of fees for medical services rendered, consisting of Department of Veterans' Affairs, private health funds for privately insured patients, workers compensation and non-patient fees ($1.2 billion), the sales and recoveries of pharmaceutical supplies, mainly the recoup of costs from the Commonwealth through Medicare for highly specialist drugs ($393 million), and compensable payments received from motor vehicle insurers for the costs of people hospitalised or receiving treatment as a result of motor vehicle accident ($153 million).

Commonwealth Payments as part of the National Health Reform Agreement are receipted under grants and contributions ($6.7 billion).

NSW Health's full year capital expenditure for 2018-19 (excluding capital expensing) was $2.2 billion for works in progress and completed works. The total spent on capital in 2018-19 represents 11 per cent of the total Property, Plant, Equipment and Intangibles asset base.

NET ASSETS

NSW Health's net assets at 30 June 2019 were $17.9 billion. This is made up of total assets of $23.4 billion, netted off by total liabilities of $5.5 billion. The net assets are represented by accumulated funds of $11 billion and an asset revaluation reserve of $6.9 billion.

The audited financial statements for the NSW Ministry of Health are provided in the report. Audited financial statements have also been prepared in respect of each of the reporting entities controlled by the Ministry of Health. These statements have been included in a separate volume of the 2018-19 Annual Report. The NSW Ministry of Health and all its controlled entities received an unqualified audit opinion.

NSW Treasury reviews ongoing full year financial performance against the revised forecasts included in the 2019-20 State Budgets papers (No.3). NSW Health has been assessed by NSW Treasury as achieving its overall budget responsibilities in 2018-19, against both the expense and revenue forecasts to actual results.

Further Information

Variation to initial budget result is included in 2018-19 audited financial statements (note 39) included in this annual report.

Daniel Hunter

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

FINANCIAL MANAGEMENT

PROCUREMENT CARDS

Procurement card (PCard) certification

It is affirmed for the 2018-19 financial year that the use of procurement cards (PCards) within the NSW Ministry of Health was in accordance with Premier's Memoranda, Treasurer's directions and NSW Health policy.

The Ministry requires all NSW Health organisations to adopt the use of PCards, where practicable, for purchases of goods and services that are $5000 or less. The use of PCards has improved the efficiency of the business processes associated with procurement. Standard system controls are applied to PCard usage as per NSW Health PCard Policy.

PCard use

PCard use within the Ministry is largely limited to:

- the reimbursement of travel and subsistence expenses
- the purchase of books and publications
- seminars and conferences.

Documenting PCard use

The following measures are used to monitor the use of PCards:

- the Ministry's PCard policy is documented
- reports on the appropriateness of PCard usage are lodged periodically for management consideration
- regular weekly PCard Transaction Acquittal reports are distributed to portfolio managers to monitor and follow up on verification and approval of outstanding transactions
- monthly PCard reports are submitted to the Deputy Secretary, Finance and Asset Management and Chief Financial Officer.

IMPLEMENTATION OF PRICE DETERMINATION

The NSW state price per national weighted activity unit (NWAU18) for 2018-19 was $4713. This is not directly comparable with last year's state price ($4691 NWAU17) because the Independent Hospital Pricing Authority further refined price weight values in its annual national efficient price determination. It also introduced changes to various patient classifications used for activity based funding.

In determining the NSW state price, the average cost per NWAU18 was calculated by escalating the most recently available costing data (2016-17).

The 2018-19 state price reflects year-on-year changes in average cost per NWAU, influenced by productivity improvements and changes in input cost.

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.

New policy directive

In April 2019, the new policy directive Administration of NSW Health Grant Funding for Non-Government Organisations (PD2019_013) was published and replaces the Non-Government Organisation Grant Program – Operation Guidelines. The policy directive is available on the NSW Health website.

The new policy directive outlines requirements of good practice for grant administration across NSW Health. It also accounts for recommendations made to NSW Health by the Independent Commission Against Corruption in response to Operation Tarlo. It was developed in consultation with key internal and external stakeholders. The new policy directive was accompanied by updated grant agreement templates and standard conditions.

PARTNERSHIPS FOR HEALTH FUNDING ALLOCATED TO NON-GOVERNMENT ORGANISATIONS BY THE NSW MINISTRY OF HEALTH 2018–19

Centre for Aboriginal Health

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	2,507,200	Peak body to build capacity and capability of Aboriginal Community Controlled Health Services in priority areas such as governance, financial management and business. Funding is given for capacity and capability building of its members services, contribute to policy and statewide program development processes aimed at improving the health outcomes of Aboriginal people, chronic diseases and health ethics
Aboriginal Medical Service Co-Operative Ltd	650,700	Provision of population health and drug and alcohol services for the Aboriginal community in the Sydney region
Armajun Health Service Aboriginal Corporation	306,650	Provision of population health services to the Aboriginal community in the Armidale, Glen Innes, Inverell, Tenterfield and Tingha regions
Awabakal Ltd	643,400	Provision of population health, drug and alcohol, ear health and family health services for the Aboriginal community in the Newcastle area
Albury Wodonga Aboriginal Health Service	220,873	Provision of population health services to the Aboriginal community in the Albury Wodonga area
Biripi Aboriginal Corporation Medical Centre	465,100	Provision of population health, drug and alcohol and family health services for the Aboriginal community in the Taree and surrounding areas
Bourke Aboriginal Health Service Ltd	360,300	Provision of population health, family health and drug and alcohol services for the Aboriginal community in Bourke and surrounding areas
Bulgarr Ngaru Medical Aboriginal Corporation	555,535	Provision of population health and family health services in the Grafton area and population health services in the Casino area
Bullinah Aboriginal Health Service Aboriginal Corporation	228,300	Provision of population health services to the Aboriginal community in the Ballina area
CatholicCare Wilcannia-Forbes	185,400	Provision of family health services in Narromine and Bourke
Coonamble Aboriginal Health Service	349,697	Provision of population health and family health services in the Coonamble and Dubbo regions
Coomealla Health Aboriginal Corp	126,100	Provision of population health services to the Aboriginal community in the Dareton and surrounding areas
Condobolin Aboriginal Health Service	235,007	Provision of population health services to the Aboriginal community in the Condobolin area
Cummeragunja Aboriginal Corporation	182,000	Provision of population health services for Aboriginal community in the Cummeragunja, Moama and surrounding areas
Dubbo Neighbourhood Centre Inc	98,000	Provision of family health services for communities in the Dubbo area
Dubbo Regional Aboriginal Medical	228,300	Provision of family health services for communities in the Dubbo area
Durri Aboriginal Corporation Medical Service	545,500	Provision of population health , drug and alcohol services for the Aboriginal communities in the Kempsey area
Galambila Aboriginal Health Service Inc.	314,700	Provision of population health services for Aboriginal communities in the Coffs Harbour area
Goorie Galbans Aboriginal Corporation	147,900	Provision of family health services in the Kempsey area
Griffith Aboriginal Medical Service Inc	228,300	Provision of population health services to the Aboriginal community in the Griffith and Hay region
Illaroo Cooperative Aboriginal Corp	63,400	Personal care worker for the Rose Mumbler Retirement Village
Illawarra Aboriginal Medical Service	396,100	Provision of population health and drug and alcohol services for the Aboriginal community in the Illawarra area
Intereach NSW Inc	112,600	Provision of family health services in the Deniliquin area
Katungul Aboriginal Corporation Community & Medical Services	325,833	Provision of population health and ear health services for Aboriginal communities of the far South Coast region
Maari Ma Health Aboriginal Corporation	396,500	Provision of population health and family health services in the Broken Hill and surrounding areas

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Ngaimpe Aboriginal Corp	205,500	Residential drug and alcohol treatment and referral program providing state wide services, located in the Central Coast area
The Oolong Aboriginal Corporation	228,500	Residential drug and alcohol treatment and referral program providing state wide services located in the Nowra area
Pius X Aboriginal Corp	154,468	Provision of population health services to the Aboriginal community in the Moree area
Orana Haven	170,500	Residential drug and alcohol treatment and referral program providing state wide services located near Brewarrina
Orange Aboriginal Medical Service	306,650	Provision of population health services for Aboriginal communities in the Orange area
Riverina Medical & Dental Aboriginal Corporation	528,800	Provision of population health , drug and alcohol, ear health and family health services for the Aboriginal community in the Riverina region
South Coast Medical Service Aboriginal Corp	263,600	Provision of population health and drug and alcohol services for the Aboriginal community in the Nowra area
Tamworth Aboriginal Medical Service Inc	243,903	Provision of population health services to the Aboriginal community in the Tamworth area
Tharawal Aboriginal Corporation	313,800	Provision of population health and drug and alcohol services for the Aboriginal community in the Campbelltown area
Tobwabba Aboriginal Medical Service	245,363	Provision of population health and family health services for the Aboriginal community in the Forster and surrounding areas
Ungooroo Aboriginal Corporation	114,150	Provision of population health services to the Aboriginal community in the Singelton and Muswellbrook area
Walgett Aboriginal Medical Service	416,620	Provision of population health, family health and drug and alcohol services for the Aboriginal community in the Walgett area and surrounding areas
South Coast Women's Health & Welfare Aboriginal Corporation (WAMINDA)	231,000	Provision of population health and family health services to Aboriginal Women and their families in the South Coast region
Weigelli Centre Aboriginal Corp	87,600	Residential drug and alcohol treatment and referral program providing state wide services located in the Cowra area
Wellington Aboriginal Corporation Health Service	1,320,300	Provision of population health, drug and alcohol and family health services for the Aboriginal communities in the Wellington and Great Western Sydney areas of Mount Druitt and Penrith
Werin Aboriginal Corporation	228,300	Provision of population health services to the Aboriginal community in the Port Macquarie area
Yerin Aboriginal Health Services Inc	412,600	Provision of population health, ear health and family health services for the Aboriginal communities in the Central Coast area
Yoorana Gunya Family Healing Centre Aboriginal Corporation	308,900	Provision of population health and family health services for the Aboriginal community in Forbes and surrounding areas
TOTAL	**15,653,949**	

Aboriginal Maternal and Infant Health

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Durri Aboriginal Corporation Medical Service	218,400	The Aboriginal Maternal and Infant Health Service program funds antenatal and postnatal services for the Aboriginal community. The aim of the service is to improve health outcomes for Aboriginal babies and mothers
Maari Ma Health Aboriginal Corporation	327,200	The Aboriginal Maternal and Infant Health Service program funds antenatal and postnatal services for the Aboriginal community. The aim of the service is to improve health outcomes for Aboriginal babies and mothers
Walgett Aboriginal Medical Service	218,400	The Aboriginal Maternal and Infant Health Service program funds antenatal and postnatal services for the Aboriginal community. The aim of the service is to improve health outcomes for Aboriginal babies and mothers
Albury Wodonga Aboriginal Health Service	247,700	Building Strong Foundations for the Aboriginal Children Families and Communities Program funds child and family health services for the Aboriginal community. The program supports the health, growth and development of Aboriginal children so that they have the best start to life, are healthy and ready for life and learning
TOTAL	**1,011,700**	

AIDS

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	123,200	Delivery of education and training in Primary Health Care (Sexual Health) and specialised short courses and skill set training covering HIV/AIDS, hepatitis C & B, sexually transmissible infections (STI) to support Aboriginal health workers in Aboriginal Community Controlled Health Services and Local Health Districts to implement the NSW HIV, sexually transmissible infections (STI), hepatitis C, and hepatitis B Strategies
ACON Health Ltd	11,106,200	ACON is the state wide community based organisation providing HIV prevention, education, and support services to people at risk of and living with HIV. Services and programs include: HIV prevention, health promotion, education and community engagement programs for gay and bisexual men to increase access to HIV testing, treatment and prevention
Australasian Society for Viral Hepatitis and Sexual Health Medicine	638,100	ASHM provides: General practitioner engagement and delivery of training for authorisation as required for prescribing of drugs used in the treatment of HIV and hepatitis B Training that supports GP involved with patients who have HIV and STIs Sexual health and viral hepatitis training for nurses HIV, STI and viral hepatitis training content and materials for GPs and other health care providers, as required
Bobby Goldsmith Foundation	1,749,300	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	3,190,500	Provision of syringes and pen needles at no cost to NSW registrants of the National Diabetic Services Scheme and the promotion and education for safe sharps disposal
Hepatitis NSW Inc	1,991,900	A statewide community based organisation that provides information, support, referral, education and advocacy services for people in NSW affected by hepatitis C
NSW Users & AIDS Association Inc	1,478,100	Statewide community-based organisation that provides HIV and hepatitis C prevention education, harm reduction, access to testing and treatment, advocacy and resources, referral and support services for people who inject drugs
Positive Life NSW Inc	957,600	Statewide community based education, information and referral and support services for people living with HIV
Sex Workers Outreach Project Inc	1,316,100	Statewide peer-based health education and outreach services to sex industry workers to prevent the transmission of HIV, viral hepatitis and sexually transmissible infections
TOTAL	**22,551,000**	

Aged and Disabled

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Cystic Fibrosis NSW	280,900	Plays a role in delivering the ACI Model of Care for Cystic Fibrosis. This is by responding to the psychosocial needs of people with Cystic Fibrosis and their immediate others in hospital and a community outreach setting, and contributing social work services to a multidisciplinary care team. The services include counselling, personal support, inter-agency referrals and practical assistance for people with Cystic Fibrosis and their families in NSW
Parkinson's NSW Inc	27,900	Supports activities to raise community awareness about Parkinson's Disease, with a focus on Parkinson's week each year
Palliative Care Association NSW	95,200	Palliative Care NSW provides information and education to health care professionals and the general public to raise awareness and enable informed choices about quality palliative and end of life care. The organisation designs and delivers strategies and policies to support the growth and uptake of palliative care in NSW, and assists primary and specialist health professionals who provide palliative care in the community
TOTAL	**404,000**	

Community Services

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Asthma Australia	74,300	Delivers capacity building activities for the health workforce to provide evidence-based care to people with asthma. The organisation also provides programs and services that support people with asthma and their carers to proactively self-manage asthma, and influence health promotion to create safer environments for people with asthma
Centre For Disability Studies Ltd	215,400	Provides specialised health services for adolescents and adults with intellectual or developmental disability
Council of Social Service NSW	269,400	Delivers capacity building activities that increase sustainability in health related non-government organisations. The Council also delivers activities that promote the development of health policies, strategies, service design and delivery to better address the health needs of disadvantaged people
Health Consumers NSW Inc	406,000	Delivers activities that support health consumer representation and engagement in the development of health policies, strategies and programs. Key activities include support for consumer representative networks and training and education for consumers
United Hospital Auxiliaries of NSW Inc	208,600	Funding enables 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
Women's Health NSW	228,500	This organisation is the peak body for non-government, community based, women's health centres in NSW. It is responsible for promoting a coordinated approach to policy and planning, service delivery, staff development, training, education and consultation between members, NSW Health and other government and non-government agencies
TOTAL	**1,402,200**	

Drug and Alcohol

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW (Aboriginal Drug and Alcohol Network)	178,100	Building the capacity of the primary care sector, specifically ACCHOs, to conduct screening, brief intervention and referral to treatment for Aboriginal people with AOD issues
Aboriginal Medical Service Co-Operative Ltd	308,600	Provide a multi purpose alcohol and other drug centre for the Redfern community
Drug and Alcohol Multicultural Education Centre (DAMEC)	745,200	Provide alcohol and other drug education, support and counselling servcies for people from a culturally diverse background
Network of Alcohol & Other Drugs Agencies Inc	1,462,000	As the peak body for non-government organisations providing alcohol and other drug services in NSW, provide workforce development, quality improvement and service development support
The Oolong Aboriginal Corporation	332,800	Deliver alcohol and other drug residential rehabilitation services targeting Aboriginal men
Uniting (NSW ACT)	3,913,500	Medically Supervised Injecting Centre
TOTAL	**6,940,200**	

Health Promotion

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Asthma Australia	439,900	Delivers capacity building activities for the health workforce to provide evidence-based care to people with asthma. The organisation also provides programs and services that support people with asthma and their carers to proactively self-manage asthma, and influence health promotion to create safer environments for people with asthma
Family Drug Support	366,700	Deliver a 24 hour 7 day telephone information and support servcie for family and friends impacted by other's alcohol and other drug use
Healthy Kids Association Inc	487,400	Delivery of key activities in relation to the NSW Healthy School Canteen Strategy, and activities associated with the Healthy Children Initiative when required
Life Education NSW Limited	2,141,900	Delivers drug and alcohol and healthy lifestyle related education to primary and secondary school children across NSW
TOTAL	**3,435,900**	

Mental Health

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	190,000	Mental Health Statewide coordination to support and develop the capacity of Aboriginal Community Controlled Health Service sector to deliver mental health services and provide advice to NSW Health on Aboriginal mental health and Social and Emotional Wellbeing issues
Aboriginal Medical Service Cooperative Ltd	314,600	To enhance mental health support and youth mental health support for the Aboriginal community in the Sydney inner city area
Aftercare	801,200	NSW Family and Carer Mental Health Program
Albury Wodonga Aboriginal Health Service	95,900	Mental Health project to enhance mental health support for the local Aboriginal community
Awabakal Ltd	107,800	Mental Health project to enhance mental health support for the local Aboriginal community
Black Dog Institute	1,543,300	Education/training programs for professionals; treatment guidelines; clinics (depression, bipolar, and perinatal depression); and a tele psychiatry service to rural and remote NSW
Bulgarr Ngaru Medical Aboriginal Corporation	110,100	Mental Health project to enhance mental health support for the local Aboriginal community
Centacare Wilcannia-Forbes	814,100	NSW Family and Carer Mental Health Program
Coomealla Health Aboriginal Corporation	107,800	Mental Health project to enhance mental health support for the local Aboriginal community
Cummeragunja Aboriginal Corporation	107,800	Mental Health project to enhance mental health support for the local Aboriginal community
St Vincent De Paul Society – Frederic House	215,500	Frederic House is a residential aged care facility that targets older men with mental health and/or substance use issues. This top up funding support the facility and services provided, particularly the provision of specialist staffing
Galambila Aboriginal Health Service Inc.	95,900	Mental Health project to enhance mental health support for the local Aboriginal community
Katungul Aboriginal Corporation Community & Medical Services	101,600	Mental Health project to enhance mental health support for the local Aboriginal community
Lifeline Australia	3,201,800	Crisis support telephone service
Mental Health Coordinating Council Inc	592,300	NSW Mental Health peak organisation funded to support the NGO sector's efforts to provide efficient and effective delivery of mental health services
Mission Australia	808,600	NSW Family and Carer Mental Health Program
One Door (Schizophrenia fellowship)	455,500	Support the delivery of state-wide mental health services and core functions of One Door Mental Health
Uniting Recovery - Parramatta Mission	1,619,800	NSW Family and Carer Mental Health Program
Peer Support Foundation	280,900	Peer-led mentoring program supporting the mental, social and emotional wellbeing of young people
Riverina Medical & Dental Aboriginal Corporation	95,900	Mental Health project to enhance mental health support for the local Aboriginal community
Schizophrenia Fellowship of NSW	2,508,900	NSW Family and Carer Mental Health Program
South Coast Medical Service Aboriginal Corporation	206,700	Mental Health project to enhance mental health support for the local Aboriginal community
Tharawal Aboriginal Corporation	95,900	Mental Health project to enhance mental health support for the local Aboriginal community
Walgett Aboriginal Medical Service	191,600	Mental Health project to enhance mental health support for the local Aboriginal community
South Coast Women's Health & Welfare Aboriginal Corporation (WAMINDA)	102,000	Mental Health project to enhance mental health support for the local Aboriginal community
Weigelli Centre Aboriginal Corporation	95,900	Mental Health project to enhance mental health support for the local Aboriginal community
Wellington Aboriginal Corporation Health Service	201,000	Mental Health project to enhance mental health support for the local Aboriginal community
Yerin Aboriginal Health Services Inc	95,900	Mental Health project to enhance mental health support for the local Aboriginal community
TOTAL	**15,158,300**	

Oral Health

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Aboriginal Medical Service Co-Operative Ltd	138,988	Aboriginal oral health services
Albury Wodonga Aboriginal Health Service	541,151	Aboriginal oral health services
Armajun Health Service Aboriginal Corporation	516,653	Aboriginal oral health services
Awabakal Ltd	190,900	Aboriginal oral health services
Biripi Aboriginal Corporation Medical Centre	197,027	Aboriginal oral health services
Bourke Aboriginal Health Service	367,800	Aboriginal oral health services
Bulgarr Ngaru Medical Aboriginal Corporation	475,372	Aboriginal oral health services
Durri Aboriginal Corporation Medical Service	469,007	Aboriginal oral health services
Illawarra Aboriginal Medical Service	340,698	Aboriginal oral health services
Katungul Aboriginal Corporation Community & Medical Services	354,972	Aboriginal oral health services
Maari Ma Health Aboriginal Corporation	215,734	Aboriginal oral health services
Orange Aboriginal Medical Service	372,257	Aboriginal oral health services
Pius X Aboriginal Corp	196,565	Aboriginal oral health services
University of Sydney (Poche Centre for Indigenous Health)	640,900	Aboriginal oral health services
Riverina Medical & Dental Aboriginal Corporation	509,750	Aboriginal oral health services
South Coast Medical Service Aboriginal Corp	295,300	Aboriginal oral health services
Tobwabba Aboriginal Medical Service	374,035	Aboriginal oral health services
Tharawal Aboriginal Corporation	341,041	Aboriginal oral health services
Walgett Aboriginal Medical Service	245,900	Aboriginal oral health services
Yerin Aboriginal Health Services Inc	390,600	Aboriginal oral health services
TOTAL	**7,174,650**	

Rural Doctors Services

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
NSW Rural Doctors Network Ltd	1,622,200	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 health care needs of rural NSW communities. Funding is also provided for the NSW Rural Medical Undergraduates Initiative 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	**1,622,200**	

External Health Services

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Royal Flying Doctor Service Of Aust (South Eastern Section)	1,639,400	Provision of Rural Aerial Health Service
TOTAL	**1,639,400**	

Children, Youth and Families

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Association For The Wellbeing Of Children In Health Care	199,400	The Association is a national not-for-profit organisation advocating for the needs of children, young people and their families within the healthcare system. It advocates to ensure the emotional and psycho-social needs of children, young people and their families are recognised and met. This is through working in partnership with children, young people, their families, health professionals and the broader community
Australian Breastfeeding Association (NSW Branch)	159,800	The Association provides a 24 hour, 7 day a week Helpline to support women who breastfeed. Additional support is provided through a network of local groups. It also promotes the benefits of breastfeeding in the community and works closely with health professionals including the provision of workshops and seminars
Australian Red Cross Society	341,800	Residential program provides for young parents (12-25) principally mothers often commencing in pregnancy with support continuing after the baby's birth
Royal Far West Children's Health Scheme	3,897,200	The organisation received an enhancement of their existing grant to provide the Regional Assessment Service. Funding is for two years only (2018/19-2019/20) and will provide an outreach service for children with developmental disability including autism spectrum disorder, residing in rural and regional NSW
Red Nose Saving Little Lives (formerly SIDS and Kids NSW)	171,700	Red Nose provides bereavement support to families who experience the death of their baby or child during pregnancy, birth and infancy, including miscarriage, ectopic pregnancy, termination of pregnancy, stillbirth, neonatal and infant death and death of a child up to 6 years
CatholicCare	87,800	This organisation recruits and trains personnel to be accredited to deliver Natural Fertility Planning (NFP) and Family Life Education (FLE) services
Youthsafe	187,800	Youthsafe works with schools, workplaces and community organisations to provide information, build capacity and deliver programs to prevent youth injury on the road, at work, while playing sport and when out socialising with friends
Kidsafe NSW Incorporated	249,000	The organisation undertakes public awareness campaigns and provides information, training and advice on child injury prevention to key stakeholders and the community
Youth Action Policy Association NSW Inc	128,600	Youth Action is the peak body for young people and youth services in NSW. Youth Action has received funding to develop the NSW Youth Health Literacy Project. This aims to improve the health outcomes of young people aged between 12 and 24 years old through promoting their health literacy and access to healthcare
TOTAL	**5,423,100**	

OTHER FUNDING GRANTS 2018–19

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Australian Centre for Arts and Health Limited	21,410	Donation for activities associated with the 10th Art of Good Health and Wellbeing Conference
3Bridges Community Ltd	5,000	Funding to develop three short films to support Mental Health program
Aboriginal Legal Service (NSW/ACT) Ltd	300,000	Donation to match Federal Government donation to Stronger Places, Stronger People initiative in Bourke
Acon Health Ltd	272,727	Feasibility study for a LGBTIQ and Health Centre
Acon Health Ltd	131,328	Mental Health Suicide Prevention Fund Grant
Acon Health Ltd	18,852	Alcohol and Other Drugs Early Intervention Innovation Fund
After Care	900,000	Mental Health LikeMind Wagga Wagga Services
After Care	900,000	Mental Health LikeMind Orange services
Albury Wodonga Health	80,000	Donation to repair hydrotherapy pool
Alcohol And Drug Foundation Inc.	1,742,500	Community Engagement and Action Plan 2018-19
Anglican Church of Australia Parish of Terrigal	1,850	Donation towards purchase of defibrillator
Anglican Community Services	789,125	Mental Health Community Living Supports for Refugees
Anzics	339,858	Bi-national Intensive Care Databases
Australian Association of Developmental Disability Medicine	5,000	The 2018 Australian Association of Developmental Disability Medicine (AADDM) Conference
Australian Breastfeeding Association	5,000	Sponsorship of the 2019 Australian Breastfeeding Association Health Professional Seminar in Sydney
Australian Chinese Community Association of NSW	8,000	Mental Health promotion and Education
Australian Commission On Safety And Quality In Health Care	2,511,108	Contribution for the Australia Commission on Safety and Quality in Health Care
Australian Dental Association (NSW Branch) Ltd	60,000	Dental service to disadvantaged people in NSW
Australian Men's Shed Association	45,000	Mental Health grant for First Aid Training
Australian Red Cross Society	510,625	Community Living Supports for Refugees
Australian Red Cross Society	162,137	Save-a-mate harm reduction program at NSW music festivals

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Australian Red Cross Society	12,000	Older Peoples Mental Health First Aid training project contracts
Australian Rotary Health	5,000	Donation for Early Onset Dementia
Autism Spectrum Australia (Aspect)	30,000	Donation towards programs and services for people with autism
Barnardos Australia	1,407,761	Family Referral Service Grant Illawarra
Barnardos Australia	2,540,241	Family Referral Service Grant South Eastern and Northern Sydney
Batyr Australia Ltd	50,000	The extension and expansion of the Being Herd Digital Peer Support pilot
Batyr Australia Ltd	55,968	Donation to Regional NSW Gov Nurse Pilot
Benevolent Society	86,242	Coordination of Psychiatry Outreach Clinics
Benevolent Society	2,623,728	Family Referral Service
Black Dog Institute	89,455	Contract for Blackdog to create application
Black Dog Institute	180,157	Feasibility trial of Back to Base Pulse Oximetry (BBPO)
Black Dog Ride Australia Ltd	5,000	Sign writing and associated costs
Bondi2Berry Ride	2,000	Donation for Bondi2Berry Ride for dementia
Btu (Building Trades Group of Unions)	106,087	Alcohol and Other Drugs Early Intervention Innovation Fund
Burn Bright Ltd	3,515	Host the Youth Mental Health Forum for the local Lower North Shore High Schools
Cancer Council NSW	14,000	2019 Oceania Tobacco Control Conference Partnership
Cancer Council NSW	80,000	Palliative care carers
Cancer Council NSW	14,545	Tobacco in Australia website
Cara House	3,000	Donation towards equipment to support trauma patients
Careflight Pty Ltd	3,600,000	Grant to Support Emergency Patient Transport 2018-19
Carers NSW Ltd	80,000	Palliative care carers
Caring for Our port Stephens Youth (COPSY) Incorporated	50,000	Mental health assistance for Port Stephens Youth
Catholic Healthcare Ltd	315,187	Aged Care Partnership Initiative
Central Coast ARAFMI	13,680	Carers camp to support grandparents raising grandchildren
Cerebral Palsy Alliance	100,000	Donation for cerebral palsy research program
Changing Spots (Make a Difference)	59,493	Capital and establishment costs for residential program for children and young people affected by mental illness
Charles Sturt University	10,000	Aged Care Partnership Initiative (MHACPI)
Children's Cancer Institute Australia	300,000	Donation towards research program into Diffuse Intrinsic Pontine Gliomas
Chip Inn with Jase Pty Ltd	20,000	Funding contribution to assist with awareness for mental health and suicide prevention
Community Activities Lake Macquarie Inc.	73,407	Suicide Prevention Fund 2018-19
Community Restorative Centre	130,880	Drug and Alcohol Treatment Services Program 2017-2020
Community Restorative Centre	138,725	Alcohol and Other Drugs Early Intervention Innovation Fund's for NGO Evaluation Grants Scheme
Compass Housing Services	185,782	Suicide Prevention Fund 2018-19
Coomealla Health Aboriginal Corporation	261,196	Suicide Prevention Fund 2018-19
Country Women's Association of NSW	1,600	Mental Health First Aid training
Crestani Scholarships	10,000	Donation to Crestani Scholarships for Radiotherapy
Damec	325,604	Drug and Alcohol Treatment Services grant 2017-2020
Delhuntie Park Youth Care and Life Style Centre Inc.	10,000	Final stage of infrastructure upgrade to on–site facilities
Department For Health and Ageing	1,184,096	NSW contribution to National Cord Blood Collection Network and Australasian Bone Marrow Donor Registry
Department For Health and Ageing	30,417	Nationally Funded Centres
Department For Health and Ageing	925,589	Second 2018-19 bi-annual AIR contribution
Department For Health and Ageing	766,883	Biannual payment to the Australian Immunisation Register 2018-19
Department For Health and Ageing	1,152,387	NSW Contribution to AHMAC 2018 / 19
Department For Health and Ageing	108,856	2018-19 National Mental Health Service Planning Framework Licencing
Department For Health and Ageing	549,073	Health Star Rating Implementation
Department of Health	25,632	12th National Towards Eliminating Restrictive Practices (TERP) Forum in 2018
Department of Health and Human Services	251,673	Mental Health Professional Online Development (MHPOD) 2018-19
Department of Health Qld	53,724	Get Health Information and Coaching Service
Department of Justice	40,990	Central Redress Team for 2018 - 2019
Down Syndrome NSW	20,000	Donation for Down Syndrome Health Conference
Dubbo Neighbourhood Centre Inc.	88,063	Grant funded Local Support Coordinator Position

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Dungog Menshed Inc.	4,950	Dungog Men's Shed
East Hills District Men's Shed Association Inc.	9,000	Contribution for Concrete pad and awning
Family Planning NSW	2,250,000	To assist with fitout of a larger and updated premises to expand services
Fight For A Cure Ltd	5,000	Donation for Cancer Research
For Benefit Medicines Pty Ltd	6,000	Donations for Crestani Scholarships in Radiotherapy
Forster Tuncurry Memorial Services Club	120	Silver Conference Sponsorship - National Men's Health Gathering
Gems Event Management Australia Pty Ltd	5,000	Catering for Mental Illness Forum
Gilgandra Men's Shed Inc.	3,568	Donation for a concrete slab on northern side of Gilgandra Men's Shed
Grand Pacific Health Ltd	1,647,887	Housing and Accommodation Support Initiative 2018-19
Grand Pacific Health Ltd	25,000	Grand Pacific Health Refugee and Culturally and Linguistically Diverse (CALD) Competency Training 2018-19
Grand Pacific Health Ltd	10,000	Grand Pacific Health Diploma of Mental Health Scholarship 2018-19
Grand Pacific Health Ltd	572,219	Mental Health Community Living Supports for Refugees (MH-CLSR) program for ISHLD
Grand Pacific Health Ltd	489,927	Suicide Prevention Fund 2018-19 - Grand Pacific Health
Great Lakes Hospice Inc.	10,000	Donation towards services and equipment requirements
Hammondcare	972,998	Special Care Unit
Hammondcare	730,798	Palliative Care Home Care Services 2018-19
Harrington Men's Shed Inc.	29,812	Donation to construct a meeting room to promote men's health initiatives
Health Education and Training Institute	100,000	OPMH HETI scholarship 2019
Healthdirect Australia	14,776,984	Nurse Triage Service
Healthdirect Australia	40,000	Get Healthy Information and Coaching Service Delivery
Healthdirect Australia	779,932	National Health Directory Service
Healthdirect Australia	1,099,281	Healthdirect extension of Video Call agreement
Healthwise New England North West	448,127	Suicide Prevention Fund 2018-19
Heart Health NSW Inc.	30,250	Donation for equipment in the Mental Health Ward at Port Macquarie Base Hospital
Hope Health 2508 Inc.	5,349	Donation for guest speakers, Child Care workers and foldable tables
Hopkins Scott - Broken Hill	4,150	Donation for Broken Hill first Aid training group
Humpty Dumpty Foundation Ltd	60,000	Donation for Michelle Beets memorial award
Humpty Dumpty Foundation Ltd	118,700	Donation for purchase of wish list items
Humpty Dumpty Foundation Ltd	26,850	Donation of Equipment - Infant Resuscitative for Fairfield Hospital
Hunter Primary Care Ltd	218,288	Suicide Prevention Fund Grant
Ingham Institute For Applied Medical Research	50,000	Donation for medical research
JDRF Australia	5,000	Donation to research into T1 Diabetes
Jubilee Community Services	5,000	Mental Health services
Karitane	130,000	Donation towards capital works requirements
Kedesh Rehabilitation Services Ltd	304,273	Drug and Alcohol Treatment Services Program
Kedesh Rehabilitation Services Ltd	14,715	Early Intervention Innovation Fund - Evaluation of new client centred care model
Kendall Men's Shed	4,000	Donation for four Air Filter Units
Kids of Macarthur Health Foundation Trust	50,000	Donation for charity fundraising
Kids With Cancer Foundation (Australia) Ltd	2,000	Donation for Kids with Cancer Foundation Scare Cancer fundraising
KidsFest Shellharbour Inc.	10,000	Donation for KidsFest event
Kinchela Boys Home Aboriginal Corporation	50,000	Mobile Education bus
Koori Kids Pty Ltd	5,500	NAIDOC School Initiative Competitions 2019- contributions
La Trobe University	80,000	National service for Health and wellbeing Funds
Lifeline Harbour to Hawkesbury Inc.	22,188	Funding for Group Program for people with a Mood Disorder
Lifeline Northern Beaches	5,000	Grant in support of Lifeline Northern Beaches Classic
Lifeline South Coast (NSW) Wollongong Mission	9,956	Equipment to support volunteers and staff
Lives Lived Well	1,480,100	Drug and Alcohol package Women and Children residential rehabilitation
Lives Lived Well	133,317	Alcohol and Other Drugs Early Intervention Innovation Fund
Lives Lived Well	90,000	AD Early Intervention Innovation Fund
Maari Ma Health Aboriginal Corporation	319,690	Drug and Alcohol Treatment Services Program
Maari Ma Health Aboriginal Corporation	30,000	Nicotine replacement therapy funding
Mackillop Family Services	675,230	Family Referral Service
Macquarie University	220,000	National Health and Medical Research Council Partnership
Manly Rugby Football Club Inc.	5,000	Mental Health Workshop

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Manning Valley Push For Palliative	20,000	Donation to purchase equipment for Manning Hospital
Margaret House Women's Refuge Incorporated	2,000	Mental Health Awareness evening
McGrath Foundation Ltd	100,000	Donation for Breast Care nurses
Menai Men's Shed Inc.	2,100	Donation for NOVA Voyager DVR Drill Press
Mental Health Australia Ltd	21,341	National Mental Health Consumer Carer Forum
Mental Health Commission of NSW	262,641	Health Literacy Initiative
Mental Health Commission of NSW	19,500	Grant for re-engaging Origin Communications to undertake additional community consultations
Mental Health Co-Ordinating Council Inc.	200,000	Certificate IV Peer Work Scholarships program for 2018-19
Mental Health Co-Ordinating Council Inc.	245,000	Learning and Development Unit
Mental Health Co-Ordinating Council Inc.	25,000	NGO-E data collection and broader CMO reporting requirements
Mental Health First Aid International	24,069	OPMH First Aid Training Project instructor training
Merriwa CWA	5,000	Donation for rural program for people with autoimmune diseases
Mission Australia	44,000	Diploma of Mental Health Scholarship 2018-19
Mission Australia	25,000	Refugee and Culturally and Linguistically Diverse (CALD) Competency Training 2018-19
Mission Australia	214,673	Specialist Residential Aged Care Facility (RACF)
Mission Australia	2,012,582	Enhanced Adult Community Living support
Mission Australia	5,037,548	Housing Accommodation and Support Initiative
Mission Australia	14,990	NSW A and OD NGO Evaluation Grants Scheme
MTP-IIGC Ltd	5,000	Sponsorship of Australian Delegation to the MedTech Conference Philadelphia
Muswellbrook Hospital Auxiliary	24,000	Donation towards equipment at Muswellbrook District Hospital
Muswellbrook Men's Shed Inc.	5,000	Men's Health Expo
National Aboriginal And Torres Strait Islander Leadership In Mental Health Ltd	17,807	NSW funding for National Aboriginal and Torres Strait Islander Leadership in Mental Health
National Assoc For Loss and Grief NSW Inc.	420,100	2018-19 Core Funding for National Association for Loss and Grief NSW Inc.
National Assoc For Loss and Grief NSW Inc.	223,125	Drought Relief MH Services
National Blood Authority	1,139,212	National Supply Plan - NSW Contribution
National Heart Foundation of Aust NSW Division	36,000	Produce 4 online videos for the Out of School Hours Care setting
National Heart Foundation of Aust NSW Division	49,928	Management and maintenance of the Health Kids Website
Neami Ltd	8,383,026	Aboriginal Housing and Accommodation Support Initiative
Neami Ltd	25,000	Neami Refugee and Culturally and Linguistically Diverse (CALD) Competency Training 2018-19
Neami Ltd	72,000	Neami Certificate IV in Mental Health Scholarships 2018-19
Neami Ltd	3,553,233	Community Living Supports commitment as part of Mental Health Reform
Nelune Foundation	100,000	Donation for Rebecca Woods Fellowship
Nelune Foundation	100,000	Donation for Cancer Survivorship Centre
Network of Alcohol and Other Drugs Agencies Inc	470,250	Service Development Grant
New Horizons Enterprises Ltd	155,340	Suicide Prevention Fund
New Horizons Enterprises Ltd	7,551,780	Housing and Accommodation Support Initiative
New Horizons Enterprises Ltd	3,276,851	Housing and Accommodation Support Initiative PLUS
New Horizons Enterprises Ltd	6,359,832	Community Living Supports
New Horizons Enterprises Ltd	2,271,000	Community Living Supports - refugees
New Horizons Enterprises Ltd	76,800	Diploma of Mental Health Scholarship 2018-19
New Horizons Enterprises Ltd	25,000	Refugee and Culturally and Linguistically Diverse (CALD) Competency Training 2018-19
Northern Beaches Council	10,000	Donation towards purchase of defibrillators
Northern NSW Local Health District	730	Tweed Mental Health Forum
Northern Rivers Social Dev Council Ltd	1,137,732	Family Referral Service
Nova Employment Limited	10,000	Focus on Ability Short Film Festival
NSW Nurses and Midwives Association	87,125	Bob Fenwick Mentoring Grants Program 2018-19
NSW Users and Aids Association Inc	165,000	Accreditation, Communication and Resource Development - 2018-21
Obesity Australia Pty Ltd	75,000	Support for the work and operations of the Obesity Collective
Odyssey House NSW	15,000	Alcohol and Other Drugs Early Intervention Innovation Fund
One Eighty Avalon Inc	30,000	Donation for Mental Health Care

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Open Minds Australia Ltd	25,000	Open Minds Refugee and Culturally and Linguistically Diverse (CALD) Competency Training 2018-19
Open Minds Australia Ltd	17,200	Open Minds Certificate IV in Mental Health and Diploma of Mental Health Scholarship 2018-19
Open Minds Australia Ltd	1,678,585	Community Living Support - Northern NSW
Open Minds Australia Ltd	1,205,652	Housing and Accommodation Support Initiative/Resource and Recovery Support Program
Orange Women's Shed	3,000	Donation towards purchase of defibrillator
Palliative Care NSW Inc	80,000	Grants to improve support for palliative care carers
Pathfinders Ltd	2,565,976	Family Referral Service
Pharmaceutical Society of Aust	52,000	Prescription Medicine Safety
Pharmacy Guild of Australia NSW Branch	3,049,135	Pharmacy Needle and Syringe Program Fitpack Scheme (NSP) 2018/20
Pharmacy Guild of Australia NSW Branch	1,158,510	Pharmacy Inventive Scheme
Port Macquarie Women's Shed	3,998	Donation towards equipment
Pottsville Fun Croquet Club Inc	1,000	Donation towards equipment
Quota International of Taree Inc.	10,000	Donation for hearing awareness campaign
Raymond Terrace Men's Shed	13,202	Installation of Solar PV system
Relationships Aust Canberra and Region Inc.	947,998	Family Referral Service
Relationships Australia (NSW)	2,495,679	Family Referral Service - Western Sydney
RichmondPRA Limited	2,402,290	Community Living Support
RichmondPRA Limited	1,299,885	Youth Community Living Supports
RichmondPRA Limited	25,000	Flourish Refugee and Culturally and Linguistically Diverse (CALD) Competency Training 2018-19
RichmondPRA Limited	72,800	Certificate IV in Mental Health and/or Certificate IV in Peer Work Scholarships 2018-19
RichmondPRA Limited	10,112,459	Housing and Accommodation Support Initiative
RichmondPRA Limited	3,146,285	Housing and Accommodation Support Initiative - plus
Rotary Club of Hurstville Inc.	50,000	Donation for St George Hospital Children's Ward Project
Rotary Club of North Ryde Inc.	5,000	North Ryde Rotary Club Mental Health fundraising
Royal Institute For Deaf and Blind Children	252,376	Donation for Bone anchored hearing aids
Royal Society for the Welfare of Mothers and Babies	138,890	Donation towards capital works requirements
RSL Lifecare	115,568	RACF Partnership Services
RSL Lifecare Ltd	556,833	Mental Health Aged Care Partnership Initiative (MHACPI) transition unit
Samaritans Foundation Diocese of Newcastle	350,916	Drug and Alcohol Treatment Services
Schizophrenia Fellowship of NSW Ltd	178,965	Forensic Reintegration Program
Set2Learn Pty Ltd	20,000	Older Peoples Mental Health First Aid training
Share Smr Inc.	80,000	Donation for art therapy for mental health
Shoalhaven Neighbourhood Services Inc.	1,000	Donation to contribute to health and wellness festival
Silver Chain Group Ltd	930,062	Palliative Care Home Support Services
Smart Recovery Aust Ltd	180,000	Alcohol and Other Drugs Early Intervention Innovation Fund
South Coast Women's Health and Welfare Aboriginal Corporation	84,670	IT Infrastructure upgrade
Southern Cross Care NSW and ACT	759,450	NSW and ACT specialist in Residential Aged Care Facility
St John Ambulance Australia (NSW)	12,000	First Aid training
St Thomas Anglican Church Port Macquarie	2,500	Donation towards purchase of defibrillator
St Vincent De Paul Society NSW	81,700	Drug and Alcohol Treatment Services
State Emergency Service NSW	4,000	Grant for Training cost
State Library of New South Wales	173,953	Drug Info Program Extension
Stillbirth Foundation	1,700,000	Support for stillbirth education campaigns
Support Act Ltd	30,000	First Aid training
Surf Life Saving NSW Inc.	200,000	Donation to purchase oxygen kits
Sydney Catholic Schools Trust	5,000	Marist College Eastwood - mental health training program
Sydney Children's Hospitals Foundation	150,000	Donation to fund paediatric palliative care bear cottage
Tarragal Glen Retirement Village Residents Committee	7,203	Donation towards purchase of defibrillator

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
Tenterfield Rugby League Club Inc	4,000	Border State Challenge Knockout Carnival in 2019 - mental health awareness
Tenterfield Show Society Inc	500	PawsUp Program
The Buttery Ltd	356,670	Drug and Alcohol Treatment Services
The Legislature	776	Donation for 'Morning Teal' initiative for ovarian cancer
The Merriwa Tourist Welcoming Centre Inc	5,876	One off grant for Merriwa Tourist Centre to improve facilities
The Salvation Army (NSW) Property Trust	218,603	Drug and Alcohol Treatment Services
The Salvation Army (NSW) Property Trust	556,946	Alcohol and Other Drugs Early Intervention Innovation Fund
The Sax Institute	437,500	The Australian Prevention Partnership Centre (TAPPC) funding
The Sax Institute	1,000,000	Core infrastructure funding and discrete services to NSW Health
The Sax Institute	6,800	Contribution to Graduation Ceremony /Research Action Awards 2019
The Ted Noffs Foundation	14,974	The Ted Noffs Foundation Street University Program
Third Sector Australia Ltd	720	Housing and Accommodation Support Initiative CPI
UCA - Parramatta Mission	899,866	Likemind' Mental Health Program - Penrith
UCA - Parramatta Mission	896,080	Likemind' Mental Health Program - Seven Hills
UCA - Parramatta Mission	25,000	Refugee and Culturally and Linguistically Diverse (CALD) Competency Training 2018-19
UCA - Parramatta Mission	31,200	Diploma of Mental Health Scholarship 2018-19
UCA - Parramatta Mission	3,197,007	Housing and Accommodation Support Initiative/ Resource and Recovery Support Program
UCA - Parramatta Mission	3,284,864	Housing and Accommodation Support Initiative Plus
UCA - Parramatta Mission	2,408,829	Community Living Services
United Hospital Auxiliaries of NSW Inc	10,000	Donation for endoscope equipment for womens health
United Hospital Auxiliaries, Scone branch	5,088	Donation towards "Wish List" items for Scott Memorial Hospital, Scone
Uniting (NSW ACT)	1,774,610	Family Referral Service - Dubbo and Bourke
Uniting (NSW ACT)	2,365,979	Family Referral Service - South West Sydney
University of Adelaide	38,304	Funding Support for the Oral Health Promotion Clearinghouse
University of Melbourne	70,000	National Health and Medical Research Council Partnership Grant - Chlamydia Case Management in GP
University of Newcastle	4,196,905	Centre for Rural and Remote Mental Health Program
University of Newcastle	20,000	Clinical practice change to reduce alcohol use in pregnancy
University of Newcastle	938,000	Services under drought package
University of Newcastle	500,000	Cannabinoids for Symptom Control in Advanced Cancer
University of NSW	80,000	Standing Tall NHMRC Partnership
University of NSW	105,000	Donation for the Big Anxiety Festival
University of NSW	360,000	Clinical Academic Workplace Mental Health Research Program
University of NSW	250,000	Housing and Accommodation Support Initiative and Community Living Supports Evaluation 2018-19 Grant Payment
University of NSW	358	Donation for sexual education event - Pillow Talk
University of NSW	30,000	Australia's adolescent HPV vaccination program
University of NSW	441,092	Intellectual Disability Mental Health Chair
University of NSW	810,802	University of NSW Terminal Illness Clinicial Trial funding FY2018-19
University of NSW	138,320	Expanded PrEP Implementation in Communities in NSW
University of NSW	150,000	Enhancing Treatment of Hepatitis C in Opioid Substitution Settings II
University of NSW	424,180	NSW Research Program HIV, STI and Viral Hepatitis
University of Sydney	100,000	Eating Disorders
University of Sydney	162,982	Chair of Medical Physics
University of Sydney	15,000	Growing Health Kids (GHK) evaluation support
University of Sydney	375,000	Physical Activity, Nutrition and Obesity Prevention Research Grant
University of Sydney	321,445	Clinical Trials for Chemotherapy Induced Nausea and Vomiting
University of Wollongong	7,500	Donation to contribute to dancing sessions for people with dementia
University of Wollongong	1,125,114	Project Air 18-19
Wallendbeen Fishing Club	1,500	Donation towards purchase of defibrillator
Watershed Drug And Alcohol Rehabilitation and Education Services Ltd	190,070	Drug and Alcohol Treatment Services Program
Waverley Community Men's Shed Inc.	6,000	First Aid Training
We Help Ourselves	414,889	Drug and Alcohol Treatment Services - Hunter

GRANT RECIPIENT	AMOUNT $	DESCRIPTION
We Help Ourselves	302,362	Drug and Alcohol Treatment Services - Sydney
Weave Youth and Community Services Inc.	57,348	AOD Early Intervention Innovation Fund
Wellington Aboriginal Corporation Health Service	471,000	Aboriginal Minor Capital Works Program for GWAHS
Wellington Aboriginal Corporation Health Service	88,063	Women's Safety Package Local Support Coordinator
Wellways Australia Ltd	3,804,766	Community Living Support
Wellways Australia Ltd	866,593	Youth Community Living Support
Wellways Australia Ltd	9,996,684	Housing and Accommodation Support Initiative/Resource and Recovery Support Program
Wellways Australia Ltd	76,000	Diploma of Mental Health Scholarship 2018-19
Wellways Australia Ltd	25,000	Wellways Refugee and Culturally and Linguistically Diverse (CALD) Competency Training 2018-19
Wesley Community Services Ltd	3,092,000	Mothers with Mental Illness and their Children : Mental Health Community Support Program
Wesley Community Services Ltd	30,000	First Aid Training
Western Sydney Local Health District	21,900	Donation towards the development of a business case for a proton and heavy particle therapy machine
Western Sydney University	3,580	Evaluation of Early Childhood oral health module
Women's Alcohol and Drug Advisory Centre Inc.	201,367	Drug and Alcohol Treatment Services
Yfoundations Incorporated	120,000	Youth Sexual Health Program Grant
Yfoundations Incorporated	96,845	Online module for sticky stuff
TOTAL	**183,792,226**	

NSW MINISTRY OF HEALTH OPERATING CONSULTANTS 2018–19

Consultancies equal to or more than $50,000

CONSULTANT	COST $	DESCRIPTION
Management Services		
KPMG	99,450.00	Review of Palliative Care After Hours Services
L E K Consulting Australia Pty Ltd	75,000.00	Review of NSW Drug Development Ecosystem
Pricewaterhousecoopers Consulting (Australia) Pty Ltd	66,529.89	Innovation Options for NSW Health
Smith Denis	66,300.00	Consultancy for Broken Hill Health Service
SUBTOTAL	**307,279.89**	
Organisational Reviews		
Nous Group	243,785.64	Nursing and Midwifery Office (NaMO) - Program Review and Functional Review
McKendrick Claire - Manly	112,000.00	Forensic review of Mental Health Reforms Program
KPMG	110,700.00	Review of Stakeholder Engagement Model and Organisational Alignment
SUBTOTAL	**466,485.64**	
Legal Services		
King & Wood Mallesons	186,099.00	Engagement of Legal Advisor for MES Tender for Western Sydney LHD
SUBTOTAL	**186,099.00**	
CONSULTANCIES EQUAL TO OR MORE THAN $50,000	**959,864.53**	

Consultancies less than $50,000

DURING THE YEAR 30 OTHER CONSULTANCIES WERE ENGAGED IN THE FOLLOWING AREAS:

Management Services	481,855.68	
Organisational Review	38,355.00	
Training	1,750.00	
Legal Services	12,839.70	
CONSULTANCIES LESS THAN $50,000	**534,800.38**	
TOTAL CONSULTANCIES	**1,494,664.91**	

PAYMENT OF ACCOUNTS

The following tables provide payment performance information of the NSW Ministry of Health for 2018-19

2018-19 AGED ANALYSIS AT THE END OF EACH QUARTER				
QUARTER	**CURRENT NOT YET DUE $'000**	**OVERDUE 1-30 DAYS $'000**	**OVERDUE 31-60 DAYS $'000**	**OVERDUE 61 AND OVER $'000**
ALL SUPPLIERS[1]				
September	13	7,755	401	199
December	-	9,745	833	222
March	14	10,213	1,240	227
June	10	19,564	112	279
SMALL BUSINESS SUPPLIERS[2]				
September	0	6	1	0
December	0	197	311	44
March	0	0	80	0
June	0	37	0	0

ACCOUNTS DUE OR PAID WITHIN EACH QUARTER				
	SEPTEMBER	**DECEMBER**	**MARCH**	**JUNE**
ALL SUPPLIERS[1]	**$'000**	**$'000**	**$'000**	**$'000**
Number of accounts due for payment	3,302.00	3,081.00	2,396.00	2,960.00
Number of account paid on time	3,290.00	3,060.00	2,387.00	2,949.00
Actual percentage of accounts paid on time (based on number of accounts)	99.6%	99.3%	99.0%	99.0%
Dollar amount of accounts due for payment	67,939	64,227	74,734	70,791
Dollar amount of accounts paid on time	67,719	64,127	74,706	70,749
Actual percentage of accounts paid on time (based on $)	100%	100%	100%	99%
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts ($)	0	0	0	0
SMALL BUSINESS SUPPLIERS[2]				
Number of accounts due for payment to small business	188	199	101	182
Number of accounts due to small businesses paid on time	187	193	100	180
Actual percentage of small business accounts paid on time (based on number of accounts)	99%	97%	99%	99%
Dollar amount of accounts due for payment to small businesses	1495	1,617.00	1,236.00	1,783.00
Dollar amount of accounts due to small businesses paid on time	1488	1,566.00	1,236.00	1,782.00
Actual percentage of small business accounts paid on time (based on $)	100%	100%	100%	100%
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 11/12 Payment of Accounts.

Commentary

Time for payment of accounts for the NSW Ministry of Health showed a consistent performance over the year. During the year, measures have been taken to ensure Ministry staff are aware of NSW Treasury Circular 11/12 including conducting training sessions to educate relevant personnel about invoice approval processes. Actions are taken to monitor and promptly follow up invoice payments. The NSW Ministry of Health was not required to make any payment of interest on overdue accounts related to small business suppliers in the 2018-19 financial year.

RISK MANAGEMENT AND INSURANCE ACTIVITIES

Across NSW Health, the major insurable risks are public liability (including medical indemnity for employees), workers compensation and medical indemnity provided through the Visiting Medical Officer (VMO) and Honorary Medical Officer (HMO) Public Patient Indemnity Scheme.

NSW Treasury Managed Fund (TMF)

Insurable risks are covered by the TMF (a self-insurance arrangement of the NSW Government implemented on 1 July 1989) of which the Ministry of Health (and its controlled entities) is a member agency. The Health portfolio is a significant proportion of the TMF and is identified as an independent pool within the TMF Scheme. NSW Health is provided with funding via a benchmark process and pays deposit contributions for workers compensation, motor vehicle, liability, property and miscellaneous lines of business.

The cost of TMF indemnity in 2018-19 for NSW Health is identified under Contributions. Benchmarks are the budget allocation.

Benchmarks (other than VMOs) are funded by NSW Treasury. Workers compensation and motor vehicle are actuarially determined and contributions include an experience factor. The aim of the deposit contribution funding is to allocate deposit contributions across the TMF with reference to benchmark expectations of relative claims costs for the agencies in the TMF and to provide a financial incentive to improve injury and claims management outcomes.

The workers compensation deposit contribution is adjusted through a hindsight calculation process after three years and five years. Workers compensation 2013-14 final five years and 2015-16 interim three years were declared and adjusted as at 30 June 2018, with the Ministry receiving a surplus of $22.59 million for the 2013-14 financial year and a surplus of $21.07 million for the 2015-16 financial year, a net result of a $43.65 million surplus.

The motor vehicle hindsight adjustment for 2015-16 year was an overall surplus of $928,985 (excl. GST).

	CONTRIBUTIONS ($000)	BENCHMARK ($000)	VARIATION ($000)
Workers Compensation	173,971	190,533	16,562
Motor Vehicle	8,196	7,410	(786)
Property	11,410	11,296	(114)
Liability	237,042	234,671	(2,371)
Miscellaneous	312	309	(3)
TOTAL TMF	**430,931**	**444,219**	**13,288**
VMO	33,863	33,863	0.0
TOTAL	**464,794**	**478,082**	**13,288**

Workers' compensation

The following tables detail frequency and total claims cost, dissected into occupation groups and mechanism of injury groups, for the three financial years 2016-17, 2017-18 and 2018-19.

Workers' Compensation – frequency and total claims cost

	2018-19				2017-18				2016-17			
	FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST	
OCCUPATION GROUP	**NO.**	**%**	**$M**	**%**	**NO.**	**%**	**$M**	**%**	**NO.**	**%**	**$M**	**%**
Nurses	1,650	37.3	15.4	35	1741	38	19.8	35	1912	40	20.5	42
Hotel Services	798	18.1	5.6	16	854	19	7.5	14	946	20	8.1	16
Medical/Medical Support	591	13.4	4.8	15	641	14	9.9	18	642	13	7.1	14
General Administration	431	9.7	3.5	11	693	15	6.1	11	731	15	8.1	16
Ambulance	636	14.4	7.5	19	452	10	9.3	17	361	7	4.4	9
Maintenance	147	3.3	1.2	3	146	3	2.1	4	147	3	1.2	2
Linen Services	67	1.5	0.3	1	66	1	0.6	1	74	2	0.7	1
Not Grouped	100	2.3	0.1	0	19	0	0.1	0	8	0	0.1	0
TOTAL	**4,420**	**100**	**38.6**	**100**	**4,612**	**100**	**55.4**	**100**	**4821**	**100**	**50.3**	**100**

Data Source: iCare DataWarehouse

The increase in NSW Ambulance Workers' Compensation claims is largely attributable to a material increase in mental stress claims. Over the last three years, the number of claims relating to assaults against ambulance officers has decreased.

	2018-19				2017-18				2016-17			
	FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST		FREQUENCY		CLAIMS COST	
MECHANISM OF INJURY GROUP	**NO.**	**%**	**$M**	**%**	**NO.**	**%**	**$M**	**%**	**NO.**	**%**	**$M**	**%**
Body stress	1,874	42.4	15.3	39.6	1,914	42.9	15.8	42.6	1,965	44.0	24.9	45.0
Slips and Falls	797	18.1	6.8	17.6	791	17.7	6.5	17.5	801	17.9	9.1	16.5
Mental Stress	596	13.5	9.8	25.4	458	10.3	7.9	21.3	416	9.3	11.2	20.3
Hit by Objects	455	10.3	2.6	6.7	428	9.6	2.3	6.2	369	8.4	3.3	6.0
Being assaulted	167	3.8	1.3	3.4	188	4.2	1.2	3.2	247	5.5	2.0	3.6
Motor Vehicle	135	3.1	1.1	2.8	183	4.1	1.8	4.9	135	3.0	2.4	4.3
Other causes	396	8.8	1.7	4.5	499	11.2	1.6	4.3	529	11.9	2.4	4.3
TOTAL	**4,420**	**100**	**38.6**	**100**	**4,461**	**100**	**37.1**	**100**	**4,462**	**100**	**55.3**	**100**

Data Source: iCare DataWarehouse

Claims frequency

	2018-19	2017-18	2016-17
Total number of claims	4,420	4,461	4,462
No. claims lodged per 100 FTE	3.53	3.69	3.99
Total Claim Costs $M	38.6	37.1	55.3
Average Claim Cost	$17,875	$14,649	$15,623
Cost of claims	$308	$307	$494
% stress v non-stress claims	13.50%	10.30%	9.40%

Data Source: iCare DataWarehouse

Average cost ($ per claim)

	2018-19	2017-18	2016-17
Nurses	$18,461	$15,058	$13,959
Hotel Services	$14,325	$12,081	$13,806
Medical/ Medical Supp.	$16,714	$16,051	$11,547
Ambulance	$22,110	$17,448	$18,738
Body Stress	$16,598	$14,336	$16,048
Slips and Falls	$16,406	$13,073	$13,085
Mental Stress	$37,601	$34,774	$40,177

Average cost includes all benefits, weekly and medical costs, rehabilitation, settlement and legal costs.

Data Source: iCare DataWarehouse

Return to Work (RTW) Rates

As at 30 June 2019, NSW Health achieved the following Return to Work (RTW) rates:

RTW% FOR 0-5 WEEKS	RTW% FOR 5-13 WEEKS	RTW% FOR 14-26 WEEKS	RTW% FOR 26+ WEEKS
90%	83%	90%	92%

Data Source: iCare DataWarehouse

Legal liability

Legal liability covers actions of employees, health services and incidents involving members of the public. Legal liability claims are long-tail, meaning they may extend over many years.

As at 30 June 2019, there were 4360 claims reported for the period 1 July 2013 to 30 June 2019 with a net incurred cost of $1.06 billion. This does not include claims 'notified' or 'notified finalised' and claims with a $0 net incurred cost.

The number of reported claims decreased in 2018-19 by 19 per cent. Despite this decrease in the number of claims reported, incurred costs increased in 2018-19 by four per cent or $7 million. The total net incurred cost for the six-year period also increased by 10 per cent or $99.7 million.

Top five local health districts by claims reported and cost 2013-14 to 2018-19

LOCAL HEALTH DISTRICT	NUMBER OF CLAIMS	CLAIMS %	NET INCURRED COST ($000)	NET INCURRED COST %
Hunter New England	475	10.9%	$169,057	15.9%
South Western Sydney	386	8.9%	$112,422	10.6%
Northern Sydney	382	8.8%	$89,450	8.4%
Western Sydney	443	10.2%	$81,341	7.7%
South Eastern Sydney	442	10.1%	$74,494	7.0%

Top five areas of practice by number of claims reported

AREA OF PRACTICE	NO. CLAIMS REPORTED			AREA OF PRACTICE	NET INCURRED COST ($M)		
	2018-19	2017-18	2016-17		2018-19	2017-18	2016-17
Specialist Emergency Medicine	65	104	112	Specialist Emergency Medicine	$23.95	$39.23	$36.89
Obstetrics and Gynaecology	31	51	52	Specialist Obstetrics	$21.59	$13.64	$3.23
General Surgery	58	52	21	Obstetrics and Gynaecology	$15.10	$24.49	$22.50
Nursing – Other	29	39	31	Nursing – Emergency Dept	$11.38	$3.35	$1.96
Specialist Psychiatry	16	38	40	General Surgery	$11.34	$7.39	$3.44

Visiting Medical Officer and Honorary Medical Officer – Public Patient Indemnity Cover

The number of VMO claims for the period 1 July 2013 to 30 June 2019 was 783 with a net incurred cost of $230 million.

YEAR REPORTED	NUMBER OF NOTIFICATIONS	NUMBER OF CLAIMS	% NOTIFICATIONS TO CLAIMS	NET INCURRED COST ($000)
2018-19	262	124	68%	$41,463
2017-18	259	124	68%	$43,244
2016-17	194	148	57%	$34,078
2015-16	314	119	73%	$38,707
2014-15	273	141	66%	$37,171
2013-14	273	127	68%	$35,450
TOTAL	**1575**	**783**		**$230,114**

Property

In 2018-19, a total of 325 claims were reported for a net incurred cost of $14.6 million.

Accidental damage, covering damage to equipment whilst in a facility or damage to buildings from a motor vehicle collision, accounted for 22.3 per cent of claims and 10.1 per cent of net incurred cost followed by storm and tempest with 14.4 per cent of claims but 20.9 per cent of net incurred costs. There were 131 incidents of theft during 2018-19 with a net incurred cost for claims of $774,230 and 110 claims resulting from malicious damage with a net incurred cost of $952,368.

Motor vehicles

There were 2312 claims reported in 2018-19 for a net incurred cost of $6.9 million with an average amount paid per claim of $3021. For this period, there was a declared motor vehicle fleet of 8523 vehicles.

In addition to the above claims, there were 616 claims reported by NSW Ambulance for a net incurred cost of $3.3 million and an average net incurred cost of $5320. For this period, there were 1474 declared motor vehicles for NSW Ambulance.

The top four causes of motor vehicle claims and cost

	2018-19		2017-18	
ACCIDENT CAUSE	**NUMBER OF CLAIMS**	**NET INCURRED COST ($000)**	**NUMBER OF CLAIMS**	**NET INCURRED COST ($000)**
Collision	1,487	$6,525	1,818	$6,029
Weather related event	707	$1,893	128	$524
Accidental damage	559	$1,373	302	$492
Damaged while parked	102	$141	475	$647

The number of collisions decreased in 2018-19, however, the net incurred cost increased by eight per cent or $496,000. Claims arising from weather related events increased significantly from 2017-18 with the net incurred cost increasing by $1.4 million.

Risk management initiatives

NSW Health continues to focus on early intervention, rehabilitation and recovery at work. Over the next 12 months the focus will be on prevention of injuries and illness and education for all staff.

The three strategic priorities are:

1. Improving claims management performance by providing professional development pathways for our Recovery @ Work Coordinators
2. Implementing proactive strategies to support and retain older workers through workplace initiatives covering physical, psychological and professional development needs
3. Normalising psychological safety for all workers in the workplace, encouraging employees to speak up and raise issues and ensuring all employees take the time to look after themselves, prioritise their needs, and equip themselves to manage their wellbeing.

   NSW Health is working to create an age-friendly workplace, maintaining a viable and sustainable workforce. Our programs will focus on ensuring employees are able to maintain their physical and technical proficiency in order to remain fully productive and satisfied in the workforce, and to provide financial advice to drive positive outcomes for our mature workforce, including building financial security and planning the transition to retirement.

   Our psychological safety action plan outlines our commitment to the protection and promotion of the health and wellbeing of all staff in line with the NSW Health CORE values of Collaboration, Openness, Respect and Empowerment. The plan focuses on:

   - proactive not reactive management of the workplace and employee health and wellbeing
   - individual wellbeing and resilience and positive mental and physical health
   - assisting staff to prioritise and look after their wellbeing
   - providing an environment where staff feel safe to raise issues and have confidence they will be addressed.

ASSET MANAGEMENT

Key achievements 2018-19

The implementation of NSW Health's asset management reforms in alignment with government reforms, and in close collaboration with the Department of Planning, Industry and Environment (Property NSW) and NSW Treasury, continued in 2018-19.

The NSW Ministry of Health and Health Infrastructure Asset Management Units have evaluated critical maintenance program delivery over the past 12 months to improve future program planning for existing facilities. In preparation for the publication of new NSW Treasury asset management requirements, NSW Health has been focussing on the development of statewide strategies which will build upon existing skills and processes to increase the asset maturity level for NSW Health organisations. The ongoing implementation of the Asset and Facilities Management (AFM) Online Information system remains a priority, as the system is a critical enabling tool. Implementation support was enhanced and the system was further embedded in local health districts.

Land disposal

The 27 properties sold in 2018-19 realised gross proceeds of $35.9 million. These figures represent a 200 per cent increase in the number of properties sold over the previous financial year (nine sold) and a 214 per cent increase in realised gross proceeds ($11.4 million for 2017-18). 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 2019	REVENUE ($000'S)
Bega, Part Old Hospital site, 1 McKee Dve	Contract Settled	$180
Binnaway, Part Community Health Centre land	Contract Settled	$0
Bankstown, Old Ambulance Station, 102 Canterbury Road	Contract Settled	$2,950
Liverpool, Old Ambulance Station, 1 Hoxton Park Road	Contract Exchanged	$5,390
Dunedoo, Former Ambulance Residence, 16 Boolaro Street	Contract Settled	$200
Goulburn, Former Ambulance Residence, 68 Dalley Street	Contract Settled	$0
Lavington (Albury), Former Ambulance Residence, 1 Titan Court	Contract Settled	$257
Warren, Former Ambulance Residence, 10 Burton Street	Contract Settled	$100
Auburn, Old Ambulance Station, 60 Queen Street	Contract Settled	$2,525
Albury, Old Ambulance Station, 663 Dean Street	Contract Settled	$1,150
Coff Harbour (North Boambee), Former Ambulance Residence, 24 Hives Close	Contract Settled	$420
Summer Hill, Old Ambulance Station, 74 & 75 Carlton Crescent	Contract Settled	$12,750
North Ryde, 31 Twin Road	Contract Settled	$3,250
Tumbarumba, 39 Albury Street	Contract Settled	$28
Junee, Cooinda Court, 24-28 Commins Street	Contract Settled	$125
Penrith, Part 67 Derby Street	Contract Settled	$62
Kingswood, Part 35-65 Derby Street	Contract Settled	$56
South Penrith, 123 Evan Street	Contract Settled	$595
Dubbo, Old Ambulance Station, 3 MacGregor Street	Contract Settled	$355
Surry Hills, Part Langton Clinic Car Park, 591-623 Dowling Street	Contract Settled	$3,808
Coolah, Former Ambulance Residence, 39 Martin Street	Contract Settled	$135
Jewells, Former Ambulance Residence, 24 Ballantrae Street	Contract Settled	$580
Colyton, Life Education Centre, 1-11 Hewitt Street	Contract Exchanged	$738
Wilcannia, 22 Ross Street	Contract Settled	$27
Byron Bay, Old District Hospital	Contract Exchanged	$0
Mullumbimy, Old District War Memorial Hospital	Contract Settled	$0
Boorowa, Burrowa House, 79 Ford Street	Contract Exchanged	$206
TOTAL GROSS		**$35,886**
TOTAL NET (APPROX., LESS 10% SALES COSTS)		**$32,297**

Capital works

The Capital Works Program total expenditure for NSW Health in 2018-19 was $2.37 billion, inclusive of capital expensing. The program is jointly delivered by local health districts and other NSW Health organisations for projects valued at less than $10 million, and by Health Infrastructure for those projects valued at $10 million or more.

All major capital projects completed in 2018-19

PROJECT	TOTAL COST	COMPLETION DATE
Ambulance Service NSW		
Planning Rural Ambulance Infrastructure	$959,000	June 2019
Critical Communications Enhancement Program - Ambulance	$12,676,000	June 2019
Statewide Workforce Enhancement Program (SWEP) New Vehicles Build	$3,374,196	June 2019
Total	**$17,009,196**	
Central Coast LHD		
No completed projects		
Far West LHD		
Broken Hill Health Service Redevelopment	$30,000,000	January 2019
Total	**$30,000,000**	
Hunter New England LHD		
Moree Renal Ward Upgrade	$2,131,015	December 2018
John Hunter Hospital Theatre Recovery ICU Storage	$1,200,000	June 2019
Muswellbrook Hospital Redevelopment Stage 2	$19,975,000	June 2019
Hunter New England Medical Imaging/Major Equipment	$13,000,000	June 2019
Tamworth Dental Clinic Surgery Fit-out	$210,000	June 2019
Total	**$36,516,015**	
Illawarra Shoalhaven LHD		
Integration of Shoalhaven Aboriginal Maternity, Infant Child Health and Family Care Centre	$724,000	June 2019
Shoalhaven Hospital ESSA Emergency Short Stay	$109,208	June 2019
Wollongong and Shoalhaven Hospitals Energy and Water Efficiency Upgrades	$5,164,003	June 2019
Total	**$5,997,211**	
Justice Health and Forensic Mental Hospital		
No completed projects		
Mid North Coast LHD		
Coffs Harbour Hosp. Ambulatory Day Procedure/Transit Unit	$723,165	May 2019
Energy Efficient Government Program - Solar Power Generator	$788,000	April 2019
Coffs Harbour Hosp. High Dependency/Close Observation Beds	$635,144	June 2019
Coffs Harbour Health Campus - Aboriginal Cultural and Family Wellbeing	$924,806	June 2019
Energy Efficient Government Program - Water Efficiency upgrade	$7,350,900	June 2019
Total	**$10,422,015**	
Murrumbidgee LHD		
Hillston Dental Chair & Unit Upgrade	$45,000	August 2018
Efficiency Upgrades at Griffith Gundagai Hay and Junee Hospitals	$820,343	June 2019
Finley Hospital - Stage 2 Ward Refurbishment	$515,272	June 2019
Finley Health Service: Reconfiguration and Emergency Department Access	$906,685	June 2019
Griffith Hospital Central Monitoring and Medical Equipment Replacement Program	$573,751	June 2019
Paediatric Amenity Upgrade - Griffith Hospital	$250,000	June 2019
Total	**$3,111,051**	
Nepean Blue Mountain LHD		
Portland Tabulam Health Centre - Fire Hydrant Upgrade	$291,076	June 2019
Blue Mountains Hospital Helipad Upgrade	$303,192	June 2019
Nepean Hospital MRI Construction Works	$2,033,360	June 2019
Nepean Cancer Care Centre - Third Linear Accelerator	$9,415,008	June 2019
Penrith Aboriginal Health Care Centre	$1,500,000	June 2019
Total	**$13,542,636**	
Northern NSW LHD		
Ballina District Hospital Upgrade	$7,350,000	February 2019
Ballina Dental Clinic & Oral Health Service District Office	$497,222	June 2019
Total	**$7,847,222**	
Northern Sydney LHD		
Northern Beaches Hospital & Community Health	$600,000,000	October 2018
Sydney Clinical Anaesthesia Simulator	$426,160	June 2019
Ryde Hospital Digital Radiography Replacement	$400,000	June 2019
RNSH Cardiac Catheter Lab Replacement	$1,500,000	June 2019
RNSH- Linear Accelerator Equipment	$2,930,221	June 2019
Total	**$605,256,381**	
South Eastern Sydney LHD		
Sydney Eye Hospital Refurbish Eye Outpatients Emergency Department	$987,000	December 2018
Oral Health Minor Works	$450,303	December 2018
St George Hospital Linacs	$8,007,010	June 2019
St George Hospital Radiotherapy Treatment Planning System Replacement	$1,312,750	June 2019
St George Hospital Cancer Care Centre Connection to Pitney	$1,400,000	June 2019
Prince of Wales Hospital Digital Subtraction Angiography Unit	$1,631,821	June 2019
Prince of Wales Hospital Emergency Department Refurbishment	$2,349,999	June 2019
St George Hospital General Purpose X-Ray Room	$298,000	June 2019

PROJECT	TOTAL COST	COMPLETION DATE
St George Hospital — Cancer Care Centre Stage 5	$3,990,000	June 2019
Refurbish the Aboriginal Family Room at St George and other SES Community Centres	$116,000	June 2019
Total	**$20,542,883**	
Southern NSW LHD		
MOSAIQ Project - SNSW Cancer Services	$467,423	December 2018
Goulburn Ambulatory Care	$250,000	June 2019
Bega Hospital Dental Clinic Fit-out	$347,000	June 2019
Upgrade of Patient Vital Signs and Spot Monitoring Devices	$133,987	June 2019
Total	**$1,198,410**	
South Western Sydney LHD		
Liverpool Hospital Radiopharmaceutical Quality Assurance Equipment	$532,522	July 2018
Fairfield Community Oral Health Clinic - Dental Chairs Expansion	$495,301	August 2018
Liverpool Hospital PET - CT Replacement	$3,072,598	August 2018
Bankstown Hospital CT Scanner	$1,738,000	November 2018
Bankstown Ophthalmology Microscope	$300,000	January 2019
Liverpool Hospital MOSAIQ Implementation	$318,215	April 2019
Liverpool Hospital Lift Replacement	$500,000	June 2019
Liverpool Hospital Mortuary Refurbishment	$500,000	June 2019
Liverpool Hospital Dining Precinct-Bathrooms	$500,000	June 2019
Liverpool Hospital Day Surgery Unit Redevelopment	$950,000	June 2019
Jalangalee Respite Centre Upgrade	$276,735	June 2019
Total	**$9,183,371**	
Sydney Children's Hospital Network		
Children's Hospital Westmead Kid's Research Institute Bio-storage Unit	$400,000	March 2019
Total	**$400,000**	
Sydney LHD		
Aged Care & Rehabilitation Network Configuration	$6,400,000	September 2018
Concord Hospital X-Ray Machines	$1,198,445	June 2019
Canterbury Hospital Replace X-Ray Equipment	$365,160	June 2019
Royal Prince Alfred Hospital Gloucester House Demountable Building	$342,000	June 2019
Royal Prince Alfred Hospital Replacement of CUSA	$600,000	June 2019
Royal Prince Alfred Hospital Cardiology Machine Replacement	$259,978	June 2019
Royal Prince Alfred Hospital Hydrotherapy pool	$325,081	June 2019
Bridge Street Community & Family Centre	$1,258,919	June 2019
Royal Prince Alfred Hospital Relocation of Emergency Medicine Services	$2,564,484	June 2019
Total	**$13,314,067**	
Western NSW LHD		
Orange Health Service- Ambulatory care Renovation	$372,457	August 2018
Orange Hospital Carpark	$1,150,000	November 2018
Bathurst Hospital Car Park	$793,468	June 2019
Orange Health Service - Aboriginal Cultural Room	$56,000	June 2019
Dubbo Diabetes Unit - RETeval-DR Electroretinograph	$17,755	June 2019
Remote Mobile Computed Tomography Service for Cobar, Bourke, Walgett & surrounds	$705,000	June 2019
Paediatric Amenity Upgrade – Bathurst Hospital	$250,000	June 2019
Lightning Ridge HealthOne	$4,930,000	June 2019
Total	**$8,274,680**	
Western Sydney LHD		
Westmead Hosp. Cancer Services Brachytherapy Replacement	$856,126	February 2019
Westmead Centre for Oral Health - Dental Radiology Upgrades	$300,000	April 2019
Westmead Hospital Car Park	$72,365,000	June 2019
Blacktown Ophthalmology Microscope	$300,000	June 2019
Total	**$73,821,126**	

Milestones

Significant milestones in 2018-19 include:

Construction completed for 26 projects across NSW:

- Armidale Hospital Redevelopment ($59.2 million)
- Broken Hill Health Service Redevelopment ($30 million)
- Forensic Medicine and Coroners Court Complex ($91.5 million)
- Muswellbrook Hospital Redevelopment ($21.5 million)
- Gosford Hospital Redevelopment($348 million)
- Gosford Hospital Car Park ($39 million)
- Hornsby Hospital Car Park ($19.8 million)
- Nepean Hospital Car Park ($26 million)
- Bathurst Ambulance Station, Bay and Basin Ambulance Station, Berry Ambulance Station, Griffith Ambulance Station, Hamlyn Terrace Ambulance Station, Kiama Ambulance Station, Pottsville Ambulance Station, Toukley Ambulance Station and Wauchope Ambulance Station – part of the $122 million Rural Ambulance Infrastructure Reconfiguration Program
- Bonalbo Multipurpose Service, Coolah Multipurpose Service, Culcairn Multipurpose Service and Rylstone Multipurpose Service – part of the $300 million Multipurpose Service Program

- Bonnyrigg Paramedic Response Point, Caringbah Superstation, Haberfield Superstation, Leppington Paramedic Response Point, Roselands Paramedic Response Point and Quakers Hills Paramedic Response Point – part of the $184 million Sydney Ambulance Metropolitan Infrastructure Strategy Program

Note: The above refers to construction complete milestones and may include reference to individual components of larger infrastructure projects and programs that may not be recognised as officially complete.

Main works commenced for the:

- Bowral and District Hospital Redevelopment ($68.6 million)
- Coffs Harbour Hospital Expansion ($194 million)
- Campbelltown Hospital Redevelopment – Stage 2 ($632 million)
- Campbelltown Hospital Car Park ($34.1 million)
- Concord Hospital (Phase 1A and 1B) upgrade – Stage 1 ($341 million)
- Cooma Hospital Redevelopment ($18.6 million)
- Grafton Ambulatory Care project ($17.5 million)
- Griffith Hospital Redevelopment – Stage 1 ($250 million)
- Inverell Hospital Redevelopment ($60 million)
- Macksville Hospital Development ($73 million)
- Mudgee Hospital Redevelopment ($70.7 million)
- St George Hospital Birthing Suite and Theatre Refurbishment ($11.5 million)
- Wagga Wagga Base Hospital Redevelopment – Stage 3 ($431 million)
- Braidwood Multipurpose Service, Yass Health Service, Murrumburrah-Harden Health Service and Cobar Multipurpose Service – part of the $300 million Multipurpose Service Program
- Bungendore Ambulance Station, Cowra Ambulance Station, Goulburn Ambulance Station, Grenfell Ambulance Station, Rutherford Ambulance Station and Yass Ambulance Station – part of the $122 million Rural Ambulance Infrastructure Reconfiguration Program

Early or enabling works commenced for the:

- Nepean Redevelopment – Stage 1 ($550 million)
- New Maitland Hospital Development ($470 million)
- Shellharbour Hospital Redevelopment ($251 million)
- Goulburn Hospital and Health Service Redevelopment ($120 million)
- Tweed Valley Hospital – New Hospital and Integrated Ambulatory Services Development ($582 million)

SECTION 5

FINANCIAL REPORT

INDEPENDENT AUDITOR'S REPORT

Ministry of Health

To Members of the New South Wales Parliament

Opinion

I have audited the accompanying financial statements of Ministry of Health (the Ministry), which comprise the Statement of Comprehensive Income for the year ended 30 June 2019, the Statements of Financial Position as at 30 June 2019, 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:

- give a true and fair view of the financial position of the Ministry and the consolidated entity as at 30 June 2019, and of their financial performance and cash flows for the year then ended in accordance with Australian Accounting Standards
- are in accordance with section 45E of the *Public Finance and Audit Act 1983* (PF&A Act) and the Public Finance and Audit Regulation 2015.

My opinion should be read in conjunction with the rest of this report.

Basis for Opinion

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under the standards are described in the 'Auditor's Responsibilities for the Audit of the Financial Statements' section of my report.

I am independent of the Ministry and the consolidated entity in accordance with the requirements of the:

- Australian Auditing Standards
- Accounting Professional and Ethical Standards Board's APES 110 'Code of Ethics for Professional Accountants' (APES 110).

I have fulfilled my other ethical responsibilities in accordance with APES 110.

Parliament promotes independence by ensuring the Auditor-General and the Audit Office of New South Wales are not compromised in their roles by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General
- mandating the Auditor-General as auditor of public sector agencies
- precluding the Auditor-General from providing non-audit services.

I believe the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Level 19, Darling Park Tower 2, 201 Sussex Street, Sydney NSW 2000
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Other Information

The Ministry's annual report for the year ended 30 June 2019 includes other information in addition to the financial statements and my Independent Auditor's Report thereon. The Secretary of the Ministry is responsible for the other information. At the date of this Independent Auditor's Report, the other information I have received comprise the Certification of the Financial Statements by the Secretary of NSW Health.

My opinion on the financial statements does not cover the other information. Accordingly, I do not express any form of assurance conclusion on the other information.

In connection with my audit of the financial statements, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit, or otherwise appears to be materially misstated.

If, based on the work I have performed, I conclude there is a material misstatement of the other information, I must report that fact.

I have nothing to report in this regard.

Secretary's Responsibilities for the Financial Statements

The Secretary is responsible for the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards and the PF&A, and for such internal control as the Secretary determines is necessary to enable the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Secretary is responsible for assessing the ability of the Ministry and the consolidated entity to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting except where operations will cease as a result of an administrative restructure.

Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to:

- obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error
- issue an Independent Auditor's Report including my opinion.

Reasonable assurance is a high level of assurance, but does not guarantee an audit conducted in accordance with Australian Auditing Standards will always detect material misstatements. Misstatements can arise from fraud or error. Misstatements are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions users take based on the financial statements.

A description of my responsibilities for the audit of the financial statements is located at the Auditing and Assurance Standards Board website at: www.auasb.gov.au/auditors_responsibilities/ar3.pdf. The description forms part of my auditor's report.

My opinion does not provide assurance:

- that the Ministry or the consolidated entity carried out their activities effectively, efficiently and economically
- about the assumptions used in formulating the budget figures disclosed in the financial statements
- about the security and controls over the electronic publication of the audited financial statements on an website where they may be presented
- about any other information which may have been hyperlinked to/from the financial statements.

Margaret Crawford
Auditor-General for NSW

13 September 2019
SYDNEY

Ministry of Health

Certification of the Financial Statements

for the year ended 30 June 2019

We state, pursuant to Section 45F of the *Public Finance and Audit Act 1983*:

1. The financial statements of the Ministry of Health for the year ended 30 June 2019 have been prepared in accordance with:

    a. Australian Accounting Standards (AAS) (which include Australian Accounting Interpretations);

    b. the requirements of the *Public Finance and Audit Act 1983 (the Act),* the *Public Finance and Audit Regulation 2015;* and

    c. NSW Treasurer's Directions issued under the Act.

2. The financial statements exhibit a true and fair view of the financial position for the Ministry of Health as at 30 June 2019 and the financial performance for the year then ended.

3. We are not aware of any circumstances which would render any particulars in the financial statements to be misleading or inaccurate.

Susan Pearce
Acting Secretary, NSW Health
9 September 2019

Daniel Hunter
Deputy Secretary, Finance and Asset Management and Chief Financial Officer, NSW Health
9 September 2019

Ministry of Health

Statement of Comprehensive Income for the year ended 30 June 2019

	Notes	Consolidated Actual 2019 $'000	Consolidated Budget 2019 $'000	Consolidated Actual 2018 $'000	Parent Actual 2019 $'000	Parent Actual 2018 $'000
Continuing operations						
Expenses excluding losses						
Employee related expenses	2	14,407,818	13,849,658	13,397,173	163,595	144,409
Operating expenses	3	6,715,865	6,795,813	6,352,228	885,629	840,403
Depreciation and amortisation	4	866,928	845,730	787,086	5,113	4,780
Grants and subsidies	5	1,421,119	1,337,063	1,336,392	19,549,291	17,857,597
Finance costs	6	108,107	103,865	107,433	580	19
Total expenses excluding losses		**23,519,837**	**22,932,129**	**21,980,312**	**20,604,208**	**18,847,208**
Revenue						
Appropriations	7	13,272,795	13,514,974	12,151,989	13,272,795	12,151,989
Acceptance by the Crown Entity of employee benefits and other liabilities	11	919,276	474,579	546,253	10,494	5,080
Sale of goods and services	8	2,782,485	2,836,127	2,781,210	221,193	192,020
Investment revenue	9	36,646	29,448	34,721	3,427	4,208
Grants and other contributions	10	7,438,249	7,145,163	6,732,286	6,962,788	6,261,745
Other income	12	220,228	166,755	171,384	9,339	44,051
Total revenue		**24,669,679**	**24,167,046**	**22,417,843**	**20,480,036**	**18,659,093**
Operating result		**1,149,842**	**1,234,917**	**437,531**	**(124,172)**	**(188,115)**
Gains / (losses) on disposal	13	(35,819)	(1,800)	(11,917)	(31)	(6)
Impairment losses on financial assets	17	(37,805)	-	-	-	-
Other gains / (losses)	14	-	(10,283)	(47,913)	-	-
Net result from continuing operations	35	**1,076,218**	**1,222,834**	**377,701**	**(124,203)**	**(188,121)**
Net result from discontinued operations		**-**	**-**	**-**	**-**	**-**
Net result		**1,076,218**	**1,222,834**	**377,701**	**(124,203)**	**(188,121)**
Other comprehensive income						
Items that will not be reclassified to net result in subsequent periods						
Changes in revaluation surplus of property, plant and equipment	21	1,841,750	-	856,040	12,680	-
Changes in revaluation surplus of other assets	23	(1,544)	-	157	-	-
Total other comprehensive income		**1,840,206**	**-**	**856,197**	**12,680**	**-**
TOTAL COMPREHENSIVE INCOME		**2,916,424**	**1,222,834**	**1,233,898**	**(111,523)**	**(188,121)**

The accompanying notes form part of these financial statements.

Ministry of Health

Statement of Financial Position as at 30 June 2019

	Notes	Consolidated Actual 2019 $'000	Consolidated Budget 2019 $'000	Consolidated Actual 2018 $'000	Parent Actual 2019 $'000	Parent Actual 2018 $'000
ASSETS						
Current assets						
Cash and cash equivalents	16	1,316,849	1,437,566	1,313,267	334,204	368,065
Receivables	17	888,069	716,584	803,005	360,591	237,008
Inventories	18	177,646	180,717	206,191	32,873	59,868
Financial assets at fair value	19	121,328	24,207	44,448	-	-
Other financial assets	20	255,336	-	314,786	5,000	5,000
		2,759,228	2,359,074	2,681,697	732,668	669,941
Non-current assets held for sale	24	55,578	5,224	40,943	-	-
Total current assets		**2,814,806**	**2,364,298**	**2,722,640**	**732,668**	**669,941**
Non-current assets						
Receivables	17	22,808	8,569	11,851	-	-
Financial assets at fair value	19	32,088	42,591	37,044	-	-
Other financial assets	20	-	-	-	14,651	17,972
Property, plant and equipment						
- Land and buildings	21	18,086,340	16,756,087	14,918,855	132,577	123,731
- Plant and equipment	21	1,232,185	1,326,156	1,205,494	2,077	2,744
- Infrastructure systems	21	463,797	457,844	463,618	1,067	680
- Leasehold improvements	21	41,578	-	41,510	-	853
Total property, plant and equipment		19,823,900	18,540,087	16,629,477	135,721	128,008
Intangible assets	22	704,238	677,490	675,142	877	825
Other non-current assets	23	67,302	69,265	62,203	-	-
Total non-current assets		**20,650,336**	**19,338,002**	**17,415,717**	**151,249**	**146,805**
Total assets		**23,465,142**	**21,702,300**	**20,138,357**	**883,917**	**816,746**

Ministry of Health

Statement of Financial Position as at 30 June 2019 (continued)

	Notes	Consolidated Actual 2019 $'000	Consolidated Budget 2019 $'000	Consolidated Actual 2018 $'000	Parent Actual 2019 $'000	Parent Actual 2018 $'000
LIABILITIES						
Current liabilities						
Payables	27	1,810,245	1,620,412	1,688,281	397,797	287,803
Borrowings	28	11,917	22,794	18,591	-	-
Provisions	29	2,309,387	1,920,427	2,167,508	18,869	16,974
Other current liabilities	30	108,690	33,855	27,432	54,442	2,427
Total current liabilities		**4,240,239**	**3,597,488**	**3,901,812**	**471,108**	**307,204**
Non-current liabilities						
Borrowings	28	1,090,175	1,073,951	1,101,560	-	-
Provisions	29	41,720	42,032	44,064	713	795
Other non-current liabilities	30	182,842	137,453	95,581	43,694	46,121
Total non-current liabilities		**1,314,737**	**1,253,436**	**1,241,205**	**44,407**	**46,916**
Total liabilities		**5,554,976**	**4,850,924**	**5,143,017**	**515,515**	**354,120**
Net assets		**17,910,166**	**16,851,376**	**14,995,340**	**368,402**	**462,626**
EQUITY						
Reserves		6,937,950	5,700,486	5,137,130	133,744	121,064
Accumulated funds		10,972,216	11,150,890	9,858,210	234,658	341,562
Total equity		**17,910,166**	**16,851,376**	**14,995,340**	**368,402**	**462,626**

The accompanying notes form part of these financial statements.

Ministry of Health

Statement of Changes in Equity for the year ended 30 June 2019

CONSOLIDATED	Notes	Accumulated Funds $'000	Asset Revaluation Surplus $'000	Total $'000
Balance at 1 July 2018		**9,858,210**	**5,137,130**	**14,995,340**
Changes in accounting policy	1(ae)(i)	(1,598)	-	(1,598)
Restated total equity at 1 July 2018		**9,856,612**	**5,137,130**	**14,993,742**
Net result for the year		1,076,218	-	1,076,218
Other comprehensive income:				
Net changes in revaluation surplus of property, plant and equipment	21	-	1,841,750	1,841,750
Net changes in revaluation surplus of other assets	23	-	(1,544)	(1,544)
Reclassification of revaluation increments / (decrements) to accumulated funds on disposal of assets		39,386	(39,386)	-
Total other comprehensive income		39,386	1,800,820	1,840,206
Total comprehensive income for the year		1,115,604	1,800,820	2,916,424
Balance at 30 June 2019		**10,972,216**	**6,937,950**	**17,910,166**
Balance at 1 July 2017		**9,484,358**	**4,277,084**	**13,761,442**
Net result for the year		377,701	-	377,701
Other comprehensive income:				
Net changes in revaluation surplus of property, plant and equipment	21	-	856,040	856,040
Net changes in revaluation surplus of other assets	23	-	157	157
Reclassification of revaluation increments / (decrements) to accumulated funds on disposal of assets		(3,849)	3,849	-
Total other comprehensive income		(3,849)	860,046	856,197
Total comprehensive income for the year		373,852	860,046	1,233,898
Balance at 30 June 2018		**9,858,210**	**5,137,130**	**14,995,340**

The accompanying notes form part of these financial statements.

Ministry of Health

Statement of Changes in Equity for the year ended 30 June 2019 (continued)

PARENT	Notes	Accumulated Funds $'000	Asset Revaluation Surplus $'000	Total $'000
Balance at 1 July 2018		**341,562**	**121,064**	**462,626**
Net result for the year		(124,203)	-	(124,203)
Other Comprehensive Income				
Net changes in revaluation surplus of property, plant and equipment	21	-	12,680	12,680
Total other comprehensive income		-	12,680	12,680
Total comprehensive income for the year		(124,203)	12,680	(111,523)
Transactions with owners in their capacity as owners				
Increase / (decrease) in net assets from equity transfers	40	17,299	-	17,299
Balance at 30 June 2019		**234,658**	**133,744**	**368,402**
Balance at 1 July 2017		**530,696**	**121,064**	**651,760**
Net result for the year		(188,121)	-	(188,121)
Total comprehensive income for the year		(188,121)	-	(188,121)
Transactions with owners in their capacity as owners				
Increase / (decrease) in net assets from equity transfers	40	(1,013)	-	(1,013)
Balance at 30 June 2018		**341,562**	**121,064**	**462,626**

The accompanying notes form part of these financial statements.

Ministry of Health

Statement of Cash Flows for the year ended 30 June 2019

	Notes	Consolidated Actual 2019 $'000	Consolidated Budget 2019 $'000	Consolidated Actual 2018 $'000	Parent Actual 2019 $'000	Parent Actual 2018 $'000
CASH FLOWS FROM OPERATING ACTIVITIES						
Payments						
Employee related		(13,581,780)	(13,372,725)	(12,894,766)	(157,553)	(141,545)
Suppliers for goods and services		(7,442,639)	-	(7,032,800)	(833,014)	(893,361)
Grants and subsidies		(1,605,514)	(1,337,063)	(1,501,995)	(19,663,462)	(17,937,842)
Finance costs		(104,020)	(103,865)	(103,667)	-	-
Other		-	(8,147,298)	-	-	-
Total payments		(22,733,953)	(22,960,951)	(21,533,228)	(20,654,029)	(18,972,748)
Receipts						
Appropriations		13,272,795	13,514,974	12,151,989	13,272,795	12,151,989
Reimbursements from the Crown Entity		243,402	-	224,038	5,485	4,543
Sale of goods and services		2,662,535	2,791,385	2,556,501	68,354	40,903
Interest received		30,988	29,448	29,411	3,427	4,208
Retained taxes, fees and fines		-	(10,283)	-	-	-
Grants and other contributions		7,779,108	7,145,163	7,078,469	6,959,896	6,298,860
Other		976,857	1,582,873	833,945	289,820	230,313
Total receipts		24,965,685	25,053,560	22,874,353	20,599,777	18,730,816
NET CASH FLOWS FROM OPERATING ACTIVITIES	35	**2,231,732**	**2,092,609**	**1,341,125**	**(54,252)**	**(241,932)**

Statement of Cash Flows for the year ended 30 June 2019 (continued)

	Notes	Consolidated Actual 2019 $'000	Consolidated Budget 2019 $'000	Consolidated Actual 2018 $'000	Parent Actual 2019 $'000	Parent Actual 2018 $'000
CASH FLOWS FROM INVESTING ACTIVITIES						
Proceeds from sale of property, plant and equipment and intangibles		43,226	15,000	15,287	17,332	3,017
Proceeds from sale of financial assets		364,765	-	59,115	-	-
Purchases of property, plant and equipment and intangibles		(2,240,844)	(2,064,609)	(1,536,762)	(262)	(1,085)
Purchases of financial assets		(377,238)	-	(376,280)	-	-
Other		-	(98,126)	-	3,321	4,638
NET CASH FLOWS FROM INVESTING ACTIVITIES		**(2,210,091)**	**(2,147,735)**	**(1,838,640)**	**20,391**	**6,570**
CASH FLOWS FROM FINANCING ACTIVITIES						
Proceeds from borrowings and advances		-	-	23,409	-	-
Repayment of borrowings and advances		(18,059)	(20,482)	(20,828)	-	-
NET CASH FLOWS FROM FINANCING ACTIVITIES		**(18,059)**	**(20,482)**	**2,581**	**-**	**-**
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS		3,582	(75,608)	(494,934)	(33,861)	(235,362)
Opening cash and cash equivalents		1,313,267	1,509,349	1,808,201	368,065	603,427
Reclassification of cash equivalents		-	3,825	-	-	-
CLOSING CASH AND CASH EQUIVALENTS	16	**1,316,849**	**1,437,566**	**1,313,267**	**334,204**	**368,065**

The accompanying notes form part of these financial statements.

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, as a reporting entity, comprises all the entities under its control, namely the Local Health Districts established from 1 January 2011, as well as entities constituted under the *Health Services Act 1997* which include;

- Central Coast Local Health District
- Far West Local Health District
- Hunter New England Local Health District
- Illawarra Shoalhaven Local Health District
- Mid North Coast Local Health District
- Murrumbidgee Local Health District
- Nepean Blue Mountains Local Health District
- Northern NSW Local Health District
- The Sydney Children's Hospitals Network
- Justice Health and Forensic Mental Health Network
- Clinical Excellence Commission
- Bureau of Health Information
- Agency for Clinical Innovation
- 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
- Western NSW Local Health District
- Western Sydney Local Health District
- Cancer Institute NSW
- Health Education and Training Institute
- Albury Wodonga Health Employment Division
- Graythwaite Trust (per Supreme Court order)
- Albury Base Hospital
- Health Administration Corporation

The Health Administration Corporation includes the operations of;

- Ambulance Service of NSW
- HealthShare NSW
- Health Infrastructure
- NSW Health Pathology
- eHealth NSW
- Health System Support Group

The Ministry and its controlled entities are collectively referred to as the consolidated entity.

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 2019 have been authorised for issue by the Secretary 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 generally consistent accounting practices. As a result no adjustments were required for any material dissimilar accounting policies.

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 *Public Finance and Audit Act 1983 (the Act)* , *the Public Finance and Audit Regulation 2015;* and
- NSW Treasurer's Directions issued under the Act.

Property, plant and equipment, assets held for sale and certain financial assets and liabilities are measured at fair value. Other financial statement items are prepared in accordance with the historical cost convention except where specified otherwise.

Judgements, key assumptions and estimations management has made are disclosed in the relevant notes to the consolidated financial statements. These statements are prepared on a going concern basis.

All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency, which is the consolidated entity's presentation and functional currency.

(d) Statement of Compliance

The consolidated financial statements and notes comply with Australian Accounting Standards which include Australian Accounting Interpretations.

(e) Comparative information

Except when an Australian Accounting Standard permits or requires otherwise, comparative information is presented in respect of the previous period for all amounts reported in the financial statements.

Certain comparative information have been reclassified to ensure alignment with current year presentation.

(f) Employee related expenses

Employee related expenses include salaries, wages, leave entitlements, superannuation, workers' compensation insurance premium (including hindsight adjustments), payroll tax, fringe benefits tax and redundancies.

For further details on the recognition and measurement of employee related expenses refer to employee benefits Note 1(w).

Some employee-related expenses are included in the construction costs of certain physical and non-physical assets and are, therefore, not included in employee related expenses.

(g) Operating expenses

Operating expenses generally represent the day-to-day running costs incurred in the normal operations of the consolidated entity. These costs are expensed as incurred. The recognition and measurement policy for non-employee related expenses is detailed in Note 1(u) and Note 1(x).

(h) Grants and subsidies

Grant and subsidies generally comprise contributions in cash or in kind to various local government authorities and not-for-profit community organisations to support their health-related objectives and activities. The grant and subsidies are expensed on the transfer of the cash or assets. The transferred assets are measured at their fair value.

1. Statement of Significant Accounting Policies (continued)

(i) Finance costs

Finance costs consist of interest and other costs incurred in connection with the borrowing of funds. Finance costs are recognised as expenses in the period in which they are incurred, in accordance with NSW Treasury's, an entity controlled by ultimate parent, mandate to not-for-profit NSW General Government Sector entities.

(j) Insurance

The consolidated entity's insurance activities are conducted through the NSW Treasury Managed Fund (TMF) Scheme of self insurance for Government entities. The expense (premium) is determined by the fund manager based on past claim experience. The TMF is managed by NSW Self Insurance Corporation (SiCorp), an entity controlled by the ultimate parent.

(k) Income recognition

Income is measured at the fair value of the consideration or contribution received or receivable. Additional comments regarding the accounting policies for the recognition of revenue are discussed below.

(i) Parliamentary appropriations and contributions

Parliamentary appropriations and contributions are generally recognised as income when the consolidated entity obtains control over the assets comprising the appropriations/contributions. Control over appropriations/contributions is normally obtained upon receipt of cash. At the end of the financial year unspent appropriations are recognised as liabilities rather than income, as the authority to spend the money lapses and the unspent amount be repaid to the Consolidated Fund in the next financial year. The liability is disclosed under other liabilities (Note 30).

(ii) Sales of goods and services

Revenue from sale of goods is recognised as revenue when the consolidated entity transfers the significant risks and rewards of ownership of the assets, usually on delivery of the goods.

Revenue from rendering services is recognised when the service is provided or by reference to the stage of completion (based on labour hours incurred to date).

(iii) Investment revenue

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).

(iv) Grants and other contributions

Grants and contributions, comprising mainly cash and in-kind contributions, are recognised as revenues when control passes to the consolidated entity and the contractual obligations have been satisfied. In-kind contributions are measured at fair value on transfer date.

(v) Other Income

Other income includes lease income from operating leases where the consolidated entity is the lessor. Income is recognised on a straight-line basis over the lease term.

1. Statement of Significant Accounting Policies (continued)

(l) Cash and cash equivalents

Cash and cash equivalents in the consolidated statement of financial position comprise of cash at bank, cash on hand, and short-term deposits including deposits in the TCorpIM Funds cash facility. These deposits have an original maturity of three months or less, are readily convertible to known amounts of cash and are subject to an insignificant risk of changes in value. The NSW Treasury Corporation short-term deposits are designated at fair value through profit and loss. The movement in the fair value of these deposits is reported as investment revenue. Term deposits greater than 90 days are classified as other financial assets.

For the purpose of the consolidated statement of cash flows, cash and cash equivalents consist of cash and cash equivalents as defined above.

(m) Inventories

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. Costs are assigned to individual items of stock mainly on the basis of weighted average costs.

The cost of inventories comprises all costs of purchase, costs of conversion and other costs incurred in bringing the inventories to their present locations and condition. The cost of inventories acquired at no cost or for nominal consideration is the current replacement cost as at the date of acquisitions. Current replacement cost is the cost the 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.

(n) Financial assets

The consolidated entity classifies its financial assets in the following categories:

- amortised cost, and
- fair value through profit and loss

The consolidated entity determines the classification of its financial assets after initial recognition and, when allowed and appropriate, re-evaluates this at each financial year end.

As at 30 June 2019 and 2018, the consolidated entity only have financial assets at fair value through profit or loss, at amortised cost and loans and receivables (comparative year).

(i) Receivables and other financial assets

Recognition and Measurement

All ‘regular way’ purchases or sales of financial assets are recognised and derecognised on a trade date basis. Regular way purchases or sales are purchases or sales of financial assets that require delivery of assets within the time frame established by regulation or convention in the marketplace.

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.

1. Statement of Significant Accounting Policies (continued)

(n) Financial assets (continued)

(i) Receivables and other financial assets (continued)

Recognition and Measurement (continued)

Other financial assets are initially measured at fair value plus any transaction costs.

Subsequent measurement under AASB 9 Financial Instruments (from 1 July 2018)

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.

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 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.

Amounts due from lessees under finance leases are classified at amortised cost and recognised at the amount of the consolidated entity's net investment in the lease. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the consolidated entity's net investment outstanding in respect of the leases.

Classification and measurement under AASB 139 Financial Instruments: Recognition and Measurement (for comparative period ended 30 June 2018)

Loans and receivables are subsequently measured 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 though the amortisation process.

Amounts due from lessees under finance leases are classified as loans and receivables and recognised at the amount of the consolidated entity’s net investment in the lease. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the consolidated entity’s net investment outstanding in respect of the leases.

Short- term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

(ii) Financial assets at fair value

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 under AASB 9 (from 1 July 2018)

The consolidated entity's financial assets at fair value are classified, at initial recognition, at fair value through profit or loss. The classification was based on the purpose of acquiring such financial assets.

1. Statement of Significant Accounting Policies (continued)

(n) Financial assets (continued)

(ii) Financial assets at fair value (continued)

Transaction costs of financial assets carried at fair value through profit or loss are expensed in net results.

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.

Classification and measurement under AASB 9 (from 1 July 2018)

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.

Classification and measurement under AASB 139 (for comparative period ended 30 June 2018)

Financial assets at fair value through profit and loss include financial assets held for trading and financial assets designated upon initial recognition at fair value through profit or loss. Financial assets at fair value through profit or loss are initially and subsequently measured at fair value. Gains and losses on these assets are recognised in the net result for the year. Financial assets are classified as 'held for trading' if they are acquired for the purpose of selling or repurchasing in the near term.

The TCorpIM Funds Investment facilities are designated at fair value through profit or loss as these financial assets are managed and their performance is evaluated on a fair value basis, in accordance with a documented risk management strategy, and information about these assets is provided internally on that basis to the consolidated entity's key management personnel. The risk management strategy of the consolidated entity has been developed consistent with the investment powers granted under the provision of the *Public Authorities (Financial Arrangements) Act 1987* .

TCorpIM Funds Investment facilities are used in an effort to improve interest returns on cash balances otherwise available whilst also providing secure investments. The movement in the fair value of the TCorpIM Funds Investment facilities incorporates distributions received as well as unrealised movements in fair value and is reported in the line item 'investment revenue'.

(iii) Impairment of financial assets

Impairment under AASB 9 (from 1 July 2018)

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.

1. Statement of Significant Accounting Policies (continued)

(n) Financial assets (continued)

(iii) Impairment of financial assets (continued)

Receivables

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.

Other Financial Assets

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 therefore considered to be low credit risk investments. Hence the consolidated entity measures the loss allowance for term deposits at an amount equal to 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 consolidated entity applies the simplified approach permitted by AASB 9, where the loss allowance is based on lifetime ECLs.

Impairment of financial assets under AASB 139 (for the comparative period ended 30 June 2018)

All financial assets, except those measured at fair value through profit and loss, are subject to an annual review for impairment. An allowance for impairment is established when there is objective evidence that the consolidated entity will not be able to collect all amounts due, as a result of one or more events that occurred after the initial recognition of the financial asset, the estimated future cash flows have been affected.

For certain categories of financial assets, such as trade receivables, the consolidated entity first assesses whether impairment exists individually for financial assets that are individually significant, or collectively for financial assets that are not individually significant. Further, receivables are assessed for impairment on a collective basis if they were assessed not to be impaired individually.

For those financial assets carried at amortised cost, the amount of the allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the effective interest rate. The amount of the impairment loss is recognised in the net result for the year.

Any reversals of impairment losses are reversed through the net result for the year, where there is objective evidence. Reversals of impairment losses of financial assets carried at amortised cost cannot result in a carrying amount that exceeds what the carrying amount would have been had there not been an impairment loss.

1. Statement of Significant Accounting Policies (continued)

(o) De-recognition of financial assets and 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.

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.

(p) Non-current assets held for sale

The consolidated entity has certain non-current assets classified as held for sale, where their carrying amount will be recovered principally through a sale transaction, not through continuing use.

Non-current assets held for sale are recognised at the lower of carrying amount and fair value less costs to sell. These assets are not depreciated while they are classified as held for sale.

(q) Property, plant and equipment

(i) 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.

1. Statement of Significant Accounting Policies (continued)

(q) Property, plant and equipment (continued)

(i) Acquisition of property, plant and equipment (continued)

Assets acquired at no cost, or for nominal consideration, are initially recognised at their fair value at the date of acquisition (see also assets transferred as a result of an equity transfer Note 1(z)(iii)).

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.

(ii) 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.

(iii) 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.

(iv) 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.

(v) Maintenance costs

Day-to-day servicing costs or maintenance are charged as expenses as incurred, except where they relate to the replacement of a part or component of an asset, in which case the costs are capitalised and depreciated.

(vi) Depreciation of property, plant and equipment

Depreciation is provided for on a straight-line basis for all depreciable assets so as to write off the depreciable amount of each asset as it is consumed over its useful life to the consolidated entity. Land is not a depreciable asset. All material identifiable components of assets are depreciated over their useful lives.

Details of depreciation rates initially applied for major asset categories are as follows:

	Useful lives
Buildings	40 years
Plant and equipment	4-20 years
Infrastructure systems	40 years
Leasehold improvements	3-10 years

'Plant and equipment' comprises of, 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 method are reviewed at the end of each reporting period and adjusted if appropriate.

1. Statement of Significant Accounting Policies (continued)

(q) Property, plant and equipment (continued)

(vii) Revaluations

Physical non-current assets are valued in accordance with the *'Valuation of Physical Non-Current Assets at Fair Value'* Policy and Guidelines Paper (NSW TPP 14-01). This policy adopts fair value in accordance with AASB 13 *Fair Value Measurement and* AASB 116 *Property, Plant and Equipment* .

Property, plant and equipment is measured at the highest and best use by market participants that is physically possible, legally permissible and financially feasible. The highest and best use must be available at a period that is not remote and takes into account the characteristics of the asset being measured, including any socio-political restrictions imposed by government. In most cases, after taking into account these considerations, the highest and best use is the existing use. In limited circumstances, the highest and best use may be a feasible alternative use, where there are no restrictions on use or where there is a feasible higher restricted alternative use.

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 revaluation.

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.

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.

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.

1. Statement of Significant Accounting Policies (continued)

(q) Property, plant and equipment (continued)

(viii) Impairment

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, see Note 1(q)(vii).

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. Such reversal is recognised in net result and is treated as a revaluation increase. However, to the extent that an impairment loss on the same class of asset was previously recognised in net result, a reversal of that impairment loss is also recognised in net result.

(ix) Derecognition

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.

(r) Leased assets

A distinction is made between finance leases which effectively transfer from the lessor to the lessee substantially all the risks and rewards incidental to ownership of the leased assets, and operating leases under which the lessor effectively retains all such risks and rewards.

As a lessee:

Where a non-current asset is acquired by means of a finance lease, at the commencement of the lease term, the asset is recognised at its fair value or, if lower, the present value of the minimum lease payments, at the inception of the lease. The corresponding liability is established at the same amount. Lease payments are allocated between the principal component and the interest expense.

Property, plant and equipment acquired under finance leases are depreciated over the asset's useful life. However, if there is no reasonable certainty that the lessee entity will obtain ownership at the end of the lease term, the asset is depreciated over the shorter of the estimated useful life of the asset and the lease term.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term in the statement of comprehensive income.

1. Statement of Significant Accounting Policies (continued)

(r) Leased assets (continued)

As a lessor:

The consolidated entity, as the lessor, classifies its finance leases if it transfers to the lessee substantially all the risks and rewards incidental to ownership of the leased asset. The leased assets are recognised as current and non-current receivables at amounts equal to the net investment in the lease.

The lease receipt is recognised in two components, one as a reduction of the lease receivables and the other as a finance income. The finance income is calculated relevant to the term of the lease.

Lease income from operating leases where the consolidated entity is a lessor is recognised in income on a straight-line basis over the lease term. The respective leased assets are included by the lessor consolidated entity in the Statement of Financial Position based on their nature.

(s) Intangible assets

The consolidated entity recognises intangible assets only if it is probable that future economic benefits will flow to the consolidated entity and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost. Where an asset is acquired at no or nominal cost, the cost is its fair value as at the date of acquisition. All research costs are expensed. Development costs are only capitalised when certain criteria are met.

The useful lives of intangible assets are assessed to be finite.

Intangible assets are subsequently measured at fair value only if there is an active market. As there is no active market for the consolidated entity's intangible assets, the assets are carried at cost less any accumulated amortisation and impairment losses.

Computer software developed or acquired by the consolidated entity are recognised as intangible assets and are amortised over four years using the straight line method. The amortisation period and the amortisation method for an intangible asset with a finite useful life are reviewed at least at the end of each reporting period.

Intangible assets are 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.

(t) Emerging assets

The consolidated entity's emerging interest in certain assets has been valued in accordance with '*Accounting for Privately Financed Projects*' (NSW TPP06-8). This policy requires the consolidated entity to initially determine the estimated written down replacement cost by reference to the project's historical cost escalated by a construction index and the system's estimated working life. The estimated written down replacement cost is then allocated on a systematic basis over the concession period using the annuity method and the Government Bond rate at commencement of the concession period.

(u) Payables

Payables are financial liabilities at amortised cost, initially measured at fair value, net of directly attributable transaction costs. These are subsequently measured at amortised cost using the effective interest method. Gains and losses are recognised in net result when the liabilities are derecognised (refer to Note 1(o)) as well as through the amortisation process.

1. Statement of Significant Accounting Policies (continued)

(v) Borrowings

Borrowings classified as financial liabilities at amortised cost are initially measured at fair value, net of directly attributable transaction costs. These are subsequently measured at amortised cost using the effective interest method. Gains and losses are recognised in net result when the liabilities are derecognised as well as through the amortisation process.

Finance lease liabilities are determined in accordance with AASB 117 *Leases* .

Borrowings are classified as current liabilities unless the consolidated entity has an unconditional right to defer settlement of the liability for at least 12 months after the reporting date. Refer to Note 1(o) for derecognition policy.

(w) Employee benefits and relates on-costs

(i) Salaries and wages, annual leave, sick leave, allocated days off (ADOs) and on-costs

Salaries and wages (including non-monetary benefits) and paid sick leave that are expected to be settled wholly within 12 months after the end of the period in which the employees render the service are recognised and measured at the undiscounted amounts of the benefits.

Annual leave and ADOs is 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 7.9% to 13.2% of nominal value of annual leave) can be used to approximate the present value of the annual leave liability. The consolidated entity has assessed the actuarial advice based on the consolidated entity's circumstances to annual leave and ADOs and has determined that the effect of discounting is immaterial. All annual leave is classified as a current liability even where the consolidated entity does not expect to settle the liability within 12 months as the consolidated entity does not have an unconditional right to defer settlement.

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

(ii) Long service leave and superannuation

The consolidated entity's liability for long service leave and defined benefit superannuation (State Authorities Superannuation Scheme and State Superannuation Scheme) are assumed by the Crown Entity, an entity controlled by the ultimate parent. The consolidated entity accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as 'Acceptance by the Crown Entity of Employee Benefits and other liabilities'.

Specific on-costs relating to Long Service Leave assumed by the Crown Entity are borne by the consolidated entity as shown in Note 29.

1. Statement of Significant Accounting Policies (continued)

(w) Employee benefits and relates on-costs (continued)

(ii) Long service leave and superannuation (continued)

Long service leave is measured at the present value of expected future payments to be made in respect of services provided up to the reporting date. Consideration is given to certain factors based on actuarial review, including expected future wage and salary levels, experience of employee departures, and periods of service. Expected future payments are discounted using 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 First State Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (i.e. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

(iii) Consequential on-costs

Consequential costs to employment are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised. This includes outstanding amounts of workers' compensation insurance premiums and fringe benefits tax.

(x) 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.

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.

(y) Fair value hierarchy

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value measurement is based on the presumption that the transaction to sell the asset or transfer the liability takes place either in the principal market for the asset or liability or in the absence of a principal market, in the most advantageous market for the asset or liability.

1. Statement of Significant Accounting Policies (continued)

(y) Fair value hierarchy (continued)

When measuring fair value, the valuation technique used maximises the use of relevant observable inputs and minimises the use of unobservable inputs. Under AASB 13 *Fair Value Measurement* , the 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.

Refer to Note 25 for further disclosures regarding fair value measurements of financial and non-financial assets.

(z) Equity and reserves

(i) Asset revaluation surplus

The assets 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 1(q)(vii).

(ii) Accumulated funds

The category 'accumulated funds' includes all current and prior period retained funds.

(iii) Equity transfers

The transfer of net assets between entities as a result of an administrative restructure, transfers of programs/functions and parts thereof between entities controlled by the ultimate parent is designated or required by Accounting Standards to be treated as contributions by owners and is recognised as an adjustment to 'Accumulated funds'. This treatment is consistent with AASB 1004, *Contributions* and Australian Accounting Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities.*

Transfers arising from an administrative restructure involving not-for-profit entities and for-profit government entities are recognised at the amount at which the asset was recognised by the transferor immediately prior to the restructure. Subject to below, in most instances this will approximate fair value.

All other equity transfers are recognised at fair value, except for intangibles. Where an intangible has been recognised at (amortised) cost by the transferor because there is no active market, the 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.

1. Statement of Significant Accounting Policies (continued)

(aa) 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 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 consolidated statement of cash flows on a gross basis. However, the GST components of cash flows arising from investing and financing activities which is recoverable from, or payable to, the Australian Taxation Office are classified as operating cash flows.

(ab) Trust funds

The consolidated entity receives monies in a trustee capacity for various trusts as set out in Note 32.

As the consolidated entity performs only a custodial role in respect of these monies, and because the monies cannot be used for the achievement of the consolidated entity's own objectives, these funds are not brought to account in the consolidated financial statements.

(ac) Budgeted amounts

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 consolidated financial statements are explained in Note 39.

(ad) Program group statements allocation methodology

From 2017-18, NSW Budget papers were presented with a focus on outcomes. Expenses and revenues are allocated to programs using program fractions attached to cost centres and adjusted for any material change in service delivery or funding distribution.

In respect of assets and liabilities the consolidated entity allocates them based on related income and expense distribution.

(ae) Changes in accounting policy, including new or revised Australian Accounting Standards

(i) Effective for the first time in 2018-19

The accounting policies applied in 2018-19 are consistent with those of the previous financial year except as a result of new or revised Australian Accounting Standards that have been applied for the first time as follows:

The consolidated entity has adopted AASB 9 *Financial Instruments (AASB 9)*, which resulted in changes in accounting policies in respect of recognition, classification and measurement of financial assets and financial liabilities; derecognition of financial instruments; impairment of financial assets and hedge accounting. AASB 9 also significantly amends other standards dealing with financial instruments such as the revised AASB 7 *Financial Instruments: Disclosures (AASB 7R)*.

1. Statement of Significant Accounting Policies (continued)

(ae) Changes in accounting policy, including new or revised Australian Accounting Standards (continued)

(i) Effective for the first time in 2018-19 (continued)

The consolidated entity has applied AASB 9 retrospectively but has not restated the comparative information which is reported under AASB 139 *Financial Instruments: Recognition and Measurement (AASB 139)* . Any differences arising from the adoption of AASB 9 have been recognised directly in accumulated funds.

The effect of adopting AASB 9 on the Statement of Financial Position (increase / (decrease)) as at 1 July 2018 is set out below:

CONSOLIDATED	Notes	1 July 2018 $'000
Assets		
Receivables	17	(1,598)
Total adjustment on equity		**(1,598)**
Accumulated funds		(1,598)

PARENT	Notes	1 July 2018 $'000
Assets		
Receivables	17	-
Total adjustment on equity		**-**
Accumulated funds		-

a) *Classification and measurement of financial instruments*

On 1 July 2018 (the date of initial application of AASB 9), the consolidated entity's management has assessed which business models apply to the financial assets by the consolidated entity and has classified its financial instruments into the appropriate AASB 9 categories. The classification and measurement requirements of AASB 9 did not have a significant impact to the consolidated entity.

The impact of transition to AASB 9 on accumulated funds is, as follows:

CONSOLIDATED	Notes	Accumulated funds $'000	Total change in equity $'000
Closing balance 30 June 2018 - AASB 139		9,858,210	9,858,210
Recognition of AASB 9 expected credit losses	17	(1,598)	(1,598)
Total impact		**(1,598)**	**(1,598)**
Opening balance 1 July 2018 - AASB 9		9,856,612	9,856,612

1. Statement of Significant Accounting Policies (continued)

(ae) Changes in accounting policy, including new or revised Australian Accounting Standards (continued)

(i) Effective for the first time in 2018-19 (continued)

a) *Classification and measurement of financial instruments (continued)*

PARENT	Notes	Accumulated funds $'000	Total change in equity $'000
Closing balance 30 June 2018 - AASB 139		341,562	341,562
Recognition of AASB 9 expected credit losses	17	-	-
Total impact		-	-
Opening balance 1 July 2018 - AASB 9		341,562	341,562

The consolidated entity continued measuring at fair value, all financial assets previously held at fair value under AASB 139.

The following are the changes in the classification of the consolidated entity's financial assets:

- Trade receivables and other financial assets (i.e., term deposits) classified as 'Loans and receivables' under AASB 139 as at 30 June 2018 are held to collect contractual cash flows representing solely payments of principal and interest. At 1 July 2018, these are classified and measured as debt instruments at amortised cost.
- Investments in TCorpIM Funds are managed on a fair value basis and hence were designated at fair value through profit or loss under AASB 139 as at 30 June 2018. Under AASB 9, these are now mandatorily required at transition date of 1 July 2018 and going forward to be classified and measured as fair value through profit or loss.
- The consolidated entity has not designated any financial liabilities at fair value through profit or loss. There are no changes in the classification and measurement for the consolidated entity's financial liabilities.

In summary, upon adoption of AASB 9, the consolidated entity had the following required or elected reclassifications as at 1 July 2018.

CONSOLIDATED

	Measurement category		Carrying amount		
AASB 139 measurement category	AASB 139	AASB 9	Original $'000	New $'000	Difference $'000
Receivables	L&R	Amortised cost	814,856	813,258	(1,598)
Term deposits	L&R	Amortised cost	314,786	314,786	-
TCorpIM funds	FVPL	FVPL	81,492	81,492	-

1. Statement of Significant Accounting Policies (continued)

(ae) Changes in accounting policy, including new or revised Australian Accounting Standards (continued)

(i) Effective for the first time in 2018-19 (continued)

a) *Classification and measurement of financial instruments (continued)*

PARENT

AASB 139 measurement category	Measurement category		Carrying amount		
	AASB 139	AASB 9	Original $'000	New $'000	Difference $'000
Receivables	L&R	Amortised cost	237,008	237,008	-
Other receivables	L&R	Amortised cost	22,972	22,972	-

b) *Impairment*

The adoption of AASB 9 has changed the consolidated entity's accounting for impairment losses for financial assets by replacing AASB 139's incurred loss approach with a forward-looking expected credit loss (ECL) approach. AASB 9 requires the consolidated entity to recognise an allowance for all ECLs for all debt instruments not held at fair value through profit and loss.

Set out below is the reconciliation of the closing impairment allowances under AASB 139 to the opening loss allowances determined under AASB 9:

CONSOLIDATED

	30 June 2018* $'000	Re-measurement $'000	ECL under AASB 9 as at 1 July 2018 $'000
Loans and receivables under AASB 139 / financial assets at amortised cost under AASB 9	(62,247)	(1,598)	(63,845)

* *Allowance for impairment under AASB 139*

PARENT

	30 June 2018* $'000	Re-measurement $'000	ECL under AASB 9 as at 1 July 2018 $'000
Loans and receivables under AASB 139 / financial assets at amortised cost under AASB 9	-	-	-

* *Allowance for impairment under AASB 139*

1. Statement of Significant Accounting Policies (continued)

(ae) Changes in accounting policy, including new or revised Australian Accounting Standards (continued)

(ii) Issued but not yet effective

NSW public sector entities are not permitted to early adopt new Australian Accounting Standards, unless NSW Treasury determines otherwise. The following new Australian Accounting Standards, excluding standards not considered applicable or material to the consolidated entity, have not been applied and are not yet effective. The possible impact of these standards in the period of initial application includes:

AASB 16 *Leases* replaces all existing lease requirements and applies to annual periods beginning on or after 1 January 2019. For lessees, the distinction between operating and finance leases will no longer exist. Instead, AASB 16 *Leases* will require lessees to account for practically all leases under a single on-balance sheet model in a similar way to finance leases under AASB 117 *Leases* . The standard includes two recognition exemptions for lessees – leases of 'low value' assets (e.g. personal computers below $10,000) and short term leases (i.e. leases with a lease term of 12 months or less). At the commencement of a lease, a lessee will recognise a liability representing its obligation to make future lease payments and an asset representing its right of use to the underlying asset for the lease term. Lessees will be required to separately recognise interest expense on the lease liability and depreciation expense on the right of use asset rather than operating lease expense.

The new standard will gross up the Statement of Financial Position and change Statement of Comprehensive Income and cash flow presentation. Rent and lease expense will be replaced by depreciation and interest expense in Statement of Comprehensive Income. This results in a front-loaded lease expense, decreasing the net result and equity position. The Statement of Cash Flows for lessees will also be affected as payments for the principal portion of the lease liability will be presented within financing activities.

Lessor accounting is substantially unchanged from today's accounting under AASB 117 *Leases* . Lessors will continue to classify all leases using the same classification as in AASB 117 *Leases* and distinguish between two types of leases: operating and finance leases.

The standard permits two methods of adoption: full retrospective – by retrospectively adjusting each prior reporting period presented and recognising the cumulative effect of initially applying the new requirements at the start of the earliest period, which would be 1 July 2018; or modified retrospective – by recognising the cumulative effect of initially applying the new requirements at the initial application, which would be 1 July 2019. NSW Treasury has mandated modified retrospective application of this accounting standard.

AASB 15 *Revenue from Contracts with Customers* (and associated amending standards AASB 2014-5, AASB 2015-8, AASB 2016-3, AASB 2016-7 and AASB 2016-8) applies to annual periods beginning on or after 1 January 2019 for not-for-profit entities. AASB 15 *Revenue from Contracts with Customers* establishes a contract-based five-step analysis of transactions to determine the nature, amount and timing of revenue arising from contracts with customers. This new standard requires revenue to be recognised when control of the goods or services are transferred to the customer at the transaction price. This may impact the timing of recognising certain revenue currently recognised by reference to the stage of completion of the transaction.

1. Statement of Significant Accounting Policies (continued)

(ae) Changes in accounting policy, including new or revised Australian Accounting Standards (continued)

(ii) Issued but not yet effective (continued)

AASB 1058 *Income of Not-for-Profit Entities* applies to not-for-profit entities and is effective for annual periods beginning on or after 1 January 2019. This standard requires entities to recognise income where the consideration to acquire an asset, including cash, is significantly less than the fair value principally to enable the entity to further its objectives. Under this standard, the timing of income recognition may be impacted depending on whether there is a liability or other performance obligation associated with the acquired asset, including cash. AASB 1058 *Income of Not-for-Profit Entities* also requires government agencies to recognise income for volunteer services received if the fair value of those services can be measured reliably and the services would have been purchased if they had not been donated. This is consistent with current practice under AASB 1004 *Contributions* and is not expected to materially impact these financial statements.

AASB 1059 *Service Concession Arrangements* is applicable to public sector entities only and is effective for annual reporting periods beginning on or after 1 January 2020. The standard requires the grantor to recognise a service concession asset in a service concession arrangement where it controls the asset. A corresponding financial liability and/or grant of right liability is also recognised depending on the nature of the consideration exchanged. Service concession assets (including those provided by the operator, an upgrade to or a major component replacement of an existing asset of the grantor; and existing assets of the grantor – also applicable to previously unrecognised intangible assets except goodwill) are initially measured at current replacement cost based on AASB 13 *Fair Value Measurement* principles. They are subsequently accounted for under AASB 116 *Property, Plant & Equipment* or AASB 138 *Intangible Assets*. Service concession liabilities are initially measured at the same amount as the service concession asset and subsequently measured using either the 'financial liability' model applying AASB 9 Financial Instruments or, the 'grant of right' model under AASB 1059 *Service Concession Arrangements*. AASB 1059 *Service Concession Arrangements* requires retrospective application.

Overview of Assessment Activities

Ministry of Health has formed a project team to lead the implementation of the new accounting standards. The objective of the project is to continuously analyse and assess the impact of the new accounting standards. This includes changes to our accounting policies, internal and external reporting requirements, IT systems, business processes and associated internal controls with the objectives of quantifying the expected first time adoption impacts as well as supporting ongoing compliance with the new accounting requirements.

The project team has conducted various data gathering tasks with health entities around leases and certain revenue streams.

Work currently underway includes:

- implementation of an IT solution for lease management and accounting
- comprehensive review and capture of lease information
- review of accounting policies and processes surrounding leases and revenue
- detailed contract reviews for revenue contracts

1. Statement of Significant Accounting Policies (continued)

(ae) Changes in accounting policy, including new or revised Australian Accounting Standards (continued)

(ii) Issued but not yet effective (continued)

Potential Impact on the consolidated financial report

While the consolidated entity is yet to complete a detailed assessment of the classification and measurement of all of the accounting standards, the following general impacts are expected from the work conducted so far:

Leases

- The total assets and total liabilities on the Statement of Financial Position will increase by approximately $680.53 million (for the parent entity $23.59 million) on the date of transition (1 July 2019). Net assets are expected to decrease due to a reduction in capitalised asset being on a straight line basis whilst the liability reduces the principal amount of repayments. Total current liabilities will show an increase due to an element of the lease liability being disclosed as current liability.

- Interest expense will increase by approximately $15.60 million (for the parent entity $0.49 million) in the 2019-20 financial year due to the unwinding of the effective interest rate implicit in the lease. Interest expense will be greater earlier in a lease life due to the higher principal value causing profit variability over the course of the leases life. This effect may be partially mitigated due to the number of leases held by the consolidated entity at different stages of their lease terms.

- Depreciation expense will be booked on Right of Use Assets, which will be on a straight line basis. For 2019-20 financial year, depreciation expense is expected to be higher by approximately $142.30 million (for the parent entity $8.73 million).

- Operating lease expense recognised under *AASB 117 Lease* will decrease by approximately $147.47 million (for the parent entity $8.76 million) in the 2019-20 financial year and onwards.

- Operating cash flows will be higher as repayment of the principal portion of all lease liabilities will be classified as financing activities.

- The assessment outcomes are indicative only and there are likely to be variances with the actual impacts to be reported in 2019-20 financial year and onwards.

Revenue and Income of Not-for-Profit Entities

The consolidated entity has performed a preliminary impact assessment by the major revenue lines. The review has not indicated an material impact arising from the adoption of the new revenue accounting standards. The likely impacts are:

- Deferral of 'Grants and other contributions' revenue. The impacts are not expected to be material as most funds received correlates to the level of activities performed during the year and most contracts are short to medium term only. Some timing differences is expected between inflow of funds and the level of activity, which may require some deferral or accrual of grant and other contribution revenue.

- Specific quantitative and qualitative disclosures may be required under AASB 15 *Revenue from Contracts with Customers* .

1. Statement of Significant Accounting Policies (continued)

(ae) Changes in accounting policy, including new or revised Australian Accounting Standards (continued)

(ii) Issued but not yet effective (continued)

Service Concession Arrangements

- Service Concession assets and liabilities may be brought onto the Statement of Financial Position which are currently treated as emerging assets. A detailed scoping assessment is in progress. Quantification of the impacts will follow the scoping assessment.

Application Date

The consolidated entity plans to adopt the new standards on the required effective date in line with the NSW Treasury's instructions.

2. Employee related expenses

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Salaries and wages (including annual leave and ADOs)	12,176,034	11,592,170	130,284	117,346
Superannuation - defined benefit plan	93,355	100,453	980	1,018
Superannuation - defined contribution plan	1,058,471	998,988	10,695	9,431
Long service leave	887,664	496,581	10,462	4,463
Redundancies	3,915	33,662	451	1,387
Workers' compensation insurance	176,575	163,069	246	532
Payroll tax and fringe benefits tax	11,804	12,250	10,477	10,232
	14,407,818	**13,397,173**	**163,595**	**144,409**

Employee related costs of $40.0 million (2018: $33.6 million) (parent entity: $Nil (2018: $Nil)) have been capitalised in property, plant and equipment and intangible assets and are excluded from the above.

3. Operating expenses

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Ambulance transportation costs	154,081	163,086	-	-
Auditor's remuneration	4,553	4,158	568	393
Blood and blood products	146,545	138,187	26,663	19,429
Capital project expense	53,505	66,521	12,486	14,252
Consultants	40,805	36,644	4,307	3,301
Contractors	162,313	176,403	12,161	15,207
Domestic supplies and services	143,652	136,679	1,046	679
Electricity, gas and water	183,543	161,575	489	516
Staff related costs	177,957	176,262	7,518	6,035
Food Supplies	116,764	110,332	-	1
Information management expenses	282,835	234,860	37,760	21,847
Insurance	292,934	282,974	268,263	260,558
Interstate patient outflows	262,252	266,546	262,214	266,546
Isolated patient travel and accommodation assistance scheme	24,476	22,049	-	-
Maintenance (see (a) below)	574,442	585,659	6,448	8,461
Medical and surgical supplies	905,410	871,168	6,192	1,198
Motor vehicle expenses	48,017	44,718	99	74
Office expenses	99,732	98,390	4,501	4,397
Operating lease rental expenses	174,179	158,665	11,216	7,107
Other management services	221,040	142,314	62,573	51,504
Outsourced patient care	258,125	149,733	-	-
Pharmaceutical supplies	869,197	872,281	138,139	135,372
Specialised health services	407,907	402,268	45	56
Travel expenses	111,008	101,749	1,918	1,672
Visiting medical officers	862,108	820,651	-	-
General expenses	138,485	128,356	21,023	21,798
	6,715,865	**6,352,228**	**885,629**	**840,403**

General expenses of $138.5 million (2018: $128.4 million) includes advertising and marketing, courier and freight, taxes, rates and related charges, hosted services purchased from local health districts (for parent entity), and security services.

3. Operating expenses (continued)

(a) Reconciliation of total maintenance

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Maintenance contracts	217,207	211,882	1,844	2,138
New/replacement equipment under $10,000	217,939	252,068	3,315	4,926
Repairs maintenance/non contract	138,098	120,331	1,124	1,388
Other	1,198	1,378	165	9
Maintenance expense - contracted labour and other (non-employee related), as above	574,442	585,659	6,448	8,461
Employee related maintenance expense (Note 2)	60,524	60,129	-	-
Total maintenance expenses	**634,966**	**645,788**	**6,448**	**8,461**

4. Depreciation and amortisation

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Depreciation - buildings	532,834	480,895	3,410	2,751
Depreciation - plant and equipment	229,922	213,050	516	550
Depreciation - infrastructure systems	24,448	22,626	70	60
Depreciation - leasehold improvements	9,455	8,681	812	1,182
Amortisation - intangible assets	70,269	61,834	305	237
	866,928	**787,086**	**5,113**	**4,780**

5. Grants and subsidies

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Payments to entities controlled by the Ministry	-	-	18,610,047	16,990,056
Payments to other Affiliated Health Organisations	914,809	892,092	607,835	593,126
Grants provided to support:				
- Community packages	28,431	24,817	-	-
- Grants to research organisations	131,954	116,752	95,056	77,454
- Non-Government organisations	164,529	159,227	84,090	79,136
Grants paid to entities controlled by the ultimate parent	26,625	1,058	23,192	-
Other grants	154,771	142,446	129,071	117,825
	1,421,119	**1,336,392**	**19,549,291**	**17,857,597**

6. Finance costs

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Finance lease interest charges	102,474	102,696	-	-
Interest on loans	1,495	898	-	-
Other interest and charges	4,138	3,839	580	19
	108,107	**107,433**	**580**	**19**

7. Summary of compliance

	Consolidated 2019 $'000		Consolidated 2018 $'000	
	Appropriations	Expenditure	Appropriations	Expenditure
Original budget per Appropriation Act	13,514,974	13,272,795	12,179,464	12,151,989
Other appropriations / expenditure:				
Section 24 PFAA – transfers of functions between entities	-	-	-	-
Section 26 PFAA – Commonwealth specific purpose payments	11,390	-	-	-
Total appropriations / expenditure / net claim on consolidated fund (includes transfer payments)	**13,526,364**	**13,272,795**	**12,179,464**	**12,151,989**
Appropriations drawn down (per consolidated statement of comprehensive income):				
Recurrent		11,422,907		10,961,359
Capital		1,849,888		1,190,630
		13,272,795		**12,151,989**

Notes:

1. The summary of compliance is based on the assumption that consolidated fund monies are spent first (except where otherwise identified or prescribed)

2. If there is a 'Liability to Consolidated Fund', the entity must state that this represents the difference between the 'Amount drawn down against Appropriation' and the 'Expenditure / Net Claim on Consolidated Fund'.

8. Sale of goods and services

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Ambulance transportation fees	56,663	52,705	-	-
Commercial activities	95,278	88,792	-	-
Fees for clinical services	44,503	39,475	-	-
Fees for medical services rendered	1,228,622	1,259,829	61,304	77,406
Fees for non-medical services	2,651	2,581	-	-
Fees for private usage of hospital's facilities	505,512	500,465	-	-
General user charges fees	100,388	73,834	7,788	3,907
Interstate patient inflows	128,945	85,732	128,945	85,732
Motor accident third party insurance covered	153,205	160,376	1,812	5,468
Personal service fees recharged	20,812	18,327	20,812	18,327
Sales and recoveries of pharmacuetical supplies	393,136	402,439	-	-
Shared corporate services fees	-	-	394	1,012
Services provided to non NSW Health organisations	18,174	16,625	-	-
Other services	34,596	80,030	138	168
	2,782,485	**2,781,210**	**221,193**	**192,020**

9. Investment revenue

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Interest				
- TCorpIM Funds Investment facilities designated at fair value through profit or loss	4,509	2,959	-	-
- Bank	26,479	26,452	3,427	4,208
Royalties	245	224	-	-
Dividends	13	-	-	-
Other	5,400	5,086	-	-
	36,646	**34,721**	**3,427**	**4,208**

10. Grants and other contributions

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Clinical drug trials	43,562	37,494	-	-
Commonwealth National Health Reform Funding	6,740,998	6,068,200	6,740,998	6,068,200
Commonwealth Government grants	255,521	276,712	109,854	133,739
Industry contributions / donations	48,686	81,468	-	-
Grants from entities controlled by the ultimate parent	219,161	170,111	105,756	44,256
Grants received from entities controlled by the Ministry	-	-	5,500	15,008
Research grants	25,132	20,872	-	-
Other grants	105,189	77,429	680	542
	7,438,249	**6,732,286**	**6,962,788**	**6,261,745**

11. Acceptance by the Crown Entity of employee benefits

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Superannuation - defined benefit plan	93,355	100,453	980	1,018
Long service leave provision	825,868	445,745	9,461	4,007
Payroll tax	53	55	53	55
	919,276	**546,253**	**10,494**	**5,080**

12. Other income

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Commissions	3,471	3,839	-	-
Discounts	3,941	4,800	3	1,842
Emerging assets of private sector provided infrastructure	6,643	5,991	-	-
Insurance refunds	7,806	4,499	-	-
Lease and rental income	36,698	34,252	1,659	1,845
Treasury Managed Fund hindsight adjustment	47,001	27,034	426	310
Other	114,668	90,969	7,251	40,054
	220,228	**171,384**	**9,339**	**44,051**

13. Gains / (losses) on disposal

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Gains / (losses) on disposal of:				
Property, plant and equipment				
Written down value of assets disposed	79,451	43,697	17,363	3,023
Less: Proceeds from disposal	36,396	11,301	17,332	3,017
Less: Proceeds received in advance for disposal	-	19,690	-	-
Less: Finance lease receivable	7,103	-	-	-
Net gains / (losses) on disposal	**(35,952)**	**(12,706)**	**(31)**	**(6)**
Intangible assets				
Written down value of assets disposed	379	-	-	-
Less: Proceeds from disposal	-	-	-	-
Net gains / (losses) on disposal	**(379)**	**-**	**-**	**-**
Assets held for sale				
Written down value of assets disposed	6,318	3,197	-	-
Less: Proceeds from disposal	6,830	3,986	-	-
Net gains / (losses) on disposal	**512**	**789**	**-**	**-**
Financial assets				
Written down value of financial assets	364,765	59,115	-	-
Less: Proceeds from sale of financial assets	364,765	59,115	-	-
Net gains / (losses) on disposal	**-**	**-**	**-**	**-**
Total gains / (losses) on disposal	**(35,819)**	**(11,917)**	**(31)**	**(6)**

14. Other gains / (losses)

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Impairment of receivables	-	(47,913)	-	-
	-	**(47,913)**	**-**	**-**

15. Program groups of the Consolidated Entity

(a) Program group statements of the Consolidated Entity

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CONSOLIDATED ENTITY EXPENSES AND INCOME	Program Group 1 * Acute Health Services		Program Group 2 * Sub-Acute Health Services		Program Group 3 * Mental Health Services		Program Group 4 * Small Rural Hospitals and Specialist Hospitals **		Program Group 5 * Community Health Care Services		Program Group 6 * Public Health Services		Program Group 7 * Research Capability		Program Group 8 * Ambulance Emergency Services		Program Group 9 * Independent Advisory Bodies		Not Attributable ***		Total	
	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
Continuing operations																						
Expenses excluding losses																						
Employee related expenses	10,447,088	9,300,168	856,502	799,999	1,450,203	1,354,907	-	381,371	601,906	575,539	383,970	357,239	2,821	2,446	665,328	625,504	-	-	-	-	14,407,818	13,397,173
Operating expenses	5,170,357	4,736,076	310,492	289,690	392,521	359,745	-	167,692	187,191	186,567	349,569	317,470	2,384	13,429	303,351	285,325	-	-	-	-	6,715,865	6,352,228
Depreciation and amortisation	691,066	590,980	48,864	39,919	62,026	59,805	-	42,376	16,946	14,190	18,479	16,482	-	-	29,547	23,334	-	-	-	-	866,928	787,086
Grants and subsidies	986,197	922,764	89,312	85,792	161,269	167,121	-	2,874	13,023	11,133	52,370	51,790	87,486	66,579	3,172	2,498	28,290	25,841	-	-	1,421,119	1,336,392
Finance costs	93,655	91,735	4,049	3,867	6,063	5,822	-	14	483	429	1,909	1,795	-	-	1,948	5	-	-	-	-	108,107	107,433
Total expenses excluding losses	**17,388,363**	**15,641,723**	**1,309,219**	**1,219,267**	**2,072,082**	**1,947,400**	**-**	**594,327**	**819,549**	**787,858**	**806,297**	**744,776**	**92,691**	**82,454**	**1,003,346**	**936,666**	**28,290**	**25,841**	**-**	**-**	**23,519,837**	**21,980,312**
Revenue																						
Appropriations ***																			13,272,795	12,151,989	13,272,795	12,151,989
Acceptance by the Crown Entity of employee benefits and other liabilities	679,089	388,076	59,111	34,614	82,962	51,130	-	9,971	26,989	21,862	26,648	16,329	96	72	44,381	24,199	-	-	-	-	919,276	546,253
Sale of goods and services	2,169,451	1,942,347	265,438	262,078	117,274	116,151	-	216,086	69,910	75,617	7,133	7,105	-	-	153,279	149,230	-	-	-	-	2,782,485	2,781,210
Investment revenue	27,797	24,875	2,511	2,377	3,345	3,138	-	1,434	1,347	1,272	1,203	1,127	-	-	443	498	-	-	-	-	36,646	34,721
Grants and other contributions	6,130,204	5,183,266	381,559	345,672	520,031	471,086	-	363,663	248,429	225,408	157,785	142,839	-	-	241	352	-	-	-	-	7,438,249	6,732,286
Other income	153,623	125,438	13,473	11,944	19,511	17,060	-	9,472	9,133	9,777	6,771	5,754	871	2,156	16,846	2,379	-	-	-	-	220,228	171,384
Total revenue	**9,160,164**	**7,664,002**	**722,092**	**656,685**	**743,123**	**658,565**	**-**	**600,626**	**355,808**	**333,936**	**199,540**	**173,154**	**967**	**2,228**	**215,190**	**176,658**	**-**	**-**	**13,272,795**	**12,151,989**	**24,669,679**	**22,417,843**
Gains / (losses) on disposal	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(35,819)	(11,917)	(35,819)	(11,917)
Impairment losses on financial assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(37,805)	-	(37,805)	-
Other gains / (losses)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(47,913)	-	(47,913)
Net result from continuing operations	**(8,228,199)**	**(7,977,721)**	**(587,127)**	**(562,582)**	**(1,328,959)**	**(1,288,835)**	**-**	**6,299**	**(463,741)**	**(453,922)**	**(606,757)**	**(571,622)**	**(91,724)**	**(80,226)**	**(788,156)**	**(760,008)**	**(28,290)**	**(25,841)**	**13,199,171**	**12,092,159**	**1,076,218**	**377,701**
Net result from discontinued operations	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net result	**(8,228,199)**	**(7,977,721)**	**(587,127)**	**(562,582)**	**(1,328,959)**	**(1,288,835)**	**-**	**6,299**	**(463,741)**	**(453,922)**	**(606,757)**	**(571,622)**	**(91,724)**	**(80,226)**	**(788,156)**	**(760,008)**	**(28,290)**	**(25,841)**	**13,199,171**	**12,092,159**	**1,076,218**	**377,701**
Other comprehensive income																						
Items that will not be reclassified to net result in subsequent periods																						
Changes in revaluation surplus of property, plant and equipment	1,511,750	642,754	106,894	43,416	135,686	65,044	-	46,088	37,071	15,433	40,424	17,926	-	-	9,925	25,379	-	-	-	-	1,841,750	856,040
Change in revaluation surplus of other assets	(1,274)	111	(156)	15	(69)	7	-	12	(41)	4	(4)	-	-	-	-	8	-	-	-	-	(1,544)	157
Total other comprehensive income	1,510,476	642,865	106,738	43,431	135,617	65,051	-	46,100	37,030	15,437	40,420	17,926	-	-	9,925	25,387	-	-	-	-	1,840,206	856,197
Total comprehensive income	**(6,717,723)**	**(7,334,856)**	**(480,389)**	**(519,151)**	**(1,193,342)**	**(1,223,784)**	**-**	**52,399**	**(426,711)**	**(438,485)**	**(566,337)**	**(553,696)**	**(91,724)**	**(80,226)**	**(778,231)**	**(734,621)**	**(28,290)**	**(25,841)**	**13,199,171**	**12,092,159**	**2,916,424**	**1,233,898**

** The name and purpose of each program group is summarised in Note 15 (b).*

*** 'Small Rural Hospitals and Specialists Hospitals' (Program Group 4) is now included under the 'Acute Health Service' (Program Group 1) from 1 July 2018.*

**** Appropriations are made on an entity basis and not to individual program groups. 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 2019

15. Program groups of the Consolidated Entity (continued)
(a) Program group statements of the Consolidated Entity (continued)

CONSOLIDATED

CONSOLIDATED ENTITY ASSETS AND LIABILITIES	Program Group 1 * Acute Health Services		Program Group 2 * Sub-Acute Health Services		Program Group 3 * Mental Health Services		Program Group 4 * Small Rural Hospitals and Specialist Hospitals **		Program Group 5 * Community Health Care Services		Program Group 6 * Public Health Services		Program Group 7 * Research Capability		Program Group 8 * Ambulance Emergency Services		Program Group 9 * Independent Advisory Bodies		Not Attributable ***		Total	
	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018
	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000	$'000
ASSETS																						
Current assets																						
Cash and cash equivalents	968,527	948,124	72,923	73,906	115,415	118,042	-	36,025	45,649	47,756	44,911	45,145	5,163	1,586	64,261	41,621	-	1,062	-	-	1,316,849	1,313,267
Receivables	697,499	563,356	85,341	76,013	37,705	33,688	-	62,673	22,477	21,932	2,293	2,061	-	-	42,754	43,282	-	-	-	-	888,069	803,005
Inventories	143,234	153,640	8,602	9,398	10,874	11,670	-	5,440	5,186	6,052	9,684	10,299	66	436	-	9,256	-	-	-	-	177,646	206,191
Financial assets at fair value	93,814	32,090	7,063	2,501	11,179	3,995	-	1,219	4,422	1,616	4,350	1,528	500	54	-	1,409	-	36	-	-	121,328	44,448
Other Financial Assets	197,432	227,263	14,865	17,715	23,527	28,294	-	8,635	9,305	11,447	9,155	10,821	1,052	380	-	9,976	-	255	-	-	255,336	314,786
Non-current assets held for sale	42,070	30,742	2,975	2,077	3,776	3,111	-	2,204	1,032	738	1,125	857	-	-	4,600	1,214	-	-	-	-	55,578	40,943
Total current assets	**2,142,576**	**1,955,215**	**191,769**	**181,610**	**202,476**	**198,800**	**-**	**116,196**	**88,071**	**89,541**	**71,518**	**70,711**	**6,781**	**2,456**	**111,615**	**106,758**	**-**	**1,353**	**-**	**-**	**2,814,806**	**2,722,640**
Non-current assets																						
Receivables	18,378	8,314	2,248	1,122	993	497	-	925	592	324	60	30	-	-	537	639	-	-	-	-	22,808	11,851
Financial assets at fair value	24,812	26,744	1,868	2,085	2,957	3,330	-	1,016	1,169	1,347	1,150	1,273	132	45	-	1,174	-	30	-	-	32,088	37,044
Property, plant and equipment																						
- Land and buildings	14,547,216	11,201,761	1,028,616	756,647	1,305,674	1,133,577	-	803,212	356,729	268,959	388,987	312,408	-	-	459,118	442,291	-	-	-	-	18,086,340	14,918,855
- Plant and equipment	947,356	905,139	66,986	61,140	85,029	91,597	-	64,902	23,231	21,733	25,332	25,244	-	-	84,251	35,739	-	-	-	-	1,232,185	1,205,494
- Infrastructure systems	382,758	348,105	27,064	23,514	34,354	35,227	-	24,961	9,386	8,358	10,235	9,708	-	-	-	13,745	-	-	-	-	463,797	463,618
- Leasehold improvements	34,313	31,168	2,426	2,105	3,080	3,154	-	2,235	841	748	918	869	-	-	-	1,231	-	-	-	-	41,578	41,510
Intangible assets	579,871	506,926	41,002	34,242	52,046	51,299	-	36,349	14,220	12,172	15,506	14,138	-	-	1,593	20,016	-	-	-	-	704,238	675,142
Other non-current assets	52,040	44,909	3,918	3,501	6,201	5,591	-	1,706	2,453	2,262	2,413	2,138	277	75	-	1,971	-	50	-	-	67,302	62,203
Total non-current assets	**16,586,744**	**13,073,066**	**1,174,128**	**884,356**	**1,490,334**	**1,324,272**	**-**	**935,306**	**408,621**	**315,903**	**444,601**	**365,808**	**409**	**120**	**545,499**	**516,806**	**-**	**80**	**-**	**-**	**20,650,336**	**17,415,717**
TOTAL ASSETS	**18,729,320**	**15,028,281**	**1,365,897**	**1,065,966**	**1,692,810**	**1,523,072**	**-**	**1,051,502**	**496,692**	**405,444**	**516,119**	**436,519**	**7,190**	**2,576**	**657,114**	**623,564**	**-**	**1,433**	**-**	**-**	**23,465,142**	**20,138,357**
LIABILITIES																						
Current liabilities	-																					
Payables	1,383,552	1,258,000	83,086	76,947	105,036	95,555	-	44,542	50,091	49,556	93,542	84,326	638	3,567	94,300	75,788	-	-	-	-	1,810,245	1,688,281
Borrowings	9,194	13,423	692	1,046	1,095	1,671	-	510	433	676	426	639	49	22	28	589	-	15	-	-	11,917	18,591
Provisions	1,659,375	1,504,660	136,043	129,431	230,344	219,208	-	61,701	95,604	93,116	60,988	57,797	448	396	126,585	101,199	-	-	-	-	2,309,387	2,167,508
Other current liabilities	80,448	19,804	6,057	1,544	9,587	2,466	-	753	3,792	998	3,730	943	429	33	4,647	869	-	22	-	-	108,690	27,432
Total current liabilities	**3,132,569**	**2,795,887**	**225,878**	**208,968**	**346,062**	**318,900**	**-**	**107,506**	**149,920**	**144,346**	**158,686**	**143,705**	**1,564**	**4,018**	**225,560**	**178,445**	**-**	**37**	**-**	**-**	**4,240,239**	**3,901,812**
Non-current liabilities																						
Borrowings	842,947	795,280	63,468	61,992	100,450	99,013	-	30,218	39,730	40,057	39,087	37,867	4,493	1,330	-	34,912	-	891	-	-	1,090,175	1,101,560
Provisions	29,024	30,590	2,380	2,631	4,029	4,456	-	1,254	1,672	1,893	1,067	1,175	8	8	3,540	2,057	-	-	-	-	41,720	44,064
Other non-current liabilities	141,377	69,006	10,645	5,379	16,847	8,591	-	2,622	6,663	3,476	6,556	3,286	754	115	-	3,029	-	77	-	-	182,842	95,581
Total non-current liabilities	**1,013,348**	**894,876**	**76,493**	**70,002**	**121,326**	**112,060**	**-**	**34,094**	**48,065**	**45,426**	**46,710**	**42,328**	**5,255**	**1,453**	**3,540**	**39,998**	**-**	**968**	**-**	**-**	**1,314,737**	**1,241,205**
TOTAL LIABILITIES	**4,145,917**	**3,690,763**	**302,371**	**278,970**	**467,388**	**430,960**	**-**	**141,600**	**197,985**	**189,772**	**205,396**	**186,033**	**6,819**	**5,471**	**229,100**	**218,443**	**-**	**1,005**	**-**	**-**	**5,554,976**	**5,143,017**
NET ASSETS	**14,583,403**	**11,337,518**	**1,063,526**	**786,996**	**1,225,422**	**1,092,112**	**-**	**909,902**	**298,707**	**215,672**	**310,723**	**250,486**	**371**	**(2,895)**	**428,014**	**405,121**	**-**	**428**	**-**	**-**	**17,910,166**	**14,995,340**

** The name and purpose of each program group is summarised in Note 15 (b).*

*** 'Small Rural Hospitals and Specialists Hospitals' (Program Group 4) is now included under the 'Acute Health Service' (Program Group 1) from 1 July 2018.*

**** Appropriations are made on an entity basis and not to individual program groups. Consequently, appropriations are included in the 'Not Attributable' column.*

15. Program groups of the Consolidated Entity (continued)

(b) Program Group Name and Purpose of the Consolidated Entity

Name	Program Group's Purpose
Program Group 1 - Acute Health Services	This program group include the treatment of patients admitted to a NSW public hospital, attending an emergency department or an outpatient-type clinic. The clinical services provided include medical, surgical, obstetric, diagnostic and therapeutic. The program group also covers the provision of clinical professional training and the strategic investment in medical research and development to improve the health and wellbeing of the people of New South Wales.
Program Group 2 - Sub-Acute Health Services	This program group covers rehabilitation, palliative care, geriatric and psychogeriatric care, aimed at maintaining and/or optimising patients' functioning and quality of life, in public designated facilities and specialist clinics.
Program Group 3 - Mental Health Services	This program group delivers an integrated and comprehensive network of services by Local Health Districts and community-based organisations for people seriously affected by mental illnesses and mental health problems. It also covers the development of preventative programs that meet the needs of specific client groups.
Program Group 4 - Small Rural Hospitals and Specialist Hospitals	This program group covers services from 126 small rural and specialist hospitals and facilities. These hospitals typically deliver multipurpose services that may include inpatient, emergency, community health and residential aged care services for rural patients closer to home. Specialist hospitals include The Forensic Hospital at Malabar and two dental hospitals at Sydney and Westmead. Small Rural Hospitals and Specialists Hospitals is now included under the 'Acute Health Service' (Program Group 1) from 1 July 2018.
Program Group 5 - Community Health Care Services	The community health care services program group includes health services for persons attending community health centres, services delivered in the home, oral health and targeted community drug and alcohol services.
Program Group 6 - Public Health Services	Public health program group includes services related to: **Protective health** – services targeted at broad population groups including environmental health promotion and regulations, immunisation strategies, tobacco control, food and poisons regulation and monitoring of communicable diseases. **Preventative health** – services targeting prevention initiatives that reduce lifestyle-related risk factors that can result in chronic disease and unnecessary hospitalisation, including the healthy children initiative and get healthy programs.
Program Group 7 - Research Capability	This program group, delivered through the Office of Health and Medical Research, includes initiatives aimed at building health and medical research capability and capacity across the state, as well as providing support for New South Wales organisations reaching commercial market scale as New South Wales based enterprises.

15. Program groups of the Consolidated Entity (continued)

(b) Program Group Name and Purpose of the Consolidated Entity (continued)

Name	Program Group's Purpose
Program Group 8 - Ambulance Emergency Services	Ambulance emergency services program group includes high quality clinical care and emergency road, rotary and fixed air wing patient and transport services provided by the Ambulance Service of NSW, a division of Health Administration Corporation. Non-emergency patient transports in the metropolitan area are excluded.
Program Group 9 - Independent Advisory Bodies	This program covers the provision of services by independent health cluster agencies. The health cluster consists of the consolidated entity and two independent agencies; Health Care Complaints Commission and the Mental Health Commission: **Health Care Complaints Commission** – responsible for processing, assessing and resolving health care complaints through assisted resolution, facilitated conciliation or referral for investigation and also investigates and prosecutes any serious cases of inappropriate health care, making recommendations to health organisations to address any systemic health care issues. **Mental Health Commission** – responsible for monitoring, reviewing and improving the mental health system, working with Government and community to secure better mental health for everyone, help prevent mental illness and ensure appropriate support is available close to home.

16. Cash and cash equivalents

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Cash at bank and on hand	1,055,929	969,373	334,204	368,065
Short term deposits	260,920	343,894	-	-
	1,316,849	**1,313,267**	**334,204**	**368,065**

For the purposes of the Statement of Cash Flows, cash and cash equivalents include cash at bank, cash on hand, short-term deposits with a maturity of three months or less, which are subject to an insignificant risk of changes in value, and net 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 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Cash and cash equivalents (per Statement of Financial Position)	1,316,849	1,313,267	334,204	368,065
Cash and cash equivalents (per Statement of Cash Flows)	**1,316,849**	**1,313,267**	**334,204**	**368,065**

Refer to Note 41 for details regarding credit risk, liquidity risk and market risk arising from financial instruments.

17. Receivables

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Sale of goods and services	441,897	413,836	67,682	54,052
Intra health receivables	-	-	93,872	47,810
Goods and Services Tax	115,505	109,824	12,505	9,818
Other debtors	309,217	277,950	185,974	124,110
	866,619	**801,610**	**360,033**	**235,790**
Less: allowance for expected credit losses*	(61,393)	-	-	-
Less: allowance for impairment**	-	(61,653)	-	-
	805,226	**739,957**	**360,033**	**235,790**
Prepayments	82,843	63,048	558	1,218
Current receivables	**888,069**	**803,005**	**360,591**	**237,008**
Sale of goods and services	67	537	-	-
Other debtors	7,319	215	-	-
Prepayments	15,508	11,693	-	-
	22,894	**12,445**	**-**	**-**
Less: allowance for expected credit losses*	(86)	-	-	-
Less: allowance for impairment**	-	(594)		
Non-current receivables	**22,808**	**11,851**	**-**	**-**

*** Movement in the allowance for expected credit losses**

Balance at 30 June 2018 under AASB 139	(62,247)	-	-	-
Amounts restated through opening accumulated funds	(1,598)	-	-	-
Balance at 1 July 2018 under AASB 9	(63,845)	-	-	-
Amounts written off during the year	40,171	-	-	-
(Increase) / decrease in allowance recognised in net result	(37,805)	-	-	-
Balance at 30 June 2019	**(61,479)**	**-**	**-**	**-**

**** Movement in the allowance for impairment**

Balance at 1 July 2017	-	(41,038)	-	-
Amounts written off during the year	-	26,704	-	-
(Increase) / decrease in allowance recognised in net result	-	(47,913)	-	-
Balance at 30 June 2018	**-**	**(62,247)**	**-**	**-**

Allowance for expected credit losses of $61.5 million (2018: $62.2 million) includes an allowance on sale of goods and services of $58.2 million (2018: $56.8 million) and other debtors of $3.2 million (2018: $5.5 million).

Details regarding credit risk, liquidity risk and market risk, including financial assets that are either past due or impaired are disclosed in Note 41.

18. Inventories

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Drug supplies	79,652	112,713	32,602	59,489
Medical and surgical supplies	89,649	85,613	271	379
Food and hotel supplies	4,529	3,452	-	-
Other	3,816	4,413	-	-
	177,646	**206,191**	**32,873**	**59,868**

19. Financial assets at fair value

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Current				
TCorpIM Funds Investment facilities	121,328	44,448	-	-
	121,328	**44,448**	**-**	**-**
Non-current				
TCorpIM Funds Investment facilities	32,088	37,044	-	-
	32,088	**37,044**	**-**	**-**

Refer to note 41 for further information regarding fair value measurement, credit risk, liquidity risk and market risk arising from financial instruments.

20. Other financial assets

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Current				
Other loans and deposits	255,336	314,786	-	-
Intra health loans receivable	-	-	5,000	5,000
	255,336	**314,786**	**5,000**	**5,000**
Non-current				
Intra health loans receivable	-	-	14,651	17,972
	-	**-**	**14,651**	**17,972**

21. Property, plant and equipment

	Land and Buildings $'000	Plant and Equipment $'000	Infrastructure systems $'000	Leasehold Improvement $'000	Total $'000
CONSOLIDATED					
As at 30 June 2019					
Gross carrying amount	26,482,893	2,717,434	951,741	102,957	30,255,025
Less: accumulated depreciation and impairment	(8,396,553)	(1,485,249)	(487,944)	(61,379)	(10,431,125)
Net carrying amount	**18,086,340**	**1,232,185**	**463,797**	**41,578**	**19,823,900**
As at 30 June 2018					
Gross carrying amount	23,967,931	2,612,012	949,589	90,660	27,620,192
Less: accumulated depreciation and impairment	(9,049,076)	(1,406,518)	(485,971)	(49,150)	(10,990,715)
Net carrying amount	**14,918,855**	**1,205,494**	**463,618**	**41,510**	**16,629,477**
PARENT					
As at 30 June 2019					
Gross carrying amount	185,260	8,338	3,879	18,667	216,144
Less: accumulated depreciation and impairment	(52,683)	(6,261)	(2,812)	(18,667)	(80,423)
Net carrying amount	**132,577**	**2,077**	**1,067**	**-**	**135,721**
As at 30 June 2018					
Gross carrying amount	238,847	8,544	3,075	15,055	265,521
Less: accumulated depreciation and impairment	(115,116)	(5,800)	(2,395)	(14,202)	(137,513)
Net carrying amount	**123,731**	**2,744**	**680**	**853**	**128,008**

21. Property, plant and equipment - reconciliation (continued)

CONSOLIDATED

A reconciliation of the carrying amount of each class of 'property, plant and equipment' at the beginning and end of the current reporting year is set out below:

	Land and Buildings $'000	Plant and Equipment $'000	Infrastructure Systems $'000	Leasehold Improvements $'000	Total $'000
2019					
Net carrying amount at beginning of year	14,918,855	1,205,494	463,618	41,510	**16,629,477**
Additions	1,927,489	289,843	25,844	8,199	**2,251,375**
Reclassifications to intangibles	-	(1,638)	-	-	**(1,638)**
Reclassification of assets held for sale	(20,954)	-	-	-	**(20,954)**
Disposals	(64,118)	(15,048)	-	(285)	**(79,451)**
Net revaluation increment less revaluation decrements[(i)]	1,838,830	-	2,302	618	**1,841,750**
Depreciation expense	(532,834)	(229,922)	(24,448)	(9,455)	**(796,659)**
Other reclassifications within property, plant and equipment	19,072	(16,544)	(3,519)	991	**-**
Net carrying amount at end of year	**18,086,340**	**1,232,185**	**463,797**	**41,578**	**19,823,900**

	Land and Buildings $'000	Plant and Equipment $'000	Infrastructure Systems $'000	Leasehold Improvements $'000	Total $'000
2018					
Net carrying amount at beginning of year	13,547,046	1,171,574	403,918	32,589	**15,155,127**
Additions	1,176,075	251,800	708	10,888	**1,439,471**
Reclassifications to intangibles	-	(14,806)	-	-	**(14,806)**
Reclassification of assets held for sale	(37,025)	(11)	(370)	-	**(37,406)**
Disposals	(28,821)	(14,768)	-	(108)	**(43,697)**
Net revaluation increment less revaluation decrements[(i)]	822,177	(60)	33,923	-	**856,040**
Depreciation expense	(480,895)	(213,050)	(22,626)	(8,681)	**(725,252)**
Other reclassifications within property, plant and equipment	(79,702)	24,815	48,065	6,822	**-**
Net carrying amount at end of year	**14,918,855**	**1,205,494**	**463,618**	**41,510**	**16,629,477**

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 25(b).

21. Property, plant and equipment - reconciliation (continued)

PARENT

A reconciliation of the carrying amount of each class of 'property, plant and equipment' at the beginning and end of the current reporting year is set out below:

	Land and Buildings $'000	Plant and Equipment $'000	Infrastructure Systems $'000	Leasehold Improvements $'000	Total $'000
2019					
Net carrying amount at beginning of year	123,731	2,744	680	853	**128,008**
Additions	33	156	-	-	**189**
Reclassifications to intangibles	-	(284)	-	-	**(284)**
Disposals	(17,299)	(23)	-	(41)	**(17,363)**
Equity transfers - transfers in/(out) - Note 40(a)[(ii)]	17,299	-	-	-	**17,299**
Net revaluation increment less revaluation decrements[(i)]	12,534	-	146	-	**12,680**
Depreciation expense	(3,410)	(516)	(70)	(812)	**(4,808)**
Other reclassifications within property, plant and equipment	(311)	-	311	-	**-**
Net carrying amount at end of year	**132,577**	**2,077**	**1,067**	**-**	**135,721**

	Land and buildings $'000	Plant and equipment $'000	Infrastructure systems $'000	Leasehold improvements $'000	Total $'000
2018					
Net carrying amount at beginning of year	126,442	2,734	740	1,639	131,555
Additions	40	649	-	396	1,085
Disposals	(2,934)	(89)	-	-	(3,023)
Equity transfers - transfers in/(out) - Note 40(a)[(ii)]	2,934	-	-	-	2,934
Depreciation expense	(2,751)	(550)	(60)	(1,182)	(4,543)
Net carrying amount at end of year	**123,731**	**2,744**	**680**	**853**	**128,008**

(i) *Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 25(b).*

(ii) *Further details regarding acquisitions made through equity transfers are disclosed in Note 40(a).*

22. Intangible assets

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Cost (gross carrying amount)	1,117,836	1,018,826	1,772	1,414
Less: accumulated amortisation and impairment	413,598	343,684	895	589
Net carrying amount	**704,238**	**675,142**	**877**	**825**

A reconciliation of the carrying amount of 'intangibles' at the beginning and end of the current reporting year is set out below:

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Net carrying amount at beginning of year	675,142	622,937	825	1,062
Additions	98,106	99,233	73	-
Reclassifications from property, plant and equipment	1,638	14,806	284	-
Disposals	(379)	-	-	-
Amortisation (recognised in depreciation and amortisation)	(70,269)	(61,834)	(305)	(237)
Net carrying amount at the end of the year	**704,238**	**675,142**	**877**	**825**

23. Other assets

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Non-current				
Emerging rights to assets	67,302	62,203	-	-
	67,302	**62,203**	**-**	**-**

A reconciliation of the carrying amount of 'other assets' at the beginning and end of the current reporting year is set out below:

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Net carrying amount at beginning of year	62,203	56,055	-	-
Additions	6,643	5,991	-	-
Net revaluation increment less revaluation decrements	(1,544)	157	-	-
Net carrying amount at the end of the year	**67,302**	**62,203**	**-**	**-**

24. Non-current assets held for sale

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Assets held for sale				
Land and buildings	55,290	40,644	-	-
Plant and equipment	-	11	-	-
Infrastructure systems	288	288	-	-
	55,578	**40,943**	**-**	**-**

Further details regarding the fair value measurement are disclosed in Note 25.

25. Fair value measurement of non-financial assets

(a) Fair value hierarchy

CONSOLIDATED	Level 1	Level 2	Level 3	Total Fair Value
	$'000	$'000	$'000	$'000
2019				
Land and buildings[(i)]	-	1,148,213	13,549,623	14,697,836
Infrastructure systems[(i)]	-	-	424,401	424,401
Other assets (Note 23)	-	-	67,302	67,302
Non-current assets held for sale (Note 24)	-	55,578	-	55,578
	-	**1,203,791**	**14,041,326**	**15,245,117**
2018				
Land and buildings[(i)]	-	1,173,502	10,953,554	12,127,056
Infrastructure systems[(i)]	-	-	437,683	437,683
Other assets (Note 23)	-	-	62,203	62,203
Non-current assets held for sale (Note 24)	-	40,943	-	40,943
	-	**1,214,445**	**11,453,440**	**12,667,885**

(i) Work in progress and newly completed buildings are carried at cost, therefore excluded from figures above and as a result the balances in Note 21 will not reconcile with balances disclosed above.

There were no transfers between Level 1 and 2 during the year ended 30 June 2019 and 2018.

PARENT	Level 1	Level 2	Level 3	Total Fair Value
	$'000	$'000	$'000	$'000
2019				
Land and buildings[(i)]	-	5,030	127,547	132,577
Infrastructure systems[(i)]	-	-	761	761
	-	**5,030**	**128,308**	**133,338**
2018				
Land and buildings[(i)]	-	79,250	44,202	123,452
Infrastructure systems[(i)]	-	-	680	680
	-	**79,250**	**44,882**	**124,132**

(i) Work in progress and newly completed buildings are carried at cost, therefore excluded from figures above and as a result the balances in Note 21 will not reconcile with balances disclosed above.

There were no transfers between Level 1 and 2 during the year ended 30 June 2019 and 2018.

25. Fair value measurement of non-financial assets (continued)

(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 the Valuer General. These fair value adjustments are reflected in Note 21 Property, plant and equipment - reconciliation.

The valuations techniques used maximises 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.

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.

25. Fair value measurement of non-financial assets (continued)

(b) Valuation techniques, inputs and processes (continued)

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.

25. 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	Other Assets $'000	Total Level 3 Recurring $'000
2019				
Fair value as at 1 July 2018	10,953,554	437,683	62,203	11,453,440
Additions	892,755	14,971	6,643	914,369
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment'	1,788,153	2,302	-	1,790,455
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of other assets'	-	-	(1,544)	(1,544)
Transfers from Level 2	458,313	566	-	458,879
Transfers to Level 2	(98,424)	-	-	(98,424)
Disposals	(34,660)	-	-	(34,660)
Depreciation expense	(493,654)	(23,652)	-	(517,306)
Prior year carry over adjustments	(11,008)	-	-	(11,008)
Reclassification	94,594	(7,469)	-	87,125
Fair value as at 30 June 2019	**13,549,623**	**424,401**	**67,302**	**14,041,326**
2018				
Fair value as at 1 July 2017	10,588,852	403,921	56,055	11,048,828
Additions	276,665	22,700	5,991	305,356
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment'	785,541	33,923	-	819,464
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of other assets'	-	-	157	157
Transfers from Level 2	29,590	-	-	29,590
Transfers to Level 2	(48,341)	-	-	(48,341)
Disposals	(28,528)	-	-	(28,528)
Depreciation expense	(453,046)	(22,121)	-	(475,167)
Prior year carry over adjustments	(134,659)	(24,298)	-	(158,957)
Reclassification	(62,520)	23,558	-	(38,962)
Fair value as at 30 June 2018	**10,953,554**	**437,683**	**62,203**	**11,453,440**

25. 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	Other Assets $'000	Total Level 3 Recurring $'000
2019				
Fair value as at 1 July 2018	44,202	680	-	44,882
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment'	12,255	146	-	12,401
Transfers from Level 2	79,250	-	-	79,250
Transfers to Level 2	(4,750)	-	-	(4,750)
Disposals	(1,045)	-	-	(1,045)
Depreciation expense	(3,410)	(65)	-	(3,475)
Equity transfers	1,045	-	-	1,045
Fair value as at 30 June 2019	**127,547**	**761**	**-**	**128,308**
2018				
Fair value as at 1 July 2017	46,953	740	-	47,693
Disposals	(2,934)	-	-	(2,934)
Depreciation expense	(2,751)	(60)	-	(2,811)
Equity transfers	2,934	-	-	2,934
Fair value as at 30 June 2018	**44,202**	**680**	**-**	**44,882**

26. 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 2019.

CONSOLIDATED	30 June 2018 Opening $000	Revenue $000	Expense $000	30 June 2019 Closing $000
Category				
Community welfare	11,670	14,751	(10,907)	15,514
Facility improvements	289,982	238,511	(98,198)	430,295
Hold Funds in Perpetuity	12,649	4,767	(1,377)	16,039
Patient welfare	95,907	39,588	(34,433)	101,062
Private practice disbursements (No.2 Accounts)	453,527	105,028	(90,724)	467,831
Public contributions	40,891	8,249	(12,285)	36,855
Research	197,758	72,233	(74,976)	195,015
Staff welfare	7,662	12,451	(1,854)	18,259
Training and education including conferences	91,258	17,722	(14,670)	94,310
Other	-	13,900	-	13,900
Total Restricted Assets	**1,201,304**	**527,200**	**(339,424)**	**1,389,080**

PARENT	30 June 2018 Opening $000	Revenue $000	Expense $000	30 June 2019 Closing $000
Category				
Facility improvements	-	147,239	(26,890)	120,349
Total Restricted Assets	**-**	**147,239**	**(26,890)**	**120,349**

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 or legacies received without any donor-specified conditions as to its use.
Research	Research to gain knowledge, understanding and insight.
Staff welfare	Staff benefits such as staff recognition awards, functions and staff 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.

27. Payables

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Accrued salaries, wages and on-costs	348,342	304,988	843	493
Payroll tax	84,121	76,575	1,277	1,774
Trade operating creditors	866,100	800,834	265,308	214,666
Interest	14	14	-	-
Other creditors				
- Capital works	175,826	168,892	-	-
- Payables to controlled health entities	-	-	98,919	46,360
- Other	335,842	336,978	31,450	24,510
Total current payables	**1,810,245**	**1,688,281**	**397,797**	**287,803**

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are disclosed in Note 41.

28. Borrowings

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Current				
Other loans and deposits	5,525	6,112	-	-
Finance leases	951	951	-	-
Public, Private Partnerships (PPP)				
Long Bay Forensic Hospital	2,193	1,982	-	-
Calvary Mater Newcastle Hospital	1,498	8,214	-	-
Orange Hospital & Associated Health Services	1,519	1,004	-	-
Royal North Shore Hospital Redevelopment	231	328	-	-
	11,917	**18,591**	-	-
Non-Current				
Other loans and deposits	39,023	44,548	-	-
Finance leases	32,912	33,332	-	-
Public, Private Partnerships (PPP)				
Long Bay Forensic Hospital	69,400	71,592	-	-
Calvary Mater Newcastle Hospital	68,909	70,407	-	-
Orange Hospital & Associated Health Services	158,828	160,346	-	-
Royal North Shore Hospital Redevelopment	721,103	721,335	-	-
	1,090,175	**1,101,560**	-	-

28. Borrowings (continued)

The Public, Private Partnerships (PPP) relate to 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 are based on financing arrangements involving Consumer Price Index (CPI)-linked finance and fixed finance.

Changes in liabilities arising from financing activities

	1 July 2018 Opening $000	Cash flows $000	Others $000	30 June 2019 Closing $000
Borrowings	**1,120,151**	**(18,059)**	-	**1,102,092**

	1 July 2017 Opening $000	Cash flows $000	Others $000	30 June 2018 Closing $000
Borrowings	**1,117,570**	**2,581**	-	**1,120,151**

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are disclosed in Note 41.

(a) Finance lease commitments

The Public, Private Partnerships relates to the provision of development of a facility and its maintenance provided by the private sector for the purpose of public services. These are 'deemed finance leases' arrangements and included in the future commitments below.

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Within one year	114,474	120,333	-	-
Later than one year but not later than five years	500,866	488,155	-	-
Later than five years	1,810,795	1,944,732	-	-
Minimum lease payments	2,426,135	2,553,220	-	-
Less: Future finance charges	1,368,591	1,483,729	-	-
Recognised as a liability	**1,057,544**	**1,069,491**	-	-
The present value of finance lease liabilities is as follows:				
Within one year	6,392	12,479	-	-
Later than one year but not later than five years	71,060	53,061	-	-
Later than five years	980,091	1,003,951	-	-
Minimum lease payments	**1,057,544**	**1,069,491**	-	-

29. Provisions

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Current				
Annual leave	1,799,566	1,709,990	13,354	12,380
Long service leave	358,518	301,665	5,515	4,594
Allocated days off	45,861	38,202	-	-
Sick leave	237	275	-	-
Death and disability (ambulance officers)	1,249	3,155	-	-
Other	103,956	114,221	-	-
Total current provisions	**2,309,387**	**2,167,508**	**18,869**	**16,974**
Non-current				
Long service leave	31,175	26,232	480	399
Death and disability (ambulance officers)	1,049	8,654	-	-
Other	9,496	9,178	233	396
Total non-current provisions	**41,720**	**44,064**	**713**	**795**
Aggregate employee benefits and related on-costs				
Provisions - current	2,208,860	2,066,941	18,869	16,974
Provisions - non-current	32,224	34,886	480	399
Accrued salaries, wages and on-costs and payroll tax (Note 27)	432,463	381,563	2,120	2,267
	2,673,547	**2,483,390**	**21,469**	**19,640**

Movements in provisions (other than employee benefits)

The majority of 'other' current provision represent a provision for a judgement that was handed down in regards to a legal matter. Final damages to be awarded to the claimant are yet to the determined by the Court.

Movements in 'other' provisions during the financial year, are set below:

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Carrying amount at beginning of year	123,399	122,727	396	-
- Additional provisions recognised	1,040	15,820	-	396
- Unused amounts reversed	-	(15,000)	-	-
Amounts used	(10,987)	(148)	(163)	-
Carrying amount at end of year	**113,452**	**123,399**	**233**	**396**

30. Other liabilities

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Current				
Unearned revenue	108,690	27,294	54,442	2,427
Other	-	138	-	-
	108,690	**27,432**	**54,442**	**2,427**
Non-current				
Unearned revenue	182,016	95,490	43,694	46,121
Other	826	91	-	-
	182,842	**95,581**	**43,694**	**46,121**

31. 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 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Within one year	1,477,730	1,066,486	125,854	105
Later than one year and not later than five years	823,737	996,149	-	-
Later than five years	44,988	74,602	-	-
Total (including GST)	**2,346,455**	**2,137,237**	**125,854**	**105**

31. Commitments (continued)

(b) Operating lease commitments

Entity as lessee

Future minimum rentals payable under non-cancellable operating lease as at 30 June are, as follows:

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Within one year	169,711	232,704	9,706	9,123
Later than one year and not later than five years	416,497	681,924	12,512	-
Later than five years	182,341	747,653	5,565	-
Total (including GST)	**768,549**	**1,662,281**	**27,783**	**9,123**

Entity as lessor

Future minimum rentals receivable under non-cancellable operating lease as at 30 June are, as follows:

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Within one year	4,535	5,816	376	1,012
Later than one year and not later than five years	8,177	10,211	721	1,727
Later than five years	6,794	7,009	212	965
Total (including GST)	**19,506**	**23,036**	**1,309**	**3,704**

(c) Input tax receivable related to commitments for expenditure

The total of 'commitments' payable, i.e. $3,115 million as at 30 June 2019 includes input tax credits of $283.2 million that are expected to be recoverable from the Australian Taxation Office (2018: $345.4 million).

Output tax payable related to commitments for revenue

The total of 'commitments' receivable, i.e. $20 million as at 30 June 2019 includes input tax of $2 million that is expected to be payable to the Australian Taxation Office (2018: $2.1 million).

32. 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 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.

2019	Opening Cash Balance	Add: Receipts	Less: Expenditure	Closing Cash Balance
	$'000	$'000	$'000	$'000
Patient Trust	5,864	6,570	(6,769)	**5,665**
Refundable Deposits	8,699	2,106	(2,134)	**8,671**
Private Patient Trust Funds	13,829	573,031	(572,745)	**14,115**
Third Party Funds	12,799	48,843	(49,675)	**11,967**
Total trust funds	**41,191**	**630,550**	**(631,323)**	**40,418**

2018	Opening Cash Balance	Add: Receipts	Less: Expenditure	Closing Cash Balance
	$'000	$'000	$'000	$'000
Patient Trust	15,118	4,816	(14,070)	**5,864**
Refundable Deposits	6,338	4,652	(2,291)	**8,699**
Private Patient Trust Funds	54,441	537,384	(577,996)	**13,829**
Third Party Funds	-	45,441	(32,642)	**12,799**
Total trust funds	**75,897**	**592,293**	**(626,999)**	**41,191**

The parent entity does not administer any trust funds on behalf of others.

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.

33. Contingent liabilities and assets

CONSOLIDATED

The consolidated entity is not aware of any contingent liabilities or 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.

34. Interests in associates

Set out below are the associates of the consolidated entity. The proportion of ownership interest held by the group equals the voting rights held by the group.

Name of entity	Place of business and country of incorporation	Class of shares	Ownership interest		Reporting Period	Measurement method	Carrying amount	
			2019 %	2018 %			2019 $'000	2018 $'000
Hunter Medical Research Institute	Australia	Not applicable	25	25	31 December	Equity method	-	-
Illawarra Health and Medical Research	Australia	Not applicable	50	50	31 December	Equity method	-	-

Both associates are companies limited by guarantee, whose constitution prohibits the distribution of funds to its members. Accordingly the carrying amount has been equity accounted at nil value and as such no financial information has been disclosed.

35. Reconciliation of cash flows from operating activities to net result

Reconciliation of cash flows from operating activities to net result as reported in the Statement of Comprehensive Income as follows:

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Net cash used on operating activities	2,231,732	1,341,125	(54,252)	(241,932)
Depreciation and amortisation expense	(866,928)	(787,086)	(5,113)	(4,780)
Allowance for impairment	(37,805)	(47,913)	-	-
(Increase) / decrease in unearned revenue	(70,998)	31,958	(49,587)	2,427
Decrease / (increase) in provisions	(139,534)	(164,644)	(1,812)	(2,712)
Increase / (decrease) in prepayments and other assets	147,382	125,585	95,690	59,264
Decrease / (increase) in payables	(163,235)	(117,340)	(109,098)	(382)
Net gain / (loss) on sale of property, plant and equipment	(35,819)	(11,917)	(31)	(6)
Non-cash revenue items	3,342	-	-	-
Assets donated or brought to account / emerging assets recognised (Note 36)	8,081	7,933	-	-
Net result	**1,076,218**	**377,701**	**(124,203)**	**(188,121)**

36. Non-cash financing and investing activities

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Assets donated or brought to account	1,438	1,942	-	-
Emerging rights to assets recognised	6,643	5,991	-	-
	8,081	**7,933**	**-**	**-**

37. 2018/19 Voluntary services

It is considered impracticable to quantify the monetary value of voluntary services provided to the Ministry. Services received free of charge, or for nominal consideration include:

- Chaplaincies and Pastoral Care
- Hospital Auxiliaries
- Patient Support Groups
- Community Organisations
- Patient & Family Support
- Patient Services, Fund Raising
- Practical Support to Patients and Relatives
- Counselling, Health Education, Transport, Home Help & Patient Activities

38 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.

39. Budget Review - Consolidated

The 2018/19 budget represents the initial budget as allocated by the NSW Government at the time of the 2018/19 State Budget, which was presented to Parliament on 19 June 2018.

NET RESULT

The actual net result ($1,076 million) is lower than the budgeted net result ($1,223 million) by $147 million for the year ended 30 June 2019.

A reconciliation of the movements between actual and budgeted net result is presented below:

	$'000
Net result - actual	**1,076,218**
Actuarial assessment impact of long service leave on annual leave on-costs resulted in additional employee related expenses of $62 million, not assumed by the Crown	61,796
The impact of the non-current asset revaluations resulted in higher depreciation movements compared to budget	21,198
Greater than expected net losses were recognised as a result of the disposal of buildings and impairment of receivables	61,541
Other minor variations	2,081
Net result - budget	**1,222,834**

ASSETS AND LIABILITIES

The actual net assets ($17,910 million) is greater than the budgeted net assets ($16,851 million) by $1,059 million as at 30 June 2019.

A reconciliation of the movements between significant assets and liabilities is presented below:

	$'000
Net assets - actual	**17,910,166**
Higher than expected non current asset movements as a result of revaluations of property, plant and equipment of $1,842 million	(1,389,838)
The timing of revenue received for major projects resulted in an increase to unearned revenue	120,224
Actuarial assessment impact of long service leave on annual leave on-costs resulted in additional employee related provisions of $62 million	61,796
Net movement across several asset and liability classes, including receivables, other financial assets and payables	149,028
Net assets - budget	**16,851,376**

39. Budget Review - Consolidated (continued)

CASH FLOWS

The actual net cash flows from operating activities was higher than the budget by $139 million. This is primarily due to in-year payments being lower than anticipated with a lower than budgeted year end position for other payments being slightly offset by higher employee related expenses and payment for suppliers goods and services. This is offset by lower receipt of appropriations than budgeted.

The net cash flows from investing activities were higher than expected by $62 million. This was attributable to an increase in purchases of property, plant and equipment and intangibles which exceeded budget by $176 million and purchase of financial assets and other investing activities which also exceeded budget by $279 million. The higher purchases to budget were mostly offset by higher proceeds to budget from the sale of financial assets and the proceeds from the sale of property, plant and equipment and intangibles by $393 million.

40. Increase / (decrease) in net assets from equity transfer

		Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Transfer of property, plant and equipment	(a)	-	-	17,299	2,934
Transfer of inventory	(b)	-	-	-	(3,947)
		-	**-**	**17,299**	**(1,013)**

(a) Transfer of property, plant and equipment

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Carrying amount at transfer date				
Land & buildings	-	-	17,299	2,934
Fair value at transfer date	**-**	**-**	**17,299**	**2,934**

Parent

In 2018-19, in accordance with the Real Property Disposal Framework, the following ambulance stations were transferred from Ambulance Service of NSW, a controlled entity, to the Ministry of Health, at the fair value of the asset: Bankstown ambulance station $2.5 million; Summerhill ambulance station $12.4 million and Auburn ambulance station $2.4 million.

On 14 November 2017, in accordance with the Real Property Disposal Framework, a decision was made to transfer the Rockdale ambulance station from Ambulance Service of NSW, a controlled entity, to the Ministry of Health, at $2.9 million which was the fair value of the asset (excluding selling costs).

(b) Transfer of inventory

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Carrying amount at transfer date				
Medical and surgical supplies	-	-		(3,947)
Fair value at transfer date	**-**	**-**	**-**	**(3,947)**

Parent

On 15 March 2018, a Memorandum of Understanding was signed between the Ministry and HealthShare NSW (HSNSW), a controlled entity, to transfer the State Medical Stockpile (SMS) from the Ministry to HSNSW, valued at $3.9 million.

41. 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 Ministry of Health, to set risk limits and controls and to monitor risks. Compliance with policies is reviewed on a continuous basis.

(a) Financial instrument categories

i. As at 30 June 2019 under AASB 9

Class	Note	Category	Consolidated 2019 $'000	Parent 2019 $'000
Financial Assets				
Cash and cash equivalents	16	N/A	1,316,849	334,204
Receivables[1]	17	Amortised cost	697,021	347,528
Financial assets at fair value	19	Fair value through profit or loss - mandatory classification	153,416	-
Other financial assets	20	Amortised cost	255,336	19,651
Total financial assets			**2,422,622**	**701,383**
Financial Liabilities				
Borrowings	28	Financial Liabilities (at amortised cost)	1,102,092	-
Payables[2]	27	Financial Liabilities (at amortised cost)	1,726,124	396,520
Other liabilities[2]	30	Financial Liabilities (at amortised cost)	826	-
Total financial liabilities			**2,829,042**	**396,520**

Notes

[1] *Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).*

[2] *Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).*

41. Financial instruments (continued)

(a) Financial instrument categories (continued)

ii. As at 30 June 2018 under AASB 139 (comparative period)

Class	Note	Category	Consolidated 2018 $'000	Parent 2018 $'000
Financial Assets				
Cash and cash equivalents	16	N/A	1,313,267	368,065
Receivables[1]	17	Loans and receivables (at amortised cost)	630,291	225,972
Financial assets at fair value	19	Fair value through profit or loss (designated as such upon initial recognition)	81,492	-
Other financial assets	20	Loans and receivables (at amortised cost)	314,786	22,972
Total financial assets			**2,339,836**	**617,009**
Financial Liabilities				
Borrowings	28	Financial Liabilities (at amortised cost)	1,120,151	-
Payables[2]	27	Financial Liabilities (at amortised cost)	1,611,706	286,029
Other liabilities[2]	30	Financial Liabilities (at amortised cost)	229	-
Total financial liabilities			**2,732,086**	**286,029**

Notes

[1] *Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).*

[2] *Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).*

(b) Financial Risk

i. Credit risk

Credit risk arises when there is the possibility that the counterparty will default on their contractual obligations, resulting in a financial loss to the consolidated entity. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for credit losses or allowance for impairment).

Credit risk arises from financial assets of the consolidated entity, including cash, receivables and authority deposits. No collateral is held by the consolidated entity. The consolidated entity has not granted any financial guarantees.

Credit risk associated with the consolidated entity's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards. Authority deposits held with NSW TCorp are guaranteed by the State.

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 Hour Glass cash facility is discussed in paragraph (d) below.

41. Financial instruments (continued)

(b) Financial Risk (continued)

i. Credit risk (continued)

Accounting policy for impairment of trade debtors and other financial assets under AASB 9

Receivables - trade debtors

Collectability of trade debtors 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 debtors.

To measure the expected credit losses, trade receivables have been grouped based on shared credit risk characteristics and the days past due.

The expected loss rates are based on historical observed loss rates. The historical loss rates are adjusted to reflect current and forward-looking information on macroeconomic factors affecting the ability of the customers to settle the receivables. The consolidated entity has not identified any relevant factors, and accordingly has not adjusted the historical loss rates.

Trade debtors are written off when there is no reasonable expectation of recovery. Indicators that there is no reasonable expectation of recovery include, amongst others a failure to make contractual payments for a period of greater than 90 days past due.

The loss allowance for trade debtors (sale of goods and services) as at 30 June 2019 and 1 July 2018 (on adoption of AASB 9) was determined as follows:

CONSOLIDATED

30 June 2019	Current $'000	<30 days $'000	30-60 days $'000	61-90 days $'000	>91 days $'000	Total $'000
Expected credit loss rate	3.62%	7.82%	18.61%	37.25%	51.41%	13.18%
Estimated total gross carrying amount at default	295,698	45,527	19,428	10,153	71,158	441,964
Expected credit loss	10,704	3,558	3,616	3,782	36,583	58,243

1 July 2018	Current $'000	<30 days $'000	30-60 days $'000	61-90 days $'000	>91 days $'000	Total $'000
Expected credit loss rate	4.55%	13.77%	27.85%	36.58%	55.62%	14.17%
Estimated total gross carrying amount at default	300,406	30,233	14,519	8,756	60,459	414,373
Expected credit loss	13,664	4,163	4,043	3,203	33,626	58,699

41. Financial instruments (continued)

(b) Financial Risk (continued)

i. Credit risk (continued)

PARENT

30 June 2019	Current $'000	<30 days $'000	30-60 days $'000	61-90 days $'000	>91 days $'000	Total $'000
Expected credit loss rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated total gross carrying amount at default	66,442	651	20	109	460	67,682
Expected credit loss	-	-	-	-	-	-

1 July 2018	Current $'000	<30 days $'000	30-60 days $'000	61-90 days $'000	>91 days $'000	Total $'000
Expected credit loss rate	0.00%	0.00%	0.00%	0%	0.00%	0.00%
Estimated total gross carrying amount at default	51,948	1,914	-	190	-	54,052
Expected credit loss	-	-	-	-	-	-

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 2019.

Other financial assets - Authority Deposits

The consolidated entity has placed funds on deposit with TCorp, which has been rated 'AAA' by Standard and Poor's. These deposits are similar to money market or bank deposits and can be placed 'at call' or for a fixed term. These deposits are considered to be low credit risk, and the loss allowance recognised during the period was therefore limited to 12 months expected losses. The consolidated entity didn't recognise a provision for expected credit losses on its other financial assets in 2019.

Accounting policy for impairment of trade debtors and other financial assets under AASB 139 (comparative period only).

Receivables - trade debtors

All trade debtors are recognised as amounts receivable at reporting date. Collectability of trade debtors is reviewed on an ongoing basis. Procedures as established in the *NSW Ministry of Health Accounting Manual for Public Health Organisations* and *Fee Procedures Manual* are followed to recover outstanding amounts, including letters of demand. Debts which are known to be uncollectable are written off. An allowance for impairment is raised when there is objective evidence that the Ministry will not be able to collect all amounts due. This evidence includes past experience and current and expected changes in economic conditions and debtor credit ratings. No interest is earned on trade debtors.

41. Financial instruments (continued)

(b) Financial Risk (continued)

i. Credit risk (continued)

Receivables - trade debtors (continued)

The consolidated entity is not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors. Based on past experience, debtors that are not past due are not considered impaired. In addition Patient Fees Compensable' are frequently not settled within 6 months of the date of the service provision due to the length of time it takes to settle legal claims. Most of the consolidated entity's debtors are health insurance companies or compensation insurers settling claims in respect of inpatient treatments.

Financial assets that are past due or impaired could be either 'sales of goods and services' or 'other debtors' in the 'receivables' category of the Statement of Financial Position. Patient fees - ineligibles represent the majority of financial assets that are past due or impaired.

For the comparative period 30 June 2018, the ageing analysis of trade debtors is as follows:

	Consolidated 2018 $'000	Parent 2018 $'000
Neither past due nor impaired	561,536	176,058
Past due but not impaired[1,2]		
<3 months overdue	41,588	2,104
3 - 6 months overdue	19,787	-
> 6 months overdue	7,380	-
Impaired[1,2]		
<3 months overdue	8,498	-
3 - 6 months overdue	10,708	-
> 6 months overdue	43,041	-
Total [1,2]	**692,538**	**178,162**

Notes

[1] *The table reports 'gross receivables'.*

[2] *The ageing analysis excludes statutory receivables, as these are not within the scope of AASB 7 Financial Instruments: Disclosures. Therefore, the 'total' will not agree to the receivables total recognised in the statement of financial position.*

Authority deposits

The consolidated entity has placed funds on deposit with TCorp, which has been rated 'AAA' by Standard and Poor's. These deposits are similar to money market or bank deposits and can be placed 'at call' or for a fixed term. There were no indicators for impairment on these securities during the year.

41. Financial instruments (continued)

(b) Financial Risk (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 Entity. During the current and prior year, there were no defaults of loans payable. No assets have been pledged as collateral.

However, the risk is minimised by the service agreement, as the annual service agreement requires local management to control its financial liquidity and in particular, meet benchmarks for the payment of creditors. Where the 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. Amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set by the Ministry of Health in accordance with *NSW Treasury Circular 11/12 Payment of Accounts* . For small business suppliers, where terms are not specified, payment is made not later than 30 days from date of receipt of a correctly rendered invoice. For other suppliers, if trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received.

For small business suppliers, where payment is not made within the specified time period, simple interest must be paid automatically unless an existing contract specifies otherwise.

For other suppliers, where settlement cannot be effected in accordance with the above, e.g. due to short term liquidity constraints, contact is made with creditors and terms of payment are negotiated to the satisfaction of both parties.

41. Financial instruments (continued)

(b) Financial Risk (continued)

ii. Liquidity risk (continued)

The table following 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

			Interest Rate Exposure			Maturity Dates		
	EIR[3]	Nominal Amount [1] $'000	Fixed Interest Rate $'000	Variable Interest Rate $'000	Non - Interest Bearing $'000	< 1 Year $'000	1-5 Years $'000	> 5 Years $'000
CONSOLIDATED								
2019								
Payables[2]		1,726,124	-	-	1,726,124	1,726,124	-	-
Borrowings:								
- Loans and deposits	3%	47,417	47,417	-	-	6,381	23,930	17,106
- Finance leases	2%	44,720	-	44,720	-	970	4,077	39,673
- PPP	9%	2,381,415	133,169	2,248,246	-	113,504	496,789	1,771,122
- Other	3%	74	-	-	74	74	-	-
		4,199,750	**180,586**	**2,292,966**	**1,726,198**	**1,847,053**	**524,796**	**1,827,901**
2018								
Payables[2]		1,611,706	-	-	1,611,706	1,611,706	-	-
Borrowings:								
- Loans and deposits	4%	83,111	83,111	-	-	11,304	44,550	27,257
- Finance leases	2%	45,670	-	45,670	-	951	3,997	40,722
- PPP	9%	2,507,551	148,069	2,359,482	-	119,383	484,158	1,904,010
- Other	3%	148	57	-	91	148	-	-
		4,248,186	**231,237**	**2,405,152**	**1,611,797**	**1,743,492**	**532,705**	**1,971,989**
PARENT								
2019								
Payables[2]		396,520	-	-	396,520	396,520	-	-
		396,520	**-**	**-**	**396,520**	**396,520**	**-**	**-**
2018								
Payables[2]		286,029	-	-	286,029	286,029	-	-
		286,029	**-**	**-**	**286,029**	**286,029**	**-**	**-**

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.*

41. Financial instruments (continued)

(b) Financial Risk (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 and other price risks associated with the movement in the unit price of the Hour Glass Investment Facilities. The consolidated entity has no exposure to foreign currency risk and 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 and other price risk. A reasonably possible change in risk variable has been determined after taking into account the economic environment in which the consolidated entity operates and the time frame for the assessment (i.e. until the end of the next annual reporting period). The sensitivity analysis is based on risk exposures in existence at the Statement of Financial Position date. The analysis was performed on the same basis for 2018. 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 as available-for-sale. Therefore, for these financial instruments, a change of interest rates would not affect profit or loss or equity.

A reasonably possible change of +/-1% is used consistent with current trends in interest rates (based on official RBA interest rate volatility over the last five years). The basis will be reviewed annually and amended where there is a structural change in the level of interest rate volatility.

41. Financial instruments (continued)

(b) Financial Risk (continued)

iii. Market risk (continued)

Interest rate risk (conitinued)

The following table demonstrates the sensitivity to a reasonably possible change in interest rates:

	Carrying Amount	-1%		+1%	
		Net Result	Equity	Net Result	Equity
	$'000	$'000	$'000	$'000	$'000
CONSOLIDATED					
2019					
Financial assets					
Cash and cash equivalents	1,316,849	(13,168)	(13,168)	13,168	13,168
Receivables	697,021	-	-	-	-
Financial assets at fair value	153,416	(1,534)	(1,534)	1,534	1,534
Other Financial Assets	255,336	(2,553)	(2,553)	2,553	2,553
Financial liabilities					
Payables	1,726,124	-	-	-	-
Borrowings	1,102,092	11,021	11,021	(11,021)	(11,021)
Other	826	8	8	(8)	(8)
2018					
Financial assets					
Cash and cash equivalents	1,313,267	(13,133)	(13,133)	13,133	13,133
Receivables	630,291	-	-	-	-
Financial assets at fair value	81,492	(815)	(815)	815	815
Other financial assets	314,786	(3,148)	(3,148)	3,148	3,148
Financial liabilities					
Payables	1,611,706	-	-	-	-
Borrowings	1,120,151	11,202	11,202	(11,202)	(11,202)
Other	229	2	2	(2)	(2)

41. Financial instruments (continued)

(b) Financial Risk (continued)

iii. Market risk (continued)

Interest rate risk (conitinued)

	Carrying Amount	-1%		+1%	
		Net Result	Equity	Net Result	Equity
	$'000	$'000	$'000	$'000	$'000
PARENT					
2019					
Financial assets					
Cash and cash equivalents	334,204	(3,342)	(3,342)	3,342	3,342
Receivables	347,528	-	-	-	-
Other financial assets	19,651	(197)	(197)	197	197
Financial liabilities					
Payables	396,520	-	-	-	-
2018					
Financial assets					
Cash and cash equivalents	368,065	(3,681)	(3,681)	3,681	3,681
Receivables	225,972	-	-	-	-
Other financial assets	22,972	(230)	(230)	230	230
Financial liabilities					
Payables	286,029	-	-	-	-

41. Financial instruments (continued)

(b) Financial Risk (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	2019 $'000	2018 $'000
Cash facility	Cash and money market instruments	Up to 1.5 years	254,787	1,015
Strategic cash facility	Cash and money market instruments	1.5 years to 3 years	84,928	21,560
Medium term growth facility	Cash, money market instruments, Australian and International bonds, listed property and Australian shares	3 years to 7 years	16,390	10,478
Long-term growth facility	Cash, money market instruments, Australian and International bonds, listed property and Australian shares	7 years and over	52,098	48,439

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, using historically based volatility information collected over a ten year period, quoted at two standard deviations (i.e. 95% probability). The TCorpIM Funds are designated at fair value through profit or loss and therefore any change in unit price impacts directly on net results.

A reasonably possible change is based on the percentage change in unit price (as advised by TCorp) multiplied by the redemption value as at 30 June each year for each facility (balance from TCorpIM Funds statement).

		Impact on net result	
		2019	2018
	Change in unit price	$'000	$'000
TCorpIM Funds - Cash facility	+/- 1%	2,548	10
TCorpIM Funds - Strategic cash facility	+/- 1%	849	216
TCorpIM Funds - Medium-term growth facility	+/- 6%	983	629
TCorpIM Funds - Long-term growth facility	+/- 13% (2018: +/-15%)	6,773	7,267

41. Financial instruments (continued)

(c) 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

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.

The entity recognises transfers between levels of the fair value hierarchy at the end of the reporting period during which the change has occurred.

2019	Level 1 $'000	Level 2 $'000	Level 3 $'000	Total $'000
TCorpIM Funds Investment Facility	-	408,203	-	**408,203**

2018	Level 1 $'000	Level 2 $'000	Level 3 $'000	Total $'000
TCorpIM Funds Investment Facility	-	81,492	-	**81,492**

The table above only includes financial assets as no financial liabilities were measured at fair value in the Statement of Financial Position.

There were no transfers between Level 1 and 2 during the year ended 30 June 2019 (2018: Nil).

The value of the TCorpIM Funds Investments is based on the consolidated entity's share of the value of the underlying assets of the facility, based on the market value. All of the TCorpIM Funds Investment facilities are valued using 'redemption' pricing.

42. Related party transactions

(a) Key management personnel compensation

Key management personnel compensation is as follows:

	Consolidated 2019 $'000	Consolidated 2018 $'000	Parent 2019 $'000	Parent 2018 $'000
Short-term employee benefits	3,057	2,895	3,057	2,895
Post-employment benefits	62	45	62	45
	3,119	**2,940**	**3,119**	**2,940**

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 lease expenses
- Insurance costs
- Legal and consultancy costs
- Advertising costs for employee recruitment services
- Motor vehicle toll expenses
- Various grants and contributions towards research and other projects
- Project management costs for capital works projects

42. Related party transactions (continued)

(c) Transactions the consolidated entity had with government related entities during the financial year (continued)

Revenue earned as follows:

- Revenue and Capital appropriations as per the Appropriations Act
- Motor Accident Third Party revenue is received from State Insurance Regulatory Authority (SIRA) under a bulk billing agreement
- Clinical services revenue was earned from the NSW Police Force and Transport for NSW
- Various grants and contributions towards research and other projects
- Interest income on TCorpIM Funds Investment facilities
- Motor vehicle rebates
- Contract revenue for the construction works
- Insurance refunds
- Revenue from acceptance of long service leave liabilities and defined benefit superannuation

Assets and Liabilities as follows:

- Receivables / payables in respect of the above noted related party revenue and expense transactions
- Some term deposits are invested with TCorpIM Funds Investment facilities
- Energy Efficient Government Program loans are held with the Crown Finance Entity
- Prepayment for land purchase

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

Revenue earned as follows:

- Revenue from personnel services provided

Assets and Liabilities as follows:

- Intra-health receivables and payables
- Receivable for advances made to health entities

42. Related party transactions (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 (DPE), an entity controlled by the ultimate parent, has entered into a lease agreement with Western Sydney Local Health District (WSLHD) for lease of the land located at Lots 29 and 30 in Root Hill, Cumberland County for a 77 year period commencing from 4 November 1973 to 31 December 2050. WSLHD will pay $1 per year to the DPE.

Finance lease with associate

On 01 July 2012, South West Sydney Local Health District entered into a collaborative relationship with the Ingham Institute (an associate entity of NSW Health) for Applied Medical Research to create a research precinct on the grounds of Liverpool Hospital. The goal is to undertake medical research that can be translated & applied to the needs of the local population and wider Australia. As part of the arrangement the Ingham Institute Building has been sub-leased to South West Sydney Local Health District to allow its employees to conduct research across a number of streams. This arrangement has been classified as a finance lease. The final repayments for the Ingham Finance Lease are to be made during the year ending 30 June 2052.

43. 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

SECTION 6

NSW HEALTH ORGANISATIONS

NSW HEALTH ORGANISATIONS

NSW MINISTRY OF HEALTH

73 Miller Street
North Sydney NSW 2065

100 Christie Street
St Leonards NSW 2065
(Relocated to St Leonards in May 2019)

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North Sydney NSW 2059

Telephone: 9391 9000
Facsimile: 9391 9101
Email: info@health.nsw.gov.au
Website: www.health.nsw.gov.au
Business hours: 9am-5pm, Monday to Friday

Secretary: Elizabeth Koff (biography on page 8)

Key achievements 2018-19

- Launched the Milk Bank in December 2018, to provide pasteurised donor human milk to vulnerable infants in neonatal intensive care units.
- Increased distribution of influenza vaccines doses from 2.2 million in 2017-18 to 2.4 million doses in 2018-19.
- Invested $38 million in overweight and obesity prevention.
- Provided 27,000 occasions where patients received acute care in a Hospital in the Home service rather than having to stay in a hospital bed.
- Invested an additional $2 million to further improve access to elective surgery services in NSW. Around 97.1 per cent of patients had elective surgery in their clinically recommended timeframe.
- Employed more than 2500 new graduate nurses and midwives.
- Grew the NSW Health Aboriginal Workforce to 2.75 per cent, exceeding the minimum target of 2.6 per cent.
- Delivered 26 infrastructure projects across NSW on time and on budget.
- Invested more than $13.5 million on tobacco control initiatives and developed the *NSW Health Tobacco Strategy Work Plan 2019-2021* to guide efforts to tackle smoking as a leading cause of disease and premature death.
- Committed $225.3 million to minimise harm from alcohol and other drug use by delivering comprehensive education, intervention, treatment, rehabilitation and continuing care programs through NSW Health services, non-government organisations and Aboriginal community controlled health services.
- Launched the Strategic Framework for Suicide Prevention in NSW 2018-2023. The Framework was developed by the NSW Mental Health Commission and the NSW Ministry of Health in collaboration with people with lived experience of a suicide attempt or bereaved by suicide, communities concerned about suicide, government agencies, clinicians, service providers and experts in suicide prevention, and starts the journey towards zero suicides in NSW.
- Referred more than 500 women to the expanded Substance Use in Pregnancy and Parenting Services.
- Scaled up the Hepatitis in Prisons Elimination Program and achieved virtual elimination of hepatitis C in 12 correctional facilities.
- Completed Housing for Health in 23 Aboriginal communities to improve safety and reduce infections.
- Committed $67.2 million over five years to implement key recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse.
- Released the Integrated Prevention and Response to Violence, Abuse and Neglect Framework.
- Committed $12.05 million over four years for the recruitment of more than 1250 NSW patients to the Australian Genomic Cancer Medicine Program and established six PhD Scholarships for related postgraduate research opportunities.
- Completed implementation of Electronic Medication Management (eMeds) at 84 sites, with an additional 12 sites going live with the Electronic Medical Record (eMR).

Supported implementation of Leading Better Value Care initiatives in more than 100 health facilities to help accelerate NSW Health's move to value based healthcare

- Continued deployment of the Electronic Record for Intensive Care (eRIC) to support the delivery of improved safety and better clinical decision-making for critically ill patients in intensive care units.
- Exceeded the 40 per cent target by rolling out My Food Choice – a more personalised way of serving patient meals – to 42 per cent of beds statewide, an increase from 33 per cent at the end of 2017-18.
- Implemented the Emergency Department Patient Experience initiative in the emergency departments at Liverpool, Lismore, Blacktown and Nepean hospitals to help patients, carers and their families feel more welcome, safe, cared-for and empowered. The mid-point pilot evaluation showed, on average, a 30 per cent improvement in patient satisfaction across all four hospitals.
- Commenced planning for a system-level strategy for patient and carer experience that will build on existing work and initiatives on patient experience, patient-centred care, value-based care, patient-reported measures, culture and leadership, and eHealth initiatives.

STATUTORY HEALTH CORPORATIONS

AGENCY FOR CLINICAL INNOVATION

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Chatswood NSW 2067

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Business hours: 8:30am-5pm, Monday to Friday

Chief Executive: Dr Jean-Frédéric Levesque

Dr Jean-Frédéric Levesque joined the Agency for Clinical Innovation (ACI) as Chief Executive in June 2017. He brings experience in clinical practice in refugee health and tropical medicine, in clinical governance and in academic research to the ACI.

Dr Levesque is a member of the Strategic Analytic Advisory Committee of the Canadian Institute of Health Information and a Fellow of the Royal College of Physicians of Canada in Preventive Medicine and Public Health. He holds a Doctorate in Public Health, a Masters in Community Health and a medical degree from the Université de Montréal, Canada. He is a Conjoint Professor at the Centre for Primary Health Care and Equity of the University of New South Wales.

Year in review

The Agency for Clinical Innovation (ACI) leads innovation in clinical care across NSW. We do this by bringing clinicians, patients and healthcare managers together to support innovation, design and implementation.

This year our 39 networks, institutes and taskforces worked closely with senior clinicians to deliver new models of care, clinical guides, resources and tools that support the delivery of improved healthcare. Our teams partnered with local hospital teams to pilot and scale programs addressing system priorities including intensive care unit access block, implementing the patient reported measures program across the state, and supporting Leading Better Value Care initiatives.

Leading Better Value Care continued to be a key priority for the ACI as we supported more than 40 hospitals and facilities to implement programs under nine initiatives, across two tranches. We hosted workshops, forums and webinars for thousands of clinicians to support capability and knowledge sharing for facilities across NSW.

The Unwarranted Clinical Variation Taskforce was reconvened during the year to bring clinical leaders, senior managers and policy makers together to inform the reduction of unwarranted clinical variation. The taskforce has focused on a range of clinical areas such as stroke, hysterectomy and hip fracture and broader themes such as organisational culture.

The ACI, with the Clinical Excellence Commission (CEC), commenced a program of visits to local health districts and specialty health networks across the state. These visits included presenting to boards and staff in each region, sharing ideas and building on how the ACI and CEC work together to improve how care is delivered in NSW.

A significant milestone during the year was publishing the ACI's Strategic Plan for 2019-22, which articulates our vision for the future of healthcare and healthier futures for the people of NSW. We used an innovative approach to gathering evidence to inform the development of the plan, including interviewing organisations from around the world, creating a logic model with staff and consulting widely within the NSW health system to refine our strategic directions. The plan outlines how we will work with patients and clinicians to provide innovations that are evidence based, clinically led, person centred and value driven.

To enable this work, the ACI established an evidence generation and dissemination unit to provide increased support to ACI's clinical networks, synthesising available evidence to inform the development of new innovations.

The ACI's success is built on the dedication and professionalism of its staff. This year we changed our environment to embrace flexible, activity-based working to support our transformative work. The ACI team has responded positively and I would like to acknowledge their significant contribution throughout the year.

738 members from NSW Health joined the newly launched Telehealth Capability Interest Group to share innovative telehealth models of care

Key achievements 2018-19

- Developed and implemented nine Leading Better Value Care initiatives, across two tranches, in over 40 NSW public hospitals and facilities, including hosting a series of webinars, forums and workshops reaching thousands of clinicians to support capability, skill building and knowledge sharing.
- Eight additional hospitals joined the National Surgical Quality Improvement Program, taking the total number participating in the program to 16 hospitals. Four hospitals have now rolled out a site-specific quality improvement program.
- Launched the Intensive Care Unit Exit Block Project, a whole of hospital approach to optimising intensive care capacity across 14 hospitals in NSW.
- Convened research showcase and research marketplace events that brought together consumers, clinicians, executives and academics to present research projects and outcomes from ACI research grants, and discuss shared interests across research, clinical and discipline fields. Both events forged new working relationships for future research projects.
- Created an interactive *Consumer Enablement Guide for Clinicians* to provide information, tools and resources to help consumers, carers and communities manage their own health and wellbeing.
- Initiated a Telehealth Community of Practice, providing NSW Health staff with a monthly forum to share innovative telehealth models of care among its 735 members.
- Launched the Social Determinants of Health resource at an event hosted by The Benevolent Society, with keynote speaker Sir Michael Marmot. The resource recognises the influence of social and economic factors as drivers of health and effective healthcare.
- Launched the inaugural Innovation as Usual series. This annual seminar will cover innovative topics, foster discussions and be a platform for health innovators to share their views and opinions. The first event featured Professor Ian Scott, who questioned whether innovation in healthcare can become the norm for clinicians.
- The Centre for Healthcare Redesign completed its 12th year teaching frontline staff to identify the root causes of issues and implement sustainable change processes to improve how healthcare is delivered. The Graduate Certificate in Clinical Redesign was awarded the Bond University Inaugural Prize for Sustainable Healthcare in 2018.
- Engaged clinicians, consumers and managers to identify the tools and surveys for inclusion in the patient-reported measures system and supported the recruitment, education, training and capability development of 32 program leads across NSW to support increased capacity and building of local knowledge, skills and expertise for the collection and use of patient-reported measures.

BUREAU OF HEALTH INFORMATION

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Business hours: 9am-5pm, Monday to Friday

Chief Executive: Dr Diane Watson

Bureau of Health Information (BHI) Chief Executive, 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. Over the past 20 years, Dr Watson has held senior management positions measuring, monitoring and reporting on the performance of healthcare systems to drive improvements in health, care and productivity. Prior to joining the BHI, Dr Watson was the inaugural Chief Executive Officer of the Victorian Agency for Health Information. She was also the inaugural Chief Executive of the National Health Performance Authority.

Year in review

The Bureau of Health Information (BHI) set the course for the next four years in 2018-19 by launching its new Strategic Plan 2019-2022, which coincided with its 10th year as an independent and trusted provider of healthcare performance information. Developed with extensive input from stakeholders, the plan will guide BHI's work to enhance the provision of timely, accurate and comparable information so as to maximise its impact on behalf of NSW patients and communities, and provide enhanced value to the NSW health system.

BHI's reports cover a wide range of topics, including emergency department and elective surgical procedure waiting times and patients' experiences in a variety of healthcare settings. In 2018-19, BHI published 14 reports and associated information releases on healthcare performance. BHI also works closely with those in the healthcare system to ensure that its reporting can be used to inform improvement efforts.

BHI further enhanced the value of its *Healthcare Quarterly* report series, which tracks activity and performance across public hospital and ambulance services in NSW, strengthening accountability by making these results available to the community.

In relation to ambulance performance, the January to March 2019 issue of *Healthcare Quarterly* included, for the first time, measures for 91 local areas in NSW rather than the 18 ambulance zones previously reported on. In conjunction with this update, BHI introduced a new interactive online ambulance performance tool summarising key response times, enabling easy access to more localised and meaningful ambulance performance information.

BHI's *Healthcare in Focus* report examined healthcare performance in NSW for more than 60 measures, with one-third of those measures dedicated to enhancing understanding about healthcare and opportunities to improve health outcomes for Aboriginal people. The decision to use this prominent report to focus on a strategic priority has been developed further during 2018-19 and the next edition of Healthcare in Focus will examine people's use and experiences of mental health care in NSW.

BHI continued to manage and expand the NSW Patient Survey Program to help ensure patients' voices drive health system improvements, publishing several Snapshot reports on patients' experiences of care, along with detailed results for individual hospitals.

In 2018-19, BHI asked almost 300,000 patients about their time in the NSW health system. Surveys were sent to patients admitted to NSW public hospitals; emergency department patients of rural, regional and metropolitan hospitals; maternity patients; patients attending outpatient cancer clinics; and for the first time, to people with longstanding health conditions and those with select, high-priority medical conditions, which will support NSW Health's work to improve these patients' care.

BHI also launched the *NSW Patient Survey Program Strategy 2019-2022* to ensure the program develops in ways that maximise its unique value to the NSW health system for the benefit of health consumers. Priorities include:

- maintaining the robust and representative nature of surveys
- more timely data collection and reporting
- making survey results more useful in informing system improvement.

BHI will continue to provide the community, health professionals and policy makers with information that enhances healthcare system performance transparency in NSW, informing actions to improve the safety and quality of healthcare, and strengthening accountability in line with our Strategic Plan 2019-2022 and NSW Health strategic priorities. BHI is proud to have reached an employee engagement index of 73 per cent in the People Matter Employee Survey, one of the highest in NSW Health and we thank our staff for their continued efforts providing independent reports and information about the performance of the health system.

BHI surveyed almost 300,000 patients on their experiences and outcomes of care

Key achievements 2018-19

- Analysed feedback from almost 300,000 patients through the NSW Patient Survey Program.
- Released robust and representative patient survey results at NSW, local health district and hospital level, covering inpatient care for adults, children and young people, emergency departments, maternity care and outpatient cancer clinics.
- Designed and introduced a new survey of people with longstanding health conditions, and provided additional patient survey data for 10 high-priority clinical cohorts for the Leading Better Value Care program.
- Initiated a joint program with the Centre for Aboriginal Health to enhance information on Aboriginal patients' experiences and outcomes of care.
- Developed improved key performance indicators for emergency department patient experience, now adopted in local health district service agreements.
- Published four *Healthcare Quarterly* reports featuring detailed information for the public about activity and performance in NSW public hospitals and for ambulance services.
- Released a new interactive ambulance performance tool giving people easy and intuitive access to key ambulance response times by 91 local statistical areas.
- Examined healthcare performance in NSW in the Healthcare in Focus report, including national, international and local comparisons. One-third of 60 measures in total related to the experiences and outcomes of Aboriginal people.
- Launched a new Strategic Plan and a strategy for the NSW Patient Survey Program, each for the 2019-22 period, setting out plans to maximise BHI's impact on behalf of NSW patients and communities and enhance its value to the NSW health system.
- Achieved an employee engagement index of 73 per cent, one of the highest in NSW Health, as measured through the People Matter Employee Survey.

CANCER INSTITUTE NSW

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Chief Executive Officer: Professor David Currow FAHMS

Professor David Currow FAHMS is the Chief Cancer Officer of NSW and Chief Executive Officer of the Cancer Institute NSW.

Prior to his appointment in March 2010, Professor Currow was the foundation Chief Executive Officer of Cancer Australia.

Professor Currow is a Fellow of the Australian Academy of Health and Medical Sciences, the previous president of the Clinical Oncological Society of Australia and past president of Palliative Care Australia. He has also:

- served on the American Society of Clinical Oncology working party on palliative care education
- chaired the working party for the Union of International Cancer Control on Palliative Care for the United Nations summit on non-communicable diseases
- been a faculty member of the Australia and Asia Pacific Clinical Oncology Research Development workshops.

Year in review

Cancer continues to be a leading cause of premature death and illness in NSW, which has a significant impact on the community. Reducing the incidence of cancer, while ensuring the best quality care and outcomes for those who do experience the disease, are key priorities for the Cancer Institute NSW.

The Cancer Institute NSW provides the strategic direction for cancer control across the state, which is driven by the goals of the *NSW Cancer Plan*:

- Goal 1: Reduce the incidence of cancer
- Goal 2: Increase the survival of people with cancer
- Goal 3: Improve the quality of life of people with cancer

The Institute continues to collaborate with the health system, researchers and the community to develop and implement initiatives across the spectrum of cancer control – from cancer prevention and early detection, to optimising cancer treatment and care, and facilitating research in all of these areas.

Although the burden of cancer is shared by all, some groups are more affected by cancer than others, including Aboriginal people, people from culturally and linguistically diverse backgrounds, and people from rural and remote areas and lower socioeconomic backgrounds.

The Institute continues to focus on improving outcomes for these communities and ensuring that all people diagnosed with cancer across NSW receive the right treatment, in the right place, at the right time.

We are working across the health system to support cancer clinics within local health districts to embed smoking cessation brief intervention into routine care.

Importantly, we are taking a patient-centred approach, launching a Patient Information website this year (patients.cancer.nsw.gov.au). The site provides information to help people affected by cancer talk to their cancer care team, understand their options, and make informed decisions about their treatment and care.

As the state's cancer control agency, we delivered the eighth round of Reporting for Better Cancer Outcomes, providing local and statewide cancer data and information to all local health districts, primary health networks and participating private hospitals to inform health system performance and areas for improvement. In 2018, the program reported on 67 key performance indicators across cancer control, including nine patient-reported measures. This is three times the number of indicators reported in 2015. Each year, we are providing a more comprehensive view of cancer control in NSW.

Additionally, the Institute continued to increase knowledge and research capacity across the state by awarding 21 new cancer research fellowships this year.

While there is still much to do, the chances of NSW citizens surviving cancer are among the highest in the world as we continue to lessen the impact of cancer across the state. Thank you to our staff for their commitment to reducing the burden of cancer in NSW.

The Reporting for Better Cancer Outcomes Program reported on 67 key performance indicators in 2018 (three times the number in 2015), providing a more comprehensive picture of cancer control in NSW

Key achievements 2018-19

- Delivered a comprehensive anti-tobacco campaign program, including targeted approaches for Aboriginal, and culturally and linguistically diverse groups. Results indicated that 26.6 per cent of smokers in the target audience (18- to 54-year-olds) expressed an intention to quit in the next 30 days.
- Launched the Smoking Cessation in Cancer Services project, to embed smoking cessation brief interventions within local health district clinical cancer settings. We delivered workshops in three local health districts to agree on local governance for local adoption of the NSW Smoking Cessation Framework.
- Rolled out electronic distribution of BreastScreen NSW results to the majority of general practices in NSW to facilitate more timely, secure and reliable communication of results.
- Developed and implemented multilingual educational resources about bowel and breast screening, through consultation and collaboration with local multicultural health and community organisations.
- Established the Cervical Screening Aboriginal Workforce Network to increase engagement with Aboriginal communities and healthcare providers.
- Increased eviQ Cancer Treatments Online (eviQ.org.au) users to 50,000 per month, a 100 per cent increase since the new eviQ website launched in August 2017. International users now account for 28 per cent of all users, representing a 400 per cent increase in two years.
- Launched the Patient Information website (patients.cancer.nsw.gov.au) for people affected by cancer, featuring general cancer information and content about 16 specific cancer types.
- Delivered the eighth round of annual reporting for Reporting for Better Cancer Outcomes, providing local and statewide cancer data and information to all local health districts, primary health networks and participating private hospitals to inform health system performance and areas for improvement. In 2018, the program reported on 67 key performance indicators across cancer control, which is three times the number of indicators reported in 2015.
- Increased knowledge and research capacity by awarding 21 new cancer research fellowships. Eleven fellowships were completed and 63 are ongoing.
- Continued to fund seven translational cancer research centres, bringing together 1081 members (clinicians and researchers) across 86 institutions.

CLINICAL EXCELLENCE COMMISSION

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Chief Executive: Carrie Marr

Carrie Marr began her professional health career as a nurse in Scotland. She has held a number of executive roles within the National Health Service, Scotland, including Director, Tayside Centre for Organisational Effectiveness and Associate Director, Change and Innovation. Prior to taking up the role at the Clinical Excellence Commission in 2015, Ms Marr worked at Western Sydney Local Health District.

Ms Marr is a graduate of the advanced training program in Quality Improvement at Intermountain Health Care, Utah, USA, and holds a Bachelor of Science (Nursing), a Diploma in Education (Nurse Teaching) and a Master of Science (Organisation Consulting).

Year in review

Over 2018-19, the Clinical Excellence Commission (CEC) continued its role supporting the NSW health system to improve the safety and quality of healthcare, providing system management on clinical governance and ensuring national safety and quality health service standards were met or exceeded in NSW.

Across CEC programs there is an increasing focus on engaging consumers in the design and implementation of programs. In addition to a range of new and continuing patient safety initiatives, the CEC provided a responsive and agile service to local health districts and specialist health networks, offering specialist information and advice on a wide range of safety and improvement issues.

The CEC has continued to improve the quality and impact of its partnerships with local health districts and specialist health networks with an emphasis on effective, modern safety system governance, improvement tools and methods, and building safety cultures.

The CEC continued to develop the Quality Data Improvement System, which gained wider use and recognition across NSW. The System is a digital analysis platform for clinical teams, facilities and local health districts to support local quality improvement work. Users gave positive feedback on its value and contributed to further enhancements and functionality.

The CEC's Quality Improvement Academy continued to develop and offer a range of multimedia resources, programs and commissioned learning events in improvement science. Building individual and team capability to lead and support improvement work on the frontline is the cornerstone of the Academy's partnership with local health districts and specialist health networks.

The CEC continues its commitment to working with local health districts to create and sustain a positive safety culture across the NSW health system. We thank our staff for their support in delivering this important priority.

Commencement of the NSW Mental Health Patient Safety Program, in partnership with local health districts and specialist health networks, has brought together consumers, clinicians and managers to improve the experience of care for our consumers and their families in mental health.

693 improvement coaches trained at the CEC Quality Improvement Academy

Key achievements 2018-19

- Issued 21 safety alert broadcasts and four medication shortage communications. Risk assessed 670 medical devices, of which 17 were identified as high risk and two as extreme risk, requiring a system level response led by the CEC.
- Increased use of the Quality Data Improvement System to over 5000 clinicians and managers in NSW Health.
- Continued to build the NSW Health workforce patient safety and quality improvement capabilities through the Quality Improvement Academy, training 693 improvement coaches with 417 taking part in safety system skills training.
- Commenced participation in the Stillbirth Safer Baby Program, a national collaboration to reduce preventable stillbirth from 28 weeks gestation by 20 per cent by 2023.
- Commenced the NSW Mental Health Patient Safety Program in partnership with local health districts and specialty health networks, to improve quality and safety of mental health care in NSW. Fifty-eight coaches have been trained to support local teams.
- Released the *NSW Health Literacy Framework*, a guide for frontline staff, leaders and managers to improve the health literacy of patients, families and carers and create organisations with a greater level of health literacy.
- Continued development of resources and strategies to reduce hospital-acquired complications, with information on prevalence now provided by the Quality Data Improvement System. Consultation has commenced with senior clinicians to prioritise high-risk targets.
- Developed a new preliminary risk assessment in consultation with clinical leaders and directors of clinical governance, which is being piloted in two local health districts.
- Continued work with eHealth NSW to deliver a contemporary, intuitive and secure cloud-based incident management system for NSW Health staff. The pilot will commence in 2019 in two local health districts, followed by implementation across NSW Health in 2020.
- Released Between the Flags electronic observation charts (version four) in collaboration with eHealth, including the antenatal short stay observation chart, the standard maternity observation chart and the standard newborn observation chart.

HEALTH EDUCATION AND TRAINING INSTITUTE

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Chief Executive: Adjunct Professor Annette Solman

Adjunct Professor Annette Solman is the Chief Executive of the Health and Education Training Institute (HETI). She has significant experience in health management, change management, leadership capability development, strategic planning, research, policy development, clinical practice development, facilitation, coaching, project management, education and workforce development, to meet the needs of a contemporary healthcare system.

Professor Solman has an active interest in person-centred care practices and their application to the clinical practice setting and in leadership development to provide a person-centred approach to healthcare. She is also interested in aligning a workplace culture of effectiveness to that of a high-achieving professionally competent learning workforce, and strengthening relationships between HETI and our health and academic partners.

Year in review

Life-long learning, quality and access, and people and systems were the three areas of focus for the Health Education and Training Institute (HETI) during 2018-19. This year, HETI released its 2020 Strategic Plan, which seeks to bring these focus areas to life through the delivery of high-quality, evidence-based education and training to the NSW Health workforce.

Innovation and technology remained at the centre of HETI's work with 378 new digital resources added to My Health Learning. These included interactive videos, gamification, podcasts and the new cinematic-style video Promoting Inclusive Healthcare for lesbian, gay, bisexual and transsexual people, which was awarded a Gold LearnX Impact award, recognising innovative workforce learning.

HETI continued to contribute to the health outcomes of Aboriginal people through the Aboriginal Trainee Doctors Forum, Aboriginal Medical Workforce Recruitment Pathway and the Jumbunna webcast series. The year also featured the:

- launch of Health for Older Aboriginal People, developed with Aboriginal healthcare workers, elders and consumers
- inaugural Aboriginal Allied Health Forum, which attracted 36 Aboriginal allied health professionals from nine local health districts
- First Connections Forum, attended by more than 100 NSW Health staff who work with Aboriginal mothers, families and communities. The virtual format enabled staff statewide to connect and share ideas, knowledge and experiences.

Regional and rural NSW received 32 new trainees embarking on careers in rural general practice with advanced skills through HETI's Rural Generalist Medical Training program; and 1026 first-year doctors were placed into 64 hospitals across the state.

Junior Medical Officer education and wellbeing underpinned HETI's Prevocational Conference attended by nearly 200 staff, shared ideas and innovations, and strengthened networks. This year marked 30 years since the original Postgraduate Medical Council in NSW was formed, the first of its kind in Australia.

Recognising the importance of leadership and inter-professional collaboration to excellence in patient care, HETI provided leadership and management training to 7515 staff and delivered Inter-Professional Family Conferencing training to 266 staff.

HETI launched the NSW Health Finance Executive Development program, to build the leadership and strategic skills required to support a complex healthcare environment. Support for further studies also expanded with the NSW Health Registered Training Organisation becoming an accredited VET Student Loan Provider, and HETI Higher Education now offering FEE-HELP.

This snapshot of achievements highlights another successful year for HETI in promoting and supporting a connected learning community with NSW Health. We thank our staff for their passion and commitment to furthering training and education opportunities for health system staff.

405 first-year doctors employed in rural hospitals and regional networks

Key achievements 2018-19

- Delivered 378 new digital education resources.
- Awarded the Gold LearnX Impact award for promoting inclusive healthcare for lesbian, gay, bisexual and transsexual people in the Best People and Culture Strategy - Diversity/Inclusion category.
- Coordinated employment of 1026 first-year doctors in 64 NSW hospitals.
- Supported commencement of 32 doctors in the Rural Generalist Training Program.
- Delivered Gatekeeper (a suicide prevention program) to 815 participants face-to-face across NSW. A further 1088 staff have completed the online Gatekeeper training.
- Launched the Finance Executive Development program pilot.
- Trained 7515 NSW Health staff within HETI's Leadership and Management programs.
- Delivered Inter-Professional Family Conferencing program to 266 staff face-to-face across 15 local health districts and specialty health networks.
- Achieved vocational education and training student loan provider accreditation as a NSW Health Registered Training Organisation, granting access to Centrelink benefits to Diploma of Nursing students. Health Education and Training Institute Higher Education is now a Higher Education FEE-HELP loan provider.
- Distributed 152 Allied Health Workplace Learning Grants to allied health teams across 18 local health districts and specialty health networks.

SPECIALTY HEALTH NETWORKS

JUSTICE HEALTH AND FORENSIC MENTAL HEALTH NETWORK

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Chief Executive: Gary Forrest

Gary Forrest has worked in nursing for more than 30 years. He completed his general nursing training at Rockhampton Base Hospital in Queensland, a Bachelor of Science (Nursing) at Flinders University and a Master of Applied Management (Health) with distinction, at the University of Newcastle.

Mr Forrest joined the Network in 2002, working in nursing, population health and prison hospital management before becoming the Chief Executive in June 2016.

Year in review

Justice Health and Forensic Mental Health Network delivers healthcare to those in contact with the NSW criminal justice and forensic mental health systems across community, inpatient and custodial settings.

During 2018-19, the Network successfully managed the increase in demand, finishing the year (excluding high-cost drugs) $1.1 million, or 0.4 per cent, over budget for expenditure and $0.1 million, or 0.1 per cent, favourable for own source revenue.

The Network continued to manage service demands, which grew at a higher rate than budget increases, through efficiencies and initiatives including expanded telehealth capacity and changing models of care, which resulted in a reduction in average waiting list time of more than 20 per cent.

Continued development of the GP telehealth clinics model of care provided efficient healthcare to inmates in correctional centres across the state. Between 2017 and 2018, there was a 335 per cent increase in the number of GP telehealth appointments across public correctional centres. The Network increased investment in infrastructure and resources in GP telehealth to ensure equity of care for inmates, regardless of location.

The Network also introduced Protecht.ERM, a web-based, single platform system to support clinical and corporate risk management, incident management, compliance and internal audit recommendations.

The Network's forensic mental health research team developed and trialled an evidence-based prison mental health screening tool for inmate mental health assessment. The new tool was found to be feasible to implement and, when compared to the existing approach, demonstrated superior performance in identifying inmates with mental illness and those at risk of self-harm in custody. The tool was further refined and will be converted into an electronic form to be implemented across the Network. The study was funded by the Network and the National Health and Medical Research Council Centre of Research Excellence in Offender Health.

In responding to the 2018 Your Training and Wellbeing Matters survey, 87 per cent of the Network's junior medical officers provided very positive feedback about their workplace experience, reflecting the organisation's commitment to improving junior doctors' training and improved patient care.

Thank you to our Network staff, who change lives every day. Their dedication and expertise improve the health outcomes of patients, and bring dignity and high-quality patient-centred care to a stigmatised and vulnerable patient population.

123% increase in telehealth appointments since July 2018

Key achievements 2018-19

- Initiated 1452 custodial patients on direct acting antiviral hepatitis C treatment compared to 1127 in 2017-18.
- Supported 2757 Aboriginal Chronic Care Program patients compared to 1086 in 2017-18.
- Diverted 3340 adults and young people with mental illness from custody to community-based care, compared to 2899 in 2017-18.
- Supported on release from custody, 680 young people with mental health and drug and alcohol histories, compared to 486 in 2017-18.
- Reduced average waiting times for non-admitted patient appointments from 30 days to 10 days.
- Established a partnership with Western NSW Local Health District integrated care for high-risk patients released from Macquarie Correctional Centre.
- Increased telehealth appointments by 123 per cent since July 2018.
- Commenced a clinical trial of long-acting opioid dependence treatment in NSW correctional centres.

- Developed a Close the Loop assurance framework to implement Root Cause Analysis and Coroner recommendations.
- Launched the 2016 Forensic Mental Health Patient Survey Report in November 2018.

THE SYDNEY CHILDREN'S HOSPITAL NETWORK

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Interim Chief Executive: Adjunct Associate Professor Cheryl McCullagh (from April 2019)

Associate Professor McCullagh has worked in health for 30 years, including roles in nursing, research, education, IT and executive management, in specialist referral hospitals in Sydney and Adelaide. She has a Diploma in Applied Science, a Bachelor of Nursing and a Masters of Health Service Management, and is an Adjunct Associate Professor in the Sydney Medical School and Faculty of Health Sciences at The University of Sydney.

Prior to being appointed Interim Chief Executive in April 2019, Associate Professor McCullagh was the Director of Clinical Integration for The Sydney Children's Hospitals Network.

Chief Executive: Dr Michael Brydon OAM (until April 2019)

Dr Michael Brydon OAM was the Chief Executive of The Sydney Children's Hospitals Network from May 2016 until April 2019.

Year in review

The Sydney Children's Hospitals Network (the Network) is the largest provider of paediatric health services in Australia. In 2018-19, the Network saw occupancy averaging 87 per cent across both its tertiary hospitals, an increase on 2017-18. We thank our staff for their tireless work and commitment to caring for sick children in our facilities.

With more than one million occasions of service (being any examination, consultation, treatment or other service provided to a patient in a non-admitted setting), and an increase in emergency department presentations to more than 98,000, the Network cared for a total of 157,000 children.

Unprecedented capital funding commitments were made in 2018-19 to support further infrastructure developments for paediatric services at The Children's Hospital at Westmead and Sydney Children's Hospital, Randwick. In total, more than $1.2 billion was committed for major redevelopments at both tertiary hospital sites. In 2018-19 major building milestones were met with the completion of the Central Acute Services Building structure at Westmead, which is due to open in late 2020.

Significant accomplishments have been made through our research division, Kids Research, this financial year. A highlight includes the $2 million Spinal Muscular Atrophy (SMA) screening program, which has provided diagnostics to more than 90,000 newborns since August 2018 and delivered an internationally sponsored clinical trial to test a gene therapy to help prevent the onset and devastating progression of SMA.

In 2018-19, the Network completed the roll-out of a single digital paediatric Electronic Medical Record System (eMR) to cater specifically for the paediatric population. The Network can now design and modify the eMR to ensure alignment with best practice and clinician requirements in the paediatric care setting.

A governance review of The Sydney Children's Hospitals Network was completed by the Ministry of Health in the first half of 2019, to assist the Network in adapting to a changed operating environment since the Network was established. While change is ahead for the Network, recommendations made by the expert panel and further direction from the Ministry will only strengthen and improve the specialised paediatric services the Network delivers to children, young people and their families across NSW.

Around 7300 parents and carers now use The Sydney Children's Hospitals Network's My Health Memory app

Key achievements 2018-19

- Implemented an integrated paediatric eMR system across both The Children's Hospital at Westmead and Sydney Children's Hospital, Randwick, to enhance service delivery, strengthen patient safety and provide a Network-wide view of the patient record.
- Implemented a system-wide change to the way our health system addresses children who are above a healthy weight range. The new program, implemented by the Network's population health team, engages all clinics to assess a child's height and weight and also supports them with clinically appropriate advice that can be passed on to parents and carers.
- Launched the *Aboriginal Health Strategic Plan*, the first of its kind for Aboriginal children and young people in NSW.
- Supported the full implementation of the Sydney Children's Hospitals Foundation to drive fundraising projects across The Sydney Children's Hospitals Network.

- Delivered a new refurbished adolescent mental health ward (Hall Ward) at The Children's Hospital at Westmead to improve the therapeutic environment.
- New 'Early Phase Trial' accreditation from the highly acclaimed Human Research Ethics Committee (HREC) gave The Sydney Children's Hospitals Network world-class status, the only public organisation committee in NSW to achieve this type of accreditation.
- Implemented ground-breaking research into clinical practice through the Grace Centre for Newborn Intensive Care at The Children's Hospital at Westmead, to continue to lead developmental care for newborns. Early intervention programs are significantly improving outcomes for babies at risk of developing neurodevelopment problems, such as cerebral palsy, later in life.
- Delivered the $2 million Spinal Muscular Atrophy (SMA) screening program and an internationally sponsored clinical gene therapy trial, to help prevent the onset and devastating progression of SMA. The first baby involved in the trial was the first infant outside of North America to receive the one-off gene therapy infusion for SMA.
- Achieved a 50 per cent response rate over the past two years in children who have received a personalised treatment as part of the Zero Childhood Cancer National Precision Medicine Program and who have had a complete or partial response, which has stabilised the disease. This has been led by the Kids Cancer Centre at Sydney Children's Hospital, Randwick, and the Children's Cancer Institute.
- Developed and implemented a new meal service at Sydney Children's Hospital, Randwick, to optimise nutrition for patients. Meals are now offered to patients up to six times a day to address two key paediatric nutritional requirements.

ST VINCENT'S HEALTH NETWORK SYDNEY

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Chief Executive: Associate Professor Anthony Schembri AM

Associate Professor Anthony 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, Board Director of the Garvan Institute for Medical Research, Board Director of the St Vincent's Curran Foundation, Board Director of the National Centre for Clinical Research of Emerging Drugs of Concern and Co-Chair of the Nursing Research Institute of the Australian Catholic University/St Vincent's.

Associate Professor Schembri holds academic appointments with the University of NSW and the Australian Catholic University. He is a surveyor for the Australian Council on Healthcare Standards and Fellow of the Australian College of Health Service Management.

Year in review

The 2018-19 financial year was one of the most transformative periods for St Vincent's for innovation and new models of care, while increasing its mission of outreach to the vulnerable.

The St Vincent's oncology department won the Premier's Award for the best clinical trials unit in NSW and has quickly evolved to become the busiest clinical trials unit in the state, with the largest proportion of oncology patients now accessing cutting-edge treatment.

St Vincent's is now also NSW's fastest-growing provider of telehealth services, with more than 55 active telehealth programs and more than 80 trained clinicians providing care to people in rural or remote areas for a range of services, from pain management to alcohol and drug specialist support.

The past year has seen important acquisitions to better serve the community. With construction of Australia's first dedicated Advanced Cardiac Imaging Centre, using the latest technology in CT and MRI cardiac scanning to radically improve diagnostic and research capacity. St Vincent's also opened the southern hemisphere's first MRI-guided ultrasound unit for the non-invasive treatment of neurological conditions including Parkinson's and Essential Tremor.

Our emergency department is undergoing a complete transformation, including the construction of a new psychiatric and non-prescription drug and alcohol unit. The unit ensures that our unique patient population, which includes the highest concentration of patients with underlying drug and alcohol and mental health conditions, as well as those experiencing homelessness, are provided with more effective and dignified care. St Vincent's also increased its inclusive health expenditure in 2018-19, dedicating a record $45 million to providing care for marginalised groups.

In late 2018, St Vincent's embedded a new informal reporting system, known as Ethos. It forms part of the organisation's commitment to creating a culture of speaking up and addressing problems in an early, informal way. The Ethos program provides staff with the opportunity to report negative behaviour via a confidential online reporting tool. Staff can also choose to report anonymously.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

St Vincent's Health Network Sydney increased its Aboriginal and Torres Strait Islander workforce by 222%

Key achievements 2018-19

- Launched the Campus Mental Health Strategy, an innovative plan to improve accessibility and service integration for the unique patient population that St Vincent's has long served. The strategy focus on the provision of high-quality mental health services to preferentially care for the vulnerable.
- Opened the southern hemisphere's first MRI-guided ultrasound unit for the non-invasive treatment of neurological conditions including Parkinson's and Essential Tremor. This new technology treats patients using an incisionless procedure, rendering patients free of symptoms immediately.
- Commenced primary care service provision at Parklea Correctional Centre. St Vincent's Hospital Correctional Health will deliver primary healthcare, primary mental health care, drug and alcohol care, dental and allied health services.
- Launched St Vincent's first Aboriginal and Torres Strait Islander Nursing scholarship, the Aunty Fay Carroll Nursing Traineeship, named in honour of local elder Aunty Fay Carroll.
- Commenced the Advanced Cardiac Imaging Centre at St Vincent's Hospital, the first of its type in Australia. A joint initiative of the St Vincent's heart lung service and the Victor Chang Cardiac Research Institute, the new Centre brings two powerful and complementary cardiac imaging techniques – CT and MRI – together in a single space for the first time, operated by cardiologists and a dedicated team of radiographers.
- Established Australia's first Prostate Cancer Research Alliance in collaboration with the Peter MacCallum Cancer Centre and the University of Melbourne – bringing together world-leading experts to focus on the most promising ways of predicting the risk of future progression of prostate cancer at the time of diagnosis, reducing the progression of prostate cancer and improving treatments for men with advanced forms of the disease.
- Commenced a new stimulant treatment service, providing free and confidential counselling for young people aged 16 to 25 who are using methamphetamine, cocaine, ecstasy and other drugs. Opening in late 2018, the Burton Street Centre has seen clients as young as 14. The Centre's inclusive model of care provides individual therapy for both the young person and concerned others, via family or network-based therapy.
- Opened a new haematology and bone marrow and stem cell transplant ward. The new 20-bed, state-of-the-art unit provides each patient with private, negative airflow rooms – minimising infection risk and exposure to resistant microorganisms.
- Announced our partnership with the Institute of Global Homelessness, City of Sydney, NSW Government and the sector's leading NGOs in a collaboration with hard targets to end street sleeping. Together, the aim is to reduce rough sleeping in the City of Sydney by 25 per cent by 2020; reduce rough sleeping in the City of Sydney and NSW by 50 per cent by 2025; and work towards zero rough sleeping in the City of Sydney and NSW.
- Received a number of major awards recognising the outstanding achievements of both our health service and our people. In particular, Dr Jenny Stevens won Collaborative Leader of the Year at the NSW Health Awards; our health service won Employer Support Award for Australian Defence Force reservists; and the Kinghorn Cancer Centre was awarded the NSW Premier's Award for Outstanding Clinical Trials Unit.

HEALTH ADMINISTRATION CORPORATION

NSW AMBULANCE

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Chief Executive: Dr Dominic Morgan ASM

Dr Dominic Morgan ASM, Chief Executive NSW Ambulance, is a career health professional with over 30 years' experience across a broad range of operational and clinical roles. After starting his career with NSW Ambulance, Dr Morgan, a qualified intensive care paramedic, was appointed as Chief Executive Officer of Ambulance Tasmania in 2009, returning to NSW Ambulance in 2016 as Chief Executive.

Dr Morgan is the Deputy Chair of the Council of Ambulance Authorities (2018-19) and holds a Bachelor of Health Science, a Diploma in Health Education and a Master of Business Administration.
He completed his PhD in 2018, undertaking a study into the factors that influence early access to defibrillation following out-of-hospital cardiac arrest.

Year in review

A milestone year for NSW Ambulance saw more than 3700 paramedics recognised as registered health professionals, affording our paramedics the same professional standing and reputation as doctors, nurses, psychologists and other health professionals, and recognising the world-class care paramedics provide.

We continued supporting this delivery of world-class care by providing our staff with the latest knowledge and best possible equipment. This included new training programs across our aeromedical team, maternity emergency training for paramedics, a new fleet of state-of-the-art AW139 helicopters, and Mercedes VS30 ambulances. We also equipped our ambulances with new mobile data terminals to provide faster, more comprehensive patient medical information, and improved radios and radio communication to make it easier to locate patients and keep our paramedics safe.

Staff and patient safety continued to be a priority with multiple programs available throughout employment and into retirement. Programs included in-house psychologists and chaplains, wellbeing workshops, occupational violence prevention training, Trauma Assist, Manager Assist, NSW Ambulance Legacy and support for employees' families. Collaborations included Reliance at Work and Mind Coach with the Black Dog Institute and HeadCoach Research with the University of New South Wales.

A staff educational campaign, Speak Up, was designed to eradicate bullying, harassment and discrimination in the workplace. The community education campaigns Don't Hurt a Paramedic and No Excuse for Triple Zero (000) Call Taker Abuse helped improve workplace safety for our staff.

NSW Ambulance continued to protect and improve the health and wellbeing of the NSW community, delivering the Traffic Offenders Intervention Program, programs designed to improve access to quality acute stroke care, and educational programs to reduce the gap between the care received by Indigenous and non-Indigenous Australians.

Throughout the year, we continued developing integrated models of care to reduce the number of unnecessary trips to emergency departments. We now also have a range of alternate care programs including Falls Program, Aged Care Outreach Program, Point of Care Testing, Low Acuity Patient Referral and Palliative and End-of-Life Care.

Other clinical initiatives include refining our major trauma protocols to improve patient management following a major trauma incident, improved demand management to better meet the needs of a growing and ageing population, a world-class cardiac reperfusion program and improved patient access to stroke services across the hospital network.

It has been a strong year for NSW Ambulance, as we continued our delivery of excellence in care to the NSW community. Thank you to our staff for their care provided to the community.

Invested over $40 million in improved mobile communications and patient medical data

Key achievements 2018-19

- Recognition of NSW Ambulance paramedics as registered health professionals. Registration is a major milestone for our staff and recognition of their high-level clinical skills and dedication to the community of NSW.
- Recruited 226 paramedics and control centre staff in the first tranche of 750 additional staff over four years announced in the 2018-19 NSW State Budget. Extensive evidence-based planning ensures they are allocated where they are needed most.
- Introduced staff safety and recovery reforms including a dedicated claims coordinator, an injured worker resource and support kit, and a recovery at work coordinator. These reforms have reduced the number of claims and the time taken to resolve them.
- Invested more than $40 million in the latest secure mobile technology to achieve faster response times, locate patients and keep staff safe. This investment has included electronic medical records hardware, a single platform of data communications and personal and in-car radios.
- Commissioned nine NSW Ambulance superstations in the Sydney metropolitan area, with a 10th superstation announced for Randwick in February 2019. Across rural and regional NSW, 12 new stations were officially opened during 2018-19.
- Better protected our staff and provided a safer workplace with enhanced mobile communications, dynamic risk assessment training, a broad range of off-duty support services and public education campaigns such as Don't Hurt a Paramedic and No Excuse for Triple Zero (000) Call Taker Abuse.
- Invested in a new fleet of state-of-the-art AW139 helicopters which act as airborne intensive care units and are also equipped to provide neonatal emergency transport. Covering NSW and beyond, AW139s can travel approximately 600km without refuelling. They represent the biggest ever NSW Government investment in aeromedical services.
- Started rolling out a new fleet of Mercedes-Benz VS30 ambulances designed with paramedic safety in mind. The new vehicles use sensors, cameras and enhanced safety packs to help negotiate traffic, and the redesigned interiors are more spacious and comfortable for staff and patients.
- Replaced the NSW Ambulance Advisory Council with the NSW Ambulance Advisory Board from January 2019. The Advisory Board advises on governance, performance, financial oversight and reporting to ensure effective governance of NSW Ambulance.
- Launched NSW Ambulance Legacy to retain the strong friendships and support networks formed during paramedics' careers. NSW Ambulance Legacy celebrates and recognises our past and offers social connection and information to former staff and transitional assistance to existing staff approaching retirement.

HEALTH INFRASTRUCTURE

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Chief Executive: Rebecca Wark (from May 2019)

Rebecca Wark is an experienced leader of major infrastructure projects and has been with Health Infrastructure since 2008, overseeing the development of some of the state's largest hospitals and public health services. Today, she is proudly leading the delivery of the largest health capital works portfolio in Australia.

Prior to Health Infrastructure, Ms Wark worked on major infrastructure projects across the public and private sectors. Her first public sector role was planning and delivering venues for the Sydney Olympics. She has completed studies in landscape architecture and project management, is a strong advocate for women in leadership and acts as a mentor to young professionals in business and construction.

Acting Chief Executive: Cathryn Cox (from December 2018 until April 2019)

Cathryn Cox was Acting Chief Executive, Health Infrastructure, from December 2018 until April 2019.

Chief Executive: Sam Sangster (until November 2018)

Sam Sangster was Chief Executive, Health Infrastructure, from April 2013 until November 2018.

Year in review

In 2018-19, NSW Health committed to invest $2.3 billion in the Health Capital program, a sum that includes $149 million from the NSW Ministry of Health's recurrent budget. This was part of an $8 billion investment over four years to continue the major capital program for new health facilities, upgrades and redevelopments. Health Infrastructure manages the largest health capital works portfolio in Australia, delivering critical new and upgraded facilities and services across metropolitan and regional NSW.

In 2018-19, Health Infrastructure completed the construction of 26 projects, including the new Forensic Medicine and Coroners Court Complex, the Broken Hill Health Service, and eight new ambulance stations across regional NSW. Health Infrastructure is proud of its collaboration with a range of partners to deliver world-leading health and education precincts – co-locating and integrating education, research and health partners to improve community health outcomes.

In December 2018, the NSW Government announced a partnership with the University of New South Wales and the Prince of Wales Hospital to build an integrated medical education, training and research facility. Similar precinct plans are in place for Liverpool, Westmead and John Hunter.

Health Infrastructure will continue to collaborate closely with industry, focusing on safety, quality and outcomes for local health districts, healthcare professionals, patients and the wider community.

Key achievements 2018-19

- Completed 12 business cases for projects with a combined total value of $2.2 billion and seven investment decision documents for projects with a combined total value of $2.3 billion.
- Submitted the business case for the $700 million statewide Mental Health Infrastructure Program.
- Completed and opened the $91.5 million Forensic Medicine and Coroners Court Complex.
- Completed 14 new ambulance stations as part of the $306 million Rural Ambulance Infrastructure Reconfiguration Program and Sydney Ambulance Metropolitan Infrastructure Strategy Program.
- Worked in collaboration with the NSW Government and other partners to continue to drive the creation of world-leading health and education precincts at Westmead, Liverpool and Randwick. This has involved co-locating and integrating education, research and health partners to improve community health outcomes.
- Completed construction of various projects throughout rural and regional NSW, including four new facilities as part of the $300 million Multipurpose Service Program at Bonalbo, Coolah, Culcairn and Rylstone.
- Implemented a statewide reform of asset management and established the Medical Asset Management Program to support a whole-of-life approach to medical equipment and achieve fit for purpose, safe and optimised public health assets. Over 150 projects are underway as part of the $500 million Asset Refurbishment and Replacement Program.
- Started construction of 23 Health Infrastructure projects across metropolitan, rural and regional NSW, including Wagga Wagga Health Service Stage 3 and Concord Hospital Redevelopment Stage 1.

HEALTHSHARE NSW

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Chief Executive: Carmen Rechbauer (from August 2018)

Ms Carmen Rechbauer has worked with HealthShare NSW since its inception in 2005 and was appointed to the Chief Executive role in August 2018. She has a deep understanding of and commitment to the organisation and its role in the health system. In her previous role of Executive Director, Clinical Support Services, Ms Rechbauer was responsible for the delivery of hospital support services, including food, linen, cleaning, portering and security. She also led the design and implementation of the My Food Choice program, which has transformed patient meal services and resulted in improved experiences for patients, staff and clinicians.

Prior to joining HealthShare NSW, Ms Rechbauer worked with the South Eastern Sydney Area Health Service, where she gained frontline service delivery experience working closely with food service staff across seven hospitals. As HealthShare NSW Chief Executive, Ms Rechbauer is committed to placing the needs and interests of the health system and its patients at the heart of the organisation's strategy and service delivery model.

Chief Executive: Daniel Hunter (until August 2018)

Daniel Hunter was the Chief Executive of HealthShare NSW from June 2015 until August 2018.

Year in review

In 2018-19 HealthShare NSW continued to deliver on its strategic plan to be a valued and trusted partner delivering competitive services to NSW Health. We thank our staff for their service to the health system.

Over the past 12 months, HealthShare NSW has achieved many of its objectives to make services more competitive. This included making it easier for rural patients to get financial assistance for trips to specialists not available locally, by implementing a new digital system for the Isolated Patients Travel and Accommodation Assistance Scheme. The system allows patients to claim online and speeds up processing of paper claims. Claims have increased by more than 25 per cent since the system went live, with a record 21 per cent of patients now claiming online.

A key project was the Accelerated Savings Program, which delivered $24.9 million in savings to local health districts, 55 per cent above the Program's annual target. HealthShare NSW also successfully tendered to provide finance, procurement, payroll, recruitment and workforce services to the NSW Mental Health Commission. This year also saw the Patient Transport Service begin to transport low-acuity patients, completing 49 per cent of such trips over the year, and allowing the NSW Ambulance Service to focus on patients needing emergency care.

HealthShare NSW also completed projects to improve customers' experience and to deliver on the vision to be a workplace of choice for staff. HealthShare NSW was part of the statewide rollout of a new customer portal, SARA (Search and Request Anything), which is now fully operational with over 1.4 million visits so far. SARA allows users to interact online on tablets, mobile phones or desktop devices, reducing the demand on resource-intense channels such as phone and email. SARA also provides transparent reporting to assist in the continuous improvement of HealthShare NSW. HealthShare NSW achieved a 22 per cent reduction in the Lost Time Injury Frequency Rate across the organisation, demonstrating its focus on safety.

HealthShare NSW is committed to developing a constructive workplace culture, and the latest Organisation Culture Inventory survey showed progress towards this goal. HealthShare NSW also increased participation in the People Matter Employee Survey to 68 per cent, up from 66 per cent in 2017-18.

Freed paramedics from 30,000 hours of cleaning and restocking work through the continued delivery of the Ambulance Make Ready Model

Key achievements 2018-19

- Continued the My Food Choice roll-out across NSW hospitals, with patients in a total of 42 per cent of beds across the state now making meal choices through the program. My Food Choice meals were among more than 23 million patient meals served.
- Processed 41,000 tonnes of hospital linen, which involved transporting 82,000 tonnes of both clean and soiled linen across NSW in a closed loop system, while saving 205 million litres of water through sustainability activities.
- Continued delivery of the Ambulance Make Ready Model, improving service turnaround for NSW Ambulance. Ambulance Make Ready completed over 41,000 cleans, accounting for over 30,000 hours of work no longer carried out by paramedics.
- Launched the Booking Better Project, which improves the information captured when booking patient transport.
- Launched iEnhance, a new Oracle requisitioning module to assist NSW Health staff with requisitioning and purchasing processes. This module uses product images integrated with the Oracle R12 Financial Management Information System.
- Established HealthShare NSW's innovation team and piloted an innovation program in Patient Transport Service.
- Achieved a 50 per cent reduction in the use of 1300 phone numbers across HealthShare NSW, realising significant savings and streamlining the customer experience.
- Continued to develop staff and workforce capability by offering employees an opportunity to learn from senior managers through a mentoring program and Lean Six Sigma training – a program that allows a selected cohort to learn continuous improvement methodologies as part of a leadership development program.
- Exceeded Aboriginal employment targets for both employee numbers: 3.5 per cent of employees have an Aboriginal background against a target of 2.5 per cent.
- Implemented 23 Ergo Analyst controls, which reduced risks associated with manual processes, across 13 safety focus sites.

NSW HEALTH PATHOLOGY

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Chief Executive: Tracey McCosker PSM

Tracey McCosker PSM has worked in public health for more than 20 years. She held several Hunter New England Local Health District executive positions before leading a range of statewide projects for NSW Health.

Ms McCosker holds Bachelor of Commerce and MBA degrees, and is a member of the Australian Institute of Company Directors. She is committed to leading organisations that make a positive difference in people's lives, and serves on the board of Life Without Barriers. In 2018, she was awarded an Australian Public Service Medal for outstanding public service to community health in NSW.

Year in review

We've achieved so much since becoming NSW Health Pathology six years ago. I'm incredibly proud of the progress we've made and 2018-19 was another great year. We continued to build our role as trusted partners in creating integrated and modern health and justice systems for the people of NSW – a responsibility we take very seriously. Together, we worked on our second strategic plan, holding thousands of valuable conversations with our staff, partners, customers and community representatives. *Towards 2025* is the result; a plan that sets a clear roadmap for our future in genuine partnership with those who rely on and deliver our services.

We also embarked on our first Clinical Services Plan, a pivotal juncture in our transformation as a truly connected statewide service. Through these important plans, we are examining how best to make use of our statewide network, embrace emerging technologies and science, while also being responsive to the diverse and evolving needs of local customers and communities.

In 2018-19, we celebrated some big, public achievements, such as the official opening of the Forensic Medicine and Coroners Court Complex in Western Sydney. It's truly a magnificent building that's making a difference – not just for our dedicated forensic medicine staff and justice partners, but importantly for grieving families experiencing the unexpected death of a loved one.

We also had some quieter achievements, celebrating our science superheroes during National Science Week and collaborating on 140 new ideas to improve our services and workplaces through our online innovation space – IdeaLab.

The dedication of our staff was reflected in our 2018 People Matter Employee Survey results, with 73 per cent of our staff agreeing their team works collaboratively and their job gives them a feeling of personal accomplishment, while 84 per cent of us believe our teams strive to achieve client and customer satisfaction.

I was proud to officially unveil Elsie Randall's beautiful artwork, which we commissioned to illustrate our commitment to closing the health and justice gaps for Aboriginal and Torres Strait Islander people. Using the Aboriginal kinship model, it tells the story of our statewide pathology and forensic service and the importance of deep cultural connections with our communities. We hope Elsie's work will help make our facilities more culturally safe and welcoming.

Finally, I send my heartfelt thanks to the 4000 pathologists, scientists, technicians, and support and administrative staff who make up NSW Health Pathology for another year of caring, connecting and pioneering – for all of us.

Officially opened the world-class Forensic Medicine and Coroners Court Complex

Key achievements 2018-19

- Held thousands of valuable conversations with staff, customers, peers, partners and community representatives to shape and deliver NSW Health Pathology's second strategic plan – Towards 2025. The plan sets a clear roadmap for the organisation's future direction in genuine partnership with those who rely on and deliver public pathology and forensic services.
- Embarked on the creation of NSW Health Pathology's first Clinical Services Plan to form the blueprint for future clinical service models in line with statewide strategies and local customer needs.
- Partnered in the construction and officially opened the world-class Forensic Medicine and Coroners Court Complex in Western Sydney. The facility was designed to provide greater support and dignity, and answers to families experiencing the unexpected loss of a loved one.
- Enrolled another 21 colleagues into the fourth cohort of NSW Health Pathology's Emerging Leaders program, which now has more than 100 alumni. This multi-faceted and highly interactive program develops the leaders of tomorrow.
- Provided infrastructure and support through the

NSW Health Statewide Biobank to help the NSW research community to undertake more high-quality research, including through the establishment of a strategic collection strategy and development of a consent framework to enhance consent, certification and more.

- Partnered with local health district colleagues at hospital open days right across NSW showing the community how vital pathology is to integrated care via an innovative virtual reality tour showing the journey of a blood sample from collection to the lab and back to the doctor's clinic.
- Commissioned Aboriginal artist Elsie Randall to create an artwork to illustrate NSW Health Pathology's commitment to closing the health and justice gaps for Aboriginal and Torres Strait Islander people. Using the kinship model of Aboriginal communities, it tells the story of the statewide pathology and forensic service and the importance of having strong cultural connections with the communities it serves.
- Helped to solve some of Australia's most enduring military mysteries using cutting-edge DNA analysis to help identify World War I soldiers who died more than 100 years ago in France.
- Trained medical staff at the 2018 Invictus Games in Sydney to use innovative hand-held point-of-care devices to treat athletes on-site at the games, producing results in a matter of minutes.
- Connected with each other to hatch innovative ideas through IdeaLab, an online collaboration space where staff can propose, develop and gain support for ways to improve NSW Health Pathology's services.

EHEALTH NSW

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Chief Executive: Dr Zoran Bolevich

Dr Zoran Bolevich is Chief Executive of eHealth NSW and Chief Information Officer of NSW Health.

Dr Bolevich has a background in medicine and business administration. He has worked in senior health system management, health IT and data analytics leadership roles in Australia and New Zealand.

Leading a team of more than 1350 staff, Dr Bolevich is focused on implementing the *eHealth Strategy for NSW Health: 2016-2026*, streamlining governance of eHealth NSW's key programs and activities, and developing a highly effective, customer-focused digital health organisation. He is passionate about improving the health system through meaningful and effective use of digital technologies, data analytics, research and innovation in partnership with patients, clinicians, health organisations, government and industry partners.

Year in review

eHealth NSW is partnering with NSW Health organisations and industry to make strong progress in building, shaping and extending the landscape for a world-class, patient-centred and digitally enabled healthcare system in NSW.

eHealth NSW is continuing to implement consistent foundations from which NSW Health can innovate. This includes state-of-the-art clinical systems such as the Electronic Medical Record (eMR) and Electronic Medication Management (eMeds), effective business and workforce management systems such as Recruitment and Onboarding (ROB), HealthRoster, and a cloud-based portal Search and Request Anything (SARA) to support NSW Health staff, underpinned by secure, high-performing information communication technology infrastructure and networks.

In accordance with the *eHealth Strategy for NSW Health 2016-2026*, eHealth NSW is transforming the inpatient environment by working with local health

districts to implement eMR systems, now in use at 177 hospitals across the state, supporting safer care for 1.8 million patient admissions annually. Every day on average 45,000 clinicians open 1.03 million patient charts, order 110,000 laboratory tests and book 36,500 appointments digitally. Nine products that enhance the functionality of the eMR were also introduced in 2018-19.

By June 2019, the eMR's Electronic Medication Management (eMeds) functionality was live at 122 NSW public hospitals, amid plans to roll out to a further 80 facilities. Sixty-nine rural sites have gone live with eMeds and 54.5 million medications were administered in NSW using details recorded electronically, thereby reducing the risk of medication errors.

Deployment of the Electronic Record for Intensive Care (eRIC) program gained momentum, delivering improved safety for critically ill patients and supporting clinicians in the use of evidence-based clinical practice. By June 2019, eRIC was live in 19 hospitals and 373 beds across NSW, having been used to treat 20,215 patients.

By June 2019, the Radiology Information System and Picture Archive and Communication System (RIS-PACS) Program had completed its proof of concept and procurement phases, which included the signing of a 10-year as-a-service contract with the selected vendor covering the 11 participating NSW Health organisations. RIS-PACS will interface with the eMR and various patient administration systems now in use and transform the way more than two million medical imaging studies are captured, used and archived annually.

eHealth NSW's business and workforce management systems are playing their part in enhancing patient care by directly supporting the 140,000 staff members who provide 24/7 care to those in need across hundreds of NSW Health facilities.

Statewide implementation of HealthRoster was completed and new functionality to the ROB system enabled the bulk recruitment of graduate nurses and midwives and specialty recruitment of NSW Ambulance staff and senior medical and dental officers.

By June 2019, all of NSW Health's email systems were transitioned into a single managed email system, hosting 150,000 email accounts. This program of work has also standardised user login credentials to allow staff across the state to use a single user name and password to access multiple systems.

The SARA portal went live in June 2019, providing NSW Health staff with anytime-anywhere-and-on-any-device access to IT, payroll, recruitment, finance, purchasing and warehousing services and support services.

eHealth NSW continues to vigilantly monitor, review and strengthen NSW Health's information systems' defences and implement measures to ensure NSW Health's cyber security 24/7 readiness is maintained. The eHealth NSW and HealthShare NSW Cyber Security Executive Committee approved the Cyber Security Roadmap 2019-20 for managing cyber security risks as mandated by the NSW Cyber Security Policy. We thank our staff for their work in ensuring the safety and performance of the health system's electronic processes.

Successfully completed large-scale recruitment of graduate nurses and midwives, NSW Ambulance staff, and senior medical and dental officers through the new Recruitment and Onboarding (ROB) system

Key achievements 2018-19

- Reached a total of 177 sites with 21,500 beds now live with the eMR. Nine enhancements to the eMR were made, including Offline Medication Administration Chart, My Charted Patients and Pharmacy MPages.
- Implemented Electronic Medication Management (eMeds) at 84 sites, with an additional 12 sites going live with the second phase of Electronic Medical Record (eMR2). eMeds is now available at 122 sites in NSW.
- Increased to 19 the number of hospitals live with the Electronic Record for Intensive Care (eRIC) which is delivering improved safety and providing better clinical decision-making for critically ill patients.
- Signed a contract to pilot the Health Grade Enterprise Network initiative at the Westmead Redevelopment Precinct. This will test a new approach to commissioning and providing hospital networking infrastructure as-a-service to ensure hospitals can provide the best digitally enabled healthcare to the people of NSW.
- Completed the Radiology Information System and Picture Archive and Communication System (RIS-PACS) Program's proof of concept and procurement phases with a selected vendor covering 11 NSW Health organisations. This will transform the way more than two million medical imaging studies are captured, used and archived annually.
- Implemented secure, cloud-based infrastructure that will enable systems such as a new Patient Reported Measures (PRM) system to 'scale' to support integrated, better value care across NSW Health.
- Delivered technical integration for the pilot of a Risk Trigger Monitoring Tool, which is supporting patient safety. The tool captures combinations of events within the eMR allowing for rapid feedback on the effectiveness of quality and safety initiatives.
- Designed a platform for combining and rapidly accessing NSW Health data for analytics purposes.
- Delivered the Pathology Analytics Phase 1 proof of concept solution on a robust platform in June 2019, enabling a limited set of specific reports and analytics based on pathology data to analyse variation in ordering pathology services in emergency departments.
- Completed the integration of NSW Diagnostic Imaging Reports from all local health districts and The Sydney Children's Hospitals Network, enabling NSW Health to share available information to My Health Record.

LOCAL HEALTH DISTRICTS

Eight local health districts cover the Sydney metropolitan region, and seven cover rural and regional NSW.

METROPOLITAN NSW LOCAL HEALTH DISTRICTS

Central Coast
Illawarra Shoalhaven
Nepean Blue Mountains
Northern Sydney
South Eastern Sydney
South Western Sydney
Sydney
Western Sydney

RURAL AND REGIONAL NSW LOCAL HEALTH DISTRICTS

Far West
Hunter New England
Mid North Coast
Murrumbidgee
Northern NSW
Southern NSW
Western NSW

CENTRAL COAST LOCAL HEALTH DISTRICT

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Chief Executive: Dr Andrew Montague

Dr Andrew Montague has been Chief Executive of Central Coast Local Health District since August 2016 and has extensive clinical and senior management experience within the health sector, both in Queensland and NSW.

Dr Montague studied medicine at the University of New South Wales (UNSW) and has a Masters in Health Administration from UNSW. He is a fellow of both the Royal Australian College of General Practitioners and the Royal Australasian College of Medical Administrators.

Dr Montague's previous role was as Executive Director Operations for Northern Sydney Local Health District from 2012 to 2016, where he also acted as the Chief Executive for an extended period.

He worked as a clinician for 10 years, both in hospital and as a general practitioner, and since 2005 has held the roles of Director Medical Services, Mercy Health and Aged Care Central Queensland; Deputy Director Medical Services, Royal North Shore Hospital; and Director Medical Services Northern Beaches Health Service.

Year in review

Central Coast Local Health District's continuing expansion of facilities and initiatives is a reflection of the growth and transformation of the Central Coast community. We acknowledge the work of our committed staff in supporting and delivering care to our patients.

Gosford Hospital's $348 million redevelopment is an example of the District's commitment to providing world-class care and support to the community and the generations that follow. Ongoing refurbishments across this financial year have provided new homes for allied health, physiotherapy, the medical day unit, anaesthetics, emergency department offices, and patient enquiries.

Commissioning of the helipad for the new 11-storey tower has meant improved access and upgraded technology for patient transfers.

The main entry forecourt and linkway connection to the new multistorey car park was finalised in 2018-19. The connection includes the proposed site for the $72.5 million Central Coast Medical School and Research Institute, a partnership between the Central Coast Local Health District and the University of Newcastle. Construction of this new research facility will commence in mid-2019.

Work commenced on the $200 million redevelopment of Wyong Hospital, with construction of the new car park completed in November 2018. This redevelopment will deliver first-class services including a new emergency department, intensive care unit and expanded surgical services.

The District's strong relationship with the local Aboriginal community was highlighted at the annual NAIDOC Community Day, which saw 330 Aboriginal community members complete full health checks, including pathologies.

The District has shown strong leadership in providing a healthy food environment, fully implementing the *NSW Healthy Food and Drink Framework* in early 2019. All retail outlets have prioritised healthy food and drink in their offerings and continue to work closely with the District to ensure this is maintained.

Key performance indicators for the Healthy Children's Initiative and health professional referrals to the Get Healthy Service, including Get Healthy in Pregnancy, were exceeded in 2018-19. A total of 838 patients were referred to the Get Healthy Service by health professionals, of which 486 were Get Healthy in Pregnancy referrals – more than double the target set.

The Thirsty? Choose Water! translational research grant encouraged students to swap sugary drinks for water, with early positive results showing the overwhelming popularity of chilled water stations in secondary schools. This program also attracted another research grant from the Medical Research Future Funds for $399,850 to extend the project throughout more than 60 NSW schools.

Digital transformation continues to improve the District's capability to provide care to the highest standards of quality and safety. The District's information communications and technology team implemented the eHealth health wide area network

to numerous facilities, providing improved network connectivity and reliability to clinicians.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

Around 330 members of the local Aboriginal community completed health checks, including pathologies, at the NAIDOC Community Day

Key achievements 2018-19

- Continued work on the $348 million redevelopment of Gosford Hospital , which is nearing completion, and expected to be finished in late 2019.
- Commenced work on the $200 million redevelopment of Wyong Hospital, with construction of a new car park completed in November 2018.
- Implemented a new model of care for Ngiyang (Aboriginal Maternal Infant Health Service and Building Stronger Foundations Program), which ensures all pregnant women in the District identifying as Aboriginal, or who identify their baby as Aboriginal, will be provided cultural care from pregnancy until the child's sixth birthday.
- Delivered a new mobile x-ray service for residents in aged care facilities, allowing care to be delivered closer to where people live and avoiding unnecessary emergency department presentations.
- Developed a consortia to provide strategic direction and informed decision-making on the development, implementation and local evaluation of suicide prevention initiatives.
- Implemented a new risk stratification tool for people living with chronic conditions. The tool aims to assist patients at risk of rehospitalisation to navigate the health system, reducing barriers to accessing care.
- Developed a partnership with Liquor & Gaming NSW to encourage ID checking at local alcohol retailers. 'Mystery shopper' site visits have helped improve the number of bottle shops on the Central Coast checking customer IDs.
- Co-designed a *Consumer Participation Framework* to inform consumers and guide staff.
- Refreshed the District's values and behaviours as part of the *Culture Strategy 2018-2023*.
- Delivered eRIC (Electronic Record for Intensive Care), a unique clinical system created by ICU clinicians for critically ill patients, to Wyong Hospital and Gosford Hospital.

Demographic summary

Central Coast Local Health District is located north of Sydney and provides healthcare services across a geographic area of approximately 1680 square kilometres. The District is home to about 350,170[1] residents.

The Darkinjung people are the traditional custodians of the land covered by the District.

People of Aboriginal and Torres Strait Islander heritage make up 3.8 per cent of the population. About 21 per cent of the population were born overseas, 8.3 per cent reported speaking a language other than English at home and about 0.8 per cent of the District population reported poor proficiency in English.

Comparatively high numbers of people 70 years and older live on the Central Coast (15.5 per cent of the population), compared to the rest of NSW (11.8 per cent). The District's population is expected to increase by around 12 per cent by 2031. The older population is projected to grow by about 42 per cent and will represent about 20 per cent of the population.

Issues facing the District are related to ageing, chronic health conditions and growing service requirements. These are particularly relevant in the Wyong area, due to higher population growth, lower socio economic status and higher levels of risky behaviours such as smoking, alcohol consumption, poor diet and obesity. Central Coast residents have higher rates of death from all causes, in particular cancers and respiratory disease, in comparison to the NSW rates.

Source:
1. Estimated resident population for 2019

Local government areas

Central Coast

Public hospitals

Long Jetty Health Centre (sub-acute), Gosford, Woy Woy (sub-acute), Wyong

Community health centres

Erina, Kincumber, Lake Haven, Long Jetty, Mangrove Mountain, Woy Woy, Wyong, Wyong Central

Child and family health services

Aboriginal Maternal and Infant Health Services, Building Strong Foundations, Family Care Cottage Gosford Gateway Centre and Wyong Kanwal Health Service Child and Family Health Gateway Centre, Statewide Eyesight Preschooler Screening, Statewide Infant Screening – Hearing, Sustaining NSW Families Wyong Central, Universal Health Home Visiting, Pregnancy and Early Parenting Education – Maternity Services, Developmental Team – Child Health Assessment, Family Assessment Consultation Education Therapy Service, Early Childhood Nursing Service, Well Baby Clinic, Immunisation Clinics, Allied Health Clinics – occupational therapy, speech pathology, physiotherapy, social work. Child and Family Health services are also provided at community health centres and Kariong Neighbourhood Centre.

Oral health clinics

Gosford Hospital, Woy Woy Hospital, Wyong Hospital

Other services

Aboriginal health, ambulatory care, BreastScreen NSW, chronic and complex care, community nursing, drug and alcohol, HIV and related programs, Hospital in the Home/Acute Post-Acute Care, Integrated Care Program, mental health, multicultural health, palliative care, sexual assault care, sexual health, violence

prevention service, women's health, youth health

FAR WEST LOCAL HEALTH DISTRICT

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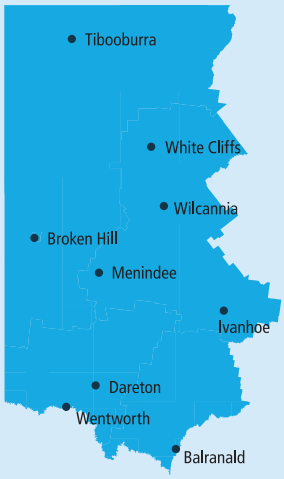

Chief Executive: Steve Rodwell

Steve Rodwell was appointed Chief Executive for Far West Local Health District in September 2017. Previously, he was the Executive Director Nursing, Midwifery and Workforce, with the Mid North Coast Local Health District for six years. Mr Rodwell began as a student nurse at Royal Prince Alfred Hospital in 1980, moving to Kempsey District Hospital in 1986 and to the Coffs Harbour Base Hospital in 1989. He brings to the role a great depth of nursing and general management experience.

Year in review

The 2018-19 financial year was a busy time, with the Far West Local Health District continuing to consolidate on the previous years' developments and making significant progress on important initiatives.

The District continued to perform strongly against a range of indicators and retained a NSW Health performance rating of zero (no performance issues). The Yamirri Nharatji culture framework program continued to enhance workplace culture and drive improvements in staff engagement and patient-centred care.

In 2018-19, the District increased medical services at Broken Hill Health Service, which included the appointment of a new resident general physician. An increase in the orthopaedic service to weekly visits has enabled most emergency procedures to be performed at Broken Hill. This has also increased the volume of elective surgery, including sub-specialty surgery, and the amount of emergency orthopaedic surgery done at Broken Hill. Shoulder replacement surgery and a monthly haematology service commenced; previously patients had to go Adelaide for these services.

The District increased the Aboriginal health worker positions within the Broken Hill Health Service by 4.6 full-time equivalent positions in 2018-19. These positions provide support to the Aboriginal community when they are accessing the health service, seven days per week. Growth also continued in the mental health and drug and alcohol (MHDA) Aboriginal workforce, with the commencement of three Aboriginal mental health trainees (AMHT). The new AMHT clinicians join the four existing Aboriginal MHDA clinicians, who are all successful graduates of the trainee program. The program promotes development of skills in both the trainees and also in non-Indigenous clinicians, through shared knowledge, education and engagement with Aboriginal people and their families.

Expansion of the Primary Health Care Registered Nurse in School Service now means there are five registered nurses in seven primary and two secondary schools in Broken Hill, offering population health screening to all children commencing kindergarten each year, as well as providing and coordinating health promotion activities. The service also provides early intervention strategies to improve health literacy and prevent illness.

Expansion of the School Based Traineeship program saw the program grow to 19 positions in 2019, with 15 positions identified for Indigenous students. The program combines paid work, training and school, with eight trainees in their final year and 10 in their first year. Students receive an industry-recognised national qualification and credit towards their HSC.

Implementation of the Clinical Excellence Commission's Last Days of Life Toolkit in Broken Hill Health Service has provided standardised paperwork and language for identifying, discussing and implementing care in the last days of life. Education sessions were provided at Broken Hill Hospital for nursing, medical and allied health staff, and a comprehensive resource manual was also developed to support its ongoing use. Roll-out of SHAPE End of Life conversations to outreach sites has included half-day education sessions for nursing and allied health staff at Dareton, Wentworth and Balranald, with an aim of increasing staff confidence and capacity in discussing end of life issues with patients, carers and colleagues.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

The School Based Traineeship program increased to 19 positions in 2019, with 15 positions identified for Indigenous students

Key achievements 2018-19

- Achieved an Indigenous employment rate of 9.5 per cent, as compared to 8.7 per cent in last financial year. The District target is to have an Indigenous employment rate of 10.7 per cent by the end of 2019.
- Expanded our Transition to Professional Practice new nurse graduate program and the School Based Traineeship program with more opportunities for Aboriginal applicants.
- Achieved emergency treatment performance targets, with a result of 89.2 per cent as at 30 June 2019, significantly above the state target of 81 per cent.
- Maintained the percentage of consumers rating the mental health and drug and alcohol services through the Your Experience Surveys (YES) as very good or excellent (above 80 per cent). In May 2019, 100 per cent of consumers rated the service as very good or excellent.
- Continued increases to specialist services, including three new Aboriginal mental health trainees and an increase in Aboriginal health worker positions, and increased the numbers of medical practitioners and nurses in our primary schools offering health screening and health promotion activities for all children.
- Implemented the Last Days of Life Toolkit, the *Palliative Approach Framework* online resource, and SHAPE End of Life education sessions.
- Completed Stage 2 of the Broken Hill Health Service redevelopment and the roof replacement program.
- Increased medical services at Broken Hill Health Service, increasing access to surgery, including elective surgery.
- Continued planning for a new facility at Buronga and major refurbishment of Tibooburra Health Service; upgraded staff accommodation and accessibility to health buildings in White Cliffs and Tibooburra.
- Consolidated services at the new Broken Hill Community Health Centre.

Demographic summary

The Far West Local Health District is located in the far west of NSW and provides healthcare services across a geographic area of approximately 194,949 square kilometres. The region has some of the most beautiful, though harsh, landscape in NSW and has been significantly affected by the current drought.

The Barkandji, Wilyakali, Ngiyampaa and Muthi Muthi peoples are the traditional custodians of the land covered by the District. The region has three rivers – the Darling, the Murray and the Murrumbidgee. These rivers are significant for the traditional custodians and provide connection to their lands.

The northern cluster of the District includes the towns of Broken Hill, Tibooburra, Wilcannia, Menindee, White Cliffs and Ivanhoe, which all have links with the South Australian health service, especially for flows to higher level health services. The southern cluster of the District includes the towns of Wentworth, Dareton, Buronga, Gol Gol, Euston and Balranald and links to Victoria for higher level health services.

The 2019 estimated residential population(ERP)[1] of the District was 30,060. People of Aboriginal heritage make up 3,920 or 13 per cent (2016 ERP) of the population, compared to 216,176[2] for all NSW. The District's representation of culturally and linguistically diverse communities is small, with 91.1 per cent of residents coming from an English-speaking background.

By 2036, the District's population is expected to decrease by 9.6 per cent. However, a planned land release in the Wentworth Local Government Area may increase the population over the next 25 years. Mining and alternative electricity generation technology activity is also increasing across the District.

The proportion of the District aged 65 years and over is projected to increase from 18 per cent in 2016, to 29 per cent by 2036. It is expected that this growth will increase the demand for services in the District. Aboriginal community birth rates are also increasing. The District is responding by providing culturally safe and responsive healthcare, complemented by working with Aboriginal health service partners.

The demand for health services in the region has been changing in line with the ageing population's increased rates of chronic disease. More recently, the impact of the drought on the wellbeing of far west communities has seen a need to enhance mental health and drug and alcohol services. We have seen the importance of this particularly for Aboriginal communities, with the lack of water in the rivers affecting their wellbeing.

In 2017-18, the rate of admissions for circulatory disease in the region was slightly higher than that of the rest of NSW. In 2017-18, the hospitalisation rates for chronic obstructive pulmonary disease and diabetes-related conditions were respectively two and three times the NSW rate. In 2017-18, the hospitalisation rates for intentional self-harm in 15-24-year-olds was twice the rate of all the local health districts. In 2017, an estimated 20.2 per cent of respondents in the region reported high or very high psychological distress, compared to 15.1 per cent across NSW.*

The District is keen to ensure the co-design of services based on community need. By enhancing models of care that focus on integrated care, patient-centred, value-based care, telehealth and alternatives, the District aims to reduce the use of hospital services and place a greater emphasis on the provision of primary healthcare and support for self-management.

Sources:

1. NSW HealthStats

2. 2016 Australian Bureau of Statistics Census

Local government areas

Broken Hill, Central Darling, Wentworth, Balranald, Unincorporated Far West

Public hospitals

Broken Hill Health Service, Wilcannia Health Service (multipurpose service), Balranald Health Service (multipurpose service), Wentworth Health Service

Community health centres

Broken Hill Community Health Centre (Wilyakali Palii-mala Kirra), Dareton Primary Health Care Service, Ivanhoe Health Service (HealthOne), Menindee Health Service, Tibooburra Health Service, White Cliffs Health Service

Child and family health services

Child and Family Health Service (Wilyakali Palii-mala Kirra)

Oral health clinics

Broken Hill Community Health Centre Dental Clinic (Wilyakali Palii-mala Kirra), Balranald Dental Clinic, Dareton Dental Clinic/Mobile Van

HUNTER NEW ENGLAND LOCAL HEALTH DISTRICT

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Chief Executive: Michael DiRienzo

Michael DiRienzo, Chief Executive, Hunter New England Local Health District, holds tertiary qualifications in commerce and economics. He held senior positions in a range of manufacturing organisations prior to entering the health field. Mr DiRienzo has extensive experience in senior management roles within health support services, and was senior operational leader of the District's major referral hospitals prior to becoming Chief Executive in January 2011.

Year in review

This year, Hunter New England Local Health District has looked to the future, examining how emerging technology can continue to help provide excellent care for every patient, every time. Technology underpins – or has the potential to underpin – almost every service model and enhance contemporary, quality healthcare.

With this in mind, there has been a continued focus on eHealth and what it can achieve, particularly for people living in some of the most rural and remote corners of this vast and diverse local health district.

In an Australian first, Hospital HealthPathways was launched to support John Hunter Hospital and John Hunter Children's Hospital's junior medical officers via an online, mobile-friendly website. The website currently provides 45 clinical pathways and 143 referral pages with information on clinical management, referral, discharge criteria and information for patients. Junior doctors provided positive feedback on the initiative as a valuable resource, and it will be rolled out right across the District in 2020.

This year the Quality Improvement Data System commenced, a significant step to reduce hospital-acquired complications. More than 800 staff are active users of the new system, enabling services to audit coding and input of information, understand common complications experienced by their patients and put strategies into place to reduce the incidence of hospital-acquired complications.

To further formalise eHealth, we developed the new *Digital Strategy 2020-2025*. More than 1000 staff contributed to the development of the Strategy, sharing how existing clinical systems can provide better support and what ideas can be explored into the future.

A major focus of the strategy is to consider how frontline staff can access seamless, real-time, in-depth information on every patient in the District. In response to staff input, we are exploring ways to reduce duplication in record keeping. Making systems more mobile, providing better access to systems on the go and reducing the need for staff to log on and record patient notes at a desk are all being advanced, as well as how to take further advantage of telehealth by improving usability, accessibility and scheduling. These focuses, along with many others detailed in the strategy, will support frontline staff to provide even more innovative, safe and high-quality care to the diverse population served.

The District continued its investment in telehealth to ensure people living in its most remote communities have access to high-quality care. Telehealth can help remove the need for patients to travel long distances for face-to-face consultations. This is significant in the large area of the District where patients travel more than 20 million kilometres a year to access booked appointments and services.

The District's commitment to technology and innovation is being rewarded with a whole range of new and improved service models not conceived of 10 years ago. This work, combined with the hard work and dedication of the 16,000 clinicians and support staff, is taking patient care into the modern age.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

64% of staff had their say in the 2019 People Matter Employment Survey, the District's highest ever response rate

Key achievements 2018-19

- Improved access to culturally appropriate podiatry services for Aboriginal people experiencing diabetes-related foot disease by employing the first Aboriginal health practitioner to the Healthy Deadly Feet Project based in Tamworth.
- Selected by the Ministry of Health to provide one of three new specialised intellectual disability health teams. The team will provide multidisciplinary assessments and develop care plans for people with intellectual disability and complex health needs to ensure they receive coordinated, high-quality healthcare.
- Implemented strategies to achieve a 20 per cent increase in the use of interpreter services by staff, improving care for the District's large population of non-English speaking patients.
- Developed the *Digital Strategy 2020-2025*, which details how the District will use new and improved technology and software to enhance patient care in coming years.
- Implemented a new, four-week menu for aged care residents living in 10 multipurpose services as part of the My Food Choice program. The program, implemented in partnership with HealthShare NSW, is improving the quality, variety, choice of food and diet management for residents.
- Distributed toothbrushes, toothpaste and oral health information to children at 12 non-fluoridated rural schools. The initiative, in a partnership with HealthWISE, was aimed at improving oral health and oral health literacy in young people.
- Launched the Quality Improvement Data System in a significant step to reduce hospital-acquired complications. More than 800 staff are active users of the new system, enabling services to audit coding and input of information, understand common complications experienced by their patients and put strategies into place to reduce the incidence of hospital-acquired complications.
- Launched Australia's first Hospital HealthPathways to support junior medical officers at John Hunter Hospital and John Hunter Children's Hospital via an online, mobile-friendly website. The website currently provides 45 clinical pathways and 143 referral pages with information on clinical management, referral, discharge criteria and information for patients.

- Achieved a 40 per cent increase in alcohol consumption assessments performed during routine antenatal appointments at Newcastle, Tamworth, Gunnedah, Quirindi and Taree. This work led to the establishment of local referral pathways and increased referrals to services such as Drug and Alcohol and Aboriginal Medical Services.
- Developed an Adverse Childhood Experiences (ACE) Assessment Tool to strengthen clinical assessment of children and young people accessing specialised violence and neglect services. Adverse childhood experiences can be linked to poorer long-term health outcomes, and the ACE tool will assist clinicians in better assessing complex needs and decision-making towards intervention.

Demographic summary

Hunter New England Local Health District is located north of Sydney and spans from Morisset in the south to Tenterfield in the north, west to Boggabilla and to Mungindi on the Queensland border. The District provides healthcare services across a geographic area of 131,785 square kilometres or 16 per cent of the area of NSW. The catchment includes many small rural and remote communities as well as populous regional centres. The largest centre is Newcastle, which is NSW's second largest city. The District spans almost 700 kilometres from north to south and approximately 500 kilometres from east to west.

Traditional custodians of the land covered by the District are the Kamilaroi, Gomilaroi, Geawegal, Bahtabah, Thungutti, Awabakal, Aniawan, Biripi, Worimi, Nganyaywana, Wonnarua, Banbai, Ngoorabul, Bundjalung, Yallaroi and Darkinung nations.

About 942,370[1] residents live within the District. Approximately 52,990[1] people of Aboriginal and Torres Strait Islander heritage make up 5.9 per cent of the population. About 169,800 residents, or 20 per cent of the District's population, were born overseas. Approximately five per cent of residents in the District speak a language other than English. Recent arrivals are of Kurdish Kurmanji speakers from Iraq and Syria in Armidale, and refugees from the Democratic Republic of Congo, Tibet and Syria in the Newcastle region.

The District is experiencing an ageing of the population, with a notable increase in people aged 85 years and over. At the same time, some communities are seeing a growth in families and young people, particularly in the Hunter Valley, Newcastle, Port Stephens and Armidale areas. There is also a general movement of the population away from inland areas to the coast. However, while some communities such as Moree may be decreasing in overall population, the Aboriginal population is growing.

Over the next decade, the District's population is expected to grow by eight per cent to 1,024,072[2] residents by 2029. The main health issues facing the District include stroke, cancer, gastrointestinal disease and kidney disease.

Sources:

1. Healthstats, NSW Ministry of Health – www.healthstats.nsw.gov.au/Indicator/dem_pop_lhnmap

2. Australian Bureau of Statistics 2011

Local government areas

Armidale Dumaresq, Cessnock, Dungog, Glen Innes Severn, Gloucester, Great Lakes, Greater Taree, Gunnedah, Guyra, Gwydir, Inverell, Lake Macquarie, Liverpool Plains, Maitland, Moree Plains, Muswellbrook, Narrabri, Newcastle, Port Stephens, Singleton, Tamworth Regional, Tenterfield, Upper Hunter, Uralla, Walcha

Public hospitals

Tertiary referral hospitals: John Hunter (includes Royal Newcastle Centre), John Hunter Children's Hospital, Calvary Mater Newcastle

Rural referral hospitals: Armidale, Maitland, Manning (Taree), Tamworth

District hospitals: Belmont, Cessnock, Glen Innes, Gloucester Soldiers Memorial, Gunnedah, Inverell, Kurri Kurri, Moree, Muswellbrook, Narrabri, Scott Memorial (Scone), Singleton

Community hospitals: Bulahdelah, Dungog, Quirindi, Tenterfield Hospital, Tomaree (Nelson Bay), Wee Waa, Wilson Memorial (Murrurundi), Wingham

Multipurpose services: Barraba, Bingara, Boggabri, Denman, Emmaville, Guyra, Manilla, Merriwa, Tingha, Walcha, Warialda and Werris Creek

Public Nursing Homes

Hillcrest Nursing Home (Gloucester), Kimbarra Lodge Hostel (Gloucester) and Wallsend Aged Care Facility

Community health centres

Armidale, Ashford, Barraba, Beresfield, Bingara, Boggabilla, Boggabri, Bulahdelah, Bundarra, Cessnock, Denman, Dungog, East Maitland, Emmaville, Forster, Glen Innes, Gloucester, Gunnedah, Guyra, Gwabegar, Harrington, Hawks Nest/Tea Gardens, Inverell, Kurri Kurri, Manilla, Merriwa, Moree, Mungindi, Murrurundi, Muswellbrook, Narrabri, Nelson Bay, Newcastle, Nundle, Pilliga, Premer, Quirindi, Raymond Terrace, Scone, Singleton, Tamworth, Taree, Tenterfield, Tingha, Toomelah, Toronto (Westlakes), Uralla, Walcha, Walhallow, Wallsend (Western Newcastle), Warialda, Wee Waa, Werris Creek, Windale (Eastlakes)

Child and family health services

Armidale, Anna Bay, Barraba, Belmont, Beresfield, Bingara, Boggabilla, Boggabri, Bundarra, Charlestown, Cessnock, Denman, East Maitland, Edgeworth, Glen Innes, Greta, Gunnedah, Guyra, Hamilton, Inverell, Kotara, Kurri Kurri, Mallabula, Manilla, Maryland, Medowie, Merriwa Morisset, Moree, Mungindi, Murrurundi, Muswellbrook, Narrabri, Newcastle, Old Bar, Quirindi, Raymond Terrace, Rutherford, Scone Singleton, Stockton, Stroud, Tamworth, Tenterfield, Tomaree, Toronto, Wallsend, Walcha, Waratah, Warialda, Wee Waa, Windale, Wingham

Oral health clinics

Armidale, Barraba, Beresfield, Cessnock, Forster, Glen Innes, Gunnedah, Inverell, Maitland, Moree, Muswellbrook, Narrabri, Nelson Bay, Newcastle, Raymond Terrace, Scone, Singleton, Stockton, Tamworth, Taree, Toronto, Tenterfield, Wallsend, Windale, Walcha

Third Schedule facilities

Calvary Mater Newcastle

Other services

Mental health facilities: Mater Mental Health Services (Waratah), James Fletcher (sub-acute), Morisset Hospital. Inpatient mental health services: Maitland, Tamworth, Manning, Armidale and John Hunter hospitals.

Lakeview Detoxification Service is located at Belmont Hospital.

Clinical networks: aged care and rehabilitation, children, young people and families, cancer, women's health and maternity, mental health and drug and alcohol, critical care, chronic disease.

ILLAWARRA SHOALHAVEN LOCAL HEALTH DISTRICT

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Chief Executive: Margot Mains

Margot Mains began her career as a nurse and held senior leadership roles in the health system in New Zealand and South Australia, before taking up the position of Chief Executive with the Illawarra Shoalhaven Local Health District in 2014. Ms Mains has extensive health executive leadership and management experience at hospital and District level, and is a member of the Illawarra Health and Medical Research Institute Board. She also holds a Bachelor of Laws.

Ms Mains has a strong focus on research and has led the District through a significant period of change, including leadership reform.

Year in review

Over the past 12 months Illawarra Shoalhaven Local Health District has seen unprecedented growth in demand. Our emergency departments treated an additional 7000 patients and the number of unplanned surgeries increased by almost 15 per cent on the previous year. This significant growth in our activity has driven much of the District's focus on improving efficiencies so that we are able to deliver the highest

quality care, where it's needed most. We commenced development of the District's new *Health Care Services Plan* that will guide the delivery of services over the next decade. The Plan will outline our vision for an integrated health system in the Illawarra Shoalhaven region which supports people to stay healthy in their homes and communities.

The District also continued to plan and develop the region's clinical infrastructure. The $37.1 million Bulli Aged Care Centre is under construction. A community-owned organisation will manage the residential aged care facility, investing $16.6 million in the facility to bring the total project cost to over $50 million.

In November 2018, Premier Gladys Berejiklian announced a $434 million upgrade of Shoalhaven Hospital, and preliminary planning for the significant redevelopment is now underway. Work also started on the construction of a $11.8 million car park at Shoalhaven, delivering 220 more parking spaces to meet current and future demand.

The past 12 months saw the District further develop key relationships that promote greater collaboration, and ultimately, improve health outcomes for our local communities. We contributed to the development of the first regional plan for Mental Health and Suicide Prevention, in partnership with Southern NSW Local Health District and the primary health network. The District also collaborated with stakeholders, including Aboriginal medical health services, on priority issues, including birthing on country and increasing the voice of Aboriginal people in decision-making and planning of health services. We developed the District's first *Consumer Engagement Framework*, to provide better opportunities to connect with all of our patients, consumers, clients and carers.

We also worked to improve the overall experience for our patients by installing Wi-Fi at hospital sites and starting a significant infrastructure upgrade of the District's internet platform to improve access to information by consumers and the community.

Overall, 2018-19 has been an incredibly busy period. The year ahead will see our District continue to build on plans for further improvements for delivering the highest quality services to the people of the Illawarra and Shoalhaven.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

Achieved 47% improvement in surgery times for orthopaedic trauma (neck of femur) patients at Wollongong Hospital

Key achievements 2018-19

- Commenced planning and early works on two major hospital redevelopments. The $434 million upgrade of Shoalhaven Hospital will significantly improve services for people living on the South Coast. At Shellharbour Hospital, early works signalled the start of the facility's redevelopment, which will include an expanded emergency department and increased medical and surgical capacity, including new operating theatres.
- Implemented a new 48-hour face-to-face follow-up program for discharged consumers at Illawarra community mental health service and achieved a first in Australia for providing seven-day follow-up.
- Achieved a major milestone in construction of the $50.4 million ($16.6 million invested by a community-owned organisation) Bulli Hospital and Aged Care Centre, which will create a centre of excellence focused on geriatric medicine. A ceremony was held to mark reaching the highest point of the building.
- Implemented an internationally recognised standard outcomes set for colorectal cancer, a first for the District. The framework, guided by the International Consortium of Health Outcomes Measurement, was presented at an international conference and received a nomination for both the NSW Health Awards and NSW Premier's Awards.
- Achieved 100 per cent full immunisation coverage for Aboriginal children at five years of age and consistently exceeded 95 per cent vaccination coverage for all local children at five years.
- Developed the My Care Board for use in hospital inpatient wards in support of the clinical handover process. The new tool aims to facilitate better communication among consumers, carers and clinical teams to enable stronger shared decision-making.
- Implemented technologies to improve patient care and experience, including electronic medication records and patient and guest Wi-Fi, and completed the roll-out of the Electronic Record for Intensive Care (eRIC), with implementation at Shoalhaven Hospital.
- Developed the District's first *Consumer Engagement Framework* to guide a robust and consistent approach to improved consumer interaction, feedback and connection with health services.
- Enabled further improvements in integrated care working alongside the primary health network (COORDINARE). This work included developing secure messaging capability between GPs and District services to enhance the integration of care.
- Developed a new pathway for disadvantaged local families to be referred to oral health services to improve their access and experience. An oral health waiting list redesign project was also launched to improve patient wait times. This halved the number of patients waiting for their assessment and reduced wait time for dentures from six to two months.

Demographic summary

The Illawarra Shoalhaven Local Health District covers four local government areas – Wollongong, Kiama, Shellharbour and Shoalhaven. The District provides healthcare services across a geographic region of approximately 5687 square kilometres, which extends along the coastline from Helensburgh to North Durras.

Traditional custodians of the land covered by the District are the Tharawal and Yuin nations. The area of these nations far exceeds District boundaries and the people of the traditional language groups within these nations include the Wadi, Tharawal, Wandandian, Walbanga and Yuin peoples.

About 409,692 residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up 16,908 of the population, compared to 265,685 for all NSW[1]. Culturally and linguistically diverse communities are also well represented in the Illawarra Shoalhaven, with approximately 12 per cent speaking a language other than English at home.[1]

The District population is, on average, more disadvantaged than the NSW population, based on the composite socio-economic index (SEIFA) for local government areas, with the exception of Kiama. The District also has a higher proportion of people aged 75 years and older (12 per cent) when compared to the NSW average (9 per cent).

The main health issues in the District are cancer, cardiovascular disease, injury, mental illness, respiratory disease, chronic kidney disease, obesity, musculoskeletal disease, dementia, type 2 diabetes and chronic conditions. Aboriginal and Torres Strait Islander people experience a higher prevalence and earlier incidence of most chronic diseases, including cardiovascular disease, diabetes and kidney disease. People living in socio-economically disadvantaged areas of the District, in particular, the Shoalhaven Local Government Area, overall have a poorer health status than people living elsewhere in the District.[2]

By 2031, the District's population is expected to grow to over 455,000 people, placing increased demand on existing services. It is also projected that residents over 70 years of age will make up approximately 20 per cent of the population.[3]

Sources:

1. PHIDU Social Atlas of Australia 2019

2. HealthStats accessed 2018

3. Ministry of Health HealthApp accessed 2019

Local government areas

Kiama, Shellharbour, Shoalhaven, Wollongong

Public hospitals

Coledale, Berry, Bulli, Wollongong, Port Kembla, Shellharbour, Milton-Ulladulla, Nowra

Community health centres

Bulli, Cringila, Culburra, Dapto, Kiama, Helensburgh, Jervis Bay, Nowra, St Georges Basin, Sussex Inlet, Ulladulla, Warilla, Wollongong, Wreck Bay

Child and family health services

Early childhood centres: Albion Park, Berkeley, Corrimal, Culburra, Dapto, Figtree, Flinders, Gerringong, Helensburgh, Kiama, North Wollongong, Nowra, Oak Flats, Shoalhaven Heads, St Georges Basin, Sussex Inlet, Thirroul, Ulladulla, Warilla, Warrawong (Anglican Church, outreach), Wollongong, Woonona

Child and family services: Port Kembla (Allied Health Services), Kids Cottage Warilla, Child Protection Counselling Service, Out of Home Care, Illawarra Shoalhaven Diagnostic and Assessment Service, Northern Family Care Centre (Woonona), Shoalhaven Child and Family Allied Health, Shoalhaven Child and Family Psychology, Shoalhaven Family Care Centre, Southern Family Care Centre (Berkeley), Sustaining NSW Families Program, Illawarra Prior to School Immunisation

Aboriginal maternal and infant health: Illawarra Aboriginal Maternal Infant Child Health Service, Jervis Bay Early Childhood Centre, Binji and Boori Aboriginal Maternal Infant Child Health Service Shoalhaven, Wreck Bay Community Health Centre

Oral health clinics

Kiama, Nowra, Port Kembla, Shellharbour, Ulladulla, Warilla Dental Clinic, Wollongong Dental Clinic (all include child dental clinic)

Other services

Clinical divisions and district-wide services: Aged care, rehabilitation and palliative care, ambulatory and primary healthcare, critical care, Cancer and Haematology Network, dental and oral health, Division of kids and families, Division of surgery, Division of medicine, including renal services, drug and alcohol, maternity services, mental health services, clinical support services, including pathology, radiology and nuclear medicine, pharmacy and allied health specialities

Integrated chronic disease management: Aboriginal Chronic Care Unit, Access and Referral Centre, Carer's Program, Connecting Care Chronic Disease Program, Illawarra Shoalhaven Diabetes Service, HealthPathways Illawarra Shoalhaven, Regional Assessment Service, Transport for Health Service

Healthy People: Health improvement (health promotion, multicultural health, refugee health), healthcare interpreter service, Mental Health Homelessness Project, targeted clinical services (sexual health, women's health, youth health), Violence Abuse and Neglect (VAN) Service, New Street Service, Youth Health and Homelessness Strategy

Ambulatory care: Asthma education service, continence service, palliative care, primary health nursing, speciality wound service

Other: BreastScreen (provided by South Eastern Sydney Local Health District), HIV/AIDS and related programs (South Eastern Sydney Local Health District hosted service)

MID NORTH COAST LOCAL HEALTH DISTRICT

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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. Mr Dowrick has a particular interest in health service partnership and service partners working together. He has tertiary qualifications from the University of NSW, University of Newcastle and the Australian Institute of Company Directors.

Year in review

The Mid North Coast Local Health District continued to oversee large capital investment into health services on the mid north coast. The Port Macquarie Base Hospital mental health unit expansion was completed and work is well underway on the new Macksville District Hospital and the Coffs Harbour Health Campus redevelopment.

The District also expanded its allied health and child and family services within Bowraville, now offering a baby clinic, mental health services for both adults and youths, and drug and alcohol counselling. Aboriginal health staff continue to provide education and referrals to existing services at Bowraville, working very closely with other District teams and community-based organisations.

Australia's leading early parenting service, Tresillian, in partnership with the District, expanded their specialist child and family health services in regional areas with Australia's first regional Tresillian residential unit and a 'Tresillian 2 U' early parenting service van complementing the District's existing maternity and child and family services.

Our strategy to increase our Aboriginal workforce (now at 5.24 per cent) has boosted our capacity to engage local communities in health challenges and solutions. In 2019, the District endorsed the *Aboriginal Cultural Safety and Security Framework*, which aims to improve the health outcomes of Aboriginal people in the mid north coast by allowing patients to feel safe and secure when accessing and using mainstream health services.

The mental health and multi-media teams produced the video *Precious Michelle*, which focuses on one family's journey and the importance of involving consumers and carers in assessment and care planning. This video will be used as a national training tool and has been nominated for an award as part of the National Suicide Prevention Conference.

This year the District was a finalist in the 2018 NSW Health Awards for the innovative *Traffic Signal Framework to Capacity Assessment*. This Framework provides better outcomes for patients by reducing length of stay and healthcare costs through the elimination of unnecessary capacity testing and guardianship applications.

The District recognises the excellent work undertaken by the more than 4500 staff and volunteers who provide health and support services throughout the mid north coast community to improve the health outcomes of our patients, clients and staff. Without their dedication, none of these remarkable accomplishments would be possible.

An advanced form of radiation therapy (SABR) is now available to liver cancer patients, as an alternative to open surgery for the removal of small to moderately sized cancers

Key achievements 2018-19

- Opened Stage 1 of the Port Macquarie Base Hospital mental health unit expansion.
- Implemented the People Matter Culture and Wellbeing Forum, which is made up of about 60 District employees from all occupations and sites, to collaborate together and with the Chief Executive, to improve culture and staff wellbeing in our District.
- Expanded allied health and child and family services within Bowraville.
- Developed the *Precious Michelle* video, a national training resource which is an award finalist at the 2019 National Suicide Prevention Conference.
- Launched *Traffic Signal Framework to Capacity Assessment*, a health research and innovation finalist at the NSW Health Awards.
- Achieved 5.2 per cent Aboriginal workforce.
- Delivered Your Health Link National Photographic competition, promoting images that capture a 'Healthy Life – Healthy You'.
- Implemented five new initiatives for Leading Better Value Care, including bronchiolitis (paediatric), hip fracture care, breast hyperfractionation, direct access colonoscopy and wound management.
- Presenting partner for 2019 Luminosity Youth Summit. Focusing on innovation, excellence and entrepreneurship, this summit supports the health and wellbeing of our young people and encourages our future leaders towards a career in the growing health sector.
- Opened the Maam Darruyaygamba Culture and Wellbeing Centre at Coffs Harbour Health Campus.

Demographic summary

Mid North Coast Local Health District extends from the Port Macquarie Hastings Local Government Area in the south to Coffs Harbour Local Government Area in the north and provides healthcare services across a geographic area of approximately 11,335 square kilometres.

Traditional custodians of the land covered by the District are the Gumbaynggirr, Dunghutti, Birpai and Nganyaywana nations.

It is estimated that more than 218,180 residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up 5.7 per cent of the population, compared to 2.9 per cent[1] for all NSW. An estimated 11 per cent of residents were born overseas. Coffs Harbour has a growing number of refugees settling in the area. The main refugee communities include Afghani, Sudanese, Burmese, Congolese, Togolese, Sierra Leone, Ethiopian, Eritrean and Somali. Smaller numbers of migrants also reside in Laurieton, Wauchope and Port Macquarie.

Over the next decade, the District's population is expected to increase by 13 per cent. The largest increases are projected for the Coffs Harbour and Port Macquarie Hastings Local Government Areas. The main health issues facing the District are mental health illnesses and chronic age-related illnesses such as cardiac, pulmonary, diabetes and renal disease, and dementia. The Mid North Coast also has significant groups of disadvantaged people, including Aboriginal people and refugees, people on low incomes, and people living in small, isolated communities, all of whom are at risk of poorer health outcome behaviours and risk factors compared to the general population. These behaviours and risk factors include increasing overweight and obesity, low levels of physical activity, poor diet and smoking.

Source:
1. Australian Bureau of Statistics 2016

Local government areas

Coffs Harbour, Bellingen, Nambucca, Kempsey, Port Macquarie-Hastings

Public hospitals

Bellingen, Coffs Harbour, Dorrigo, Kempsey, Macksville, Port Macquarie, Wauchope

Public nursing homes

Dorrigo Residential Aged Care

Community health centres

Bellingen, Bowraville, Camden Haven, Coffs Harbour, Dorrigo, Kempsey, Macksville, Nambucca, Port Macquarie, South West Rocks, Wauchope, Woolgoolga

Child and family health services

There are no tertiary level facilities in the District, so these services are sourced from other partners. John Hunter Children's Hospital is the tertiary facility for the District's children's services, with the exception of some services that are provided at Sydney and Westmead Children's Hospitals.

Oral health clinics

Coffs Harbour, Kempsey, Laurieton, Nambucca, Port Macquarie, Wauchope

Other services

Aboriginal health, cancer services, drug and alcohol, mental health, public health, sexual health, violence, abuse, neglect

MURRUMBIDGEE LOCAL HEALTH DISTRICT

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Chief Executive: Jill Ludford

As Chief Executive of the Murrumbidgee Local Health District, Jill Ludford is passionate about delivering rural healthcare that supports people to live the healthiest lives possible. Ms Ludford leads a team who deliver healthcare in more than 45 health facilities, with more than 3500 staff across almost 125,500 square kilometres in the Riverina Murray region. Ms Ludford has recognised the potential of information and communications technology to improve access to essential healthcare in rural communities, and is a strong advocate for NSW Health's integrated digital clinical programs, including telehealth care and Electronic Medical Record (eMR) systems.

Ms Ludford has sponsored new models of patient-centred care and worked with clinicians on the redesign of hospital functions, all aimed at improving the patient experience. Another of Ms Ludford's passions is staff engagement – working to create a flexible and dynamic working environment – so that the District is an employer of choice. Under her leadership, the District has introduced staff wellbeing programs and recognition awards and implemented strategies to recruit and retain medical and nursing workforces.

Ms Ludford has strong links with her regional community and has fostered partnerships with a wide range of stakeholders, including government and non-government organisations, Aboriginal services and tertiary institutions.

Year in review

Murrumbidgee Local Health District continues to strive forward as a leader in rural healthcare, whether on the frontline in patient care or behind the scenes in innovation and health support services.

More than 158,757 people were treated in hospitals and multipurpose services across the District. In addition, consumers received 779,880 service events in the community or through outpatient services.

The District's vision for the region remains at the forefront: together in partnership the focus is on wellness, aspiration to excellence and continued investment in our people. In February 2019, the *Our Communities, Our Future*; Healthier Together blueprint was released to lead the organisation towards 2021.

The work of the District takes a whole of community perspective and captures feedback, stories and insights provided during consultations with communities and the workforce. Aligned with NSW Health priorities, the District is supporting people to improve their health and wellbeing, increasing the use of research and innovation, as well as building capability in staff to deliver great healthcare services.

The year has seen a growth in services across the region. Embracing telehealth, clinical teams are using digital platforms to reach patients in emergency departments, hospital and community settings and in their homes. The District has provided care to more patients presenting to emergency departments, and there has been a rise in admissions to hospitals and patients receiving emergency and elective surgery.

The District remains committed to broadening the use of innovation, research and partnerships, to anticipate challenges and take advantage of opportunities. This is reflected in the Murrumbidgee Edison Program, an initiative that supports our workforce to innovate. New ideas implemented through the Program include the highly successful Virtual Fracture Clinic and the Virtual Reality in Paediatrics project – reducing procedural anxiety and improving experience for paediatric patients.

The District made significant progress on infrastructure works in 2018-19, including progress on Stage 1 of the Griffith Base Hospital redevelopment, including the opening of a new temporary renal unit – Mungarr Ngurang the 'Kidney Place'. The third and final stage of the Wagga Wagga Base Hospital redevelopment is underway and a number of multipurpose redevelopments are progressing or have been completed.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

The High Risk Foot Service in Wagga Wagga has seen more than 130 clients since opening in August 2018, with wait time to first appointment of less than five days

Key achievements 2018-19

- Developed and implemented *Our Communities, Our Future*; Healthier Together, a three-year blueprint for leading the organisation towards 2021. *Healthier Together* provides a whole of community perspective and a foundation to support long-term initiatives.
- Achieved full accreditation for all four state government residential aged care facilities – Corowa Hospital, Murrumburrah, Harden Multipurpose Service, Leeton Hospital and Holbrook Multipurpose Service.
- Provided outcome-focused, patient-centred care, with the HOPE team providing a holistic experience for consumers with behavioural and psychological dementia. The multidisciplinary team combined their strengths and support systems to achieve consistent key performance indicators, best patient outcomes and family satisfaction.
- Implemented the successful pilot project for a Virtual Fracture Clinic, led by the physiotherapy team, at Temora Hospital. Due to the success of the pilot project, this initiative is being expanded to other sites in the District.
- Launched the Metabolic Clinic, the first public hospital service in regional NSW to provide access to weight loss management, providing eligible patients with support to prepare them for the next steps in accessing bariatric (weight loss) surgery.
- Held an inaugural Aboriginal Staff Networking Forum connecting 120 people, including District staff and community members, strengthening the District's commitment to developing the Aboriginal and Torres Strait Islander workforce and fostering a culturally safe workplace.
- Successfully piloted the wellbeing and health nurse coordinator model at two Murrumbidgee sites (Young and Tumut), with a registered nurse providing a range of support and coordination to school students, to improve education, health and wellbeing outcomes for children, young people and families.
- Collaborated with Murrumbidgee Primary Health Network to develop the Farming Community Counselling Program (Farmgate) to provide free, local and friendly one-on-one support for farmers, farming families and the communities that rely on farming for their income.
- Implemented the electronic medication management system across 12 sites, providing electronic management for prescribing, monitoring and reference of patient medications.
- Collaborated with the University of NSW Training Hub to create a four-year rural GP training scheme in the Murrumbidgee region. The training scheme will grow the medical workforce for rural communities and hospitals.

Demographic summary

Murrumbidgee Local Health District spans 125,243 square kilometres across southern New South Wales, stretching from the Snowy Mountains in the east to the plains of Hillston in the northwest and along the Victorian border.

As the largest employer in the region, with more than 3500 healthcare staff working across 33 hospitals and 12 primary healthcare centres, we are supported by hundreds of volunteers who make an invaluable contribution to enriching the lives of people in our care.

Traditional custodians of the land covered by the District are the Wiradjuri, Yorta Yorta, Baraba Baraba, Wemba Wemba and Nari Nari peoples.

About 243,228[1] residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up 4.8 per cent of the population. People in the District were mostly born in Australia (82.2 per cent in 2016) or were from English-speaking overseas countries (3.2 per cent in 2016). Only 5.3 per cent of the population were born in a predominantly non-English speaking country and 6.1 per cent speak a language other than English at home, compared to 21 per cent and 25.5 per cent in NSW respectively. Just over one per cent of the population had difficulty speaking English compared to 4.5 per cent in NSW.

The District's population is ageing, with 19 per cent of the population older than 65 years. Life expectancy for males is 79.5 years and for females is 83.9 years.

Main mortality factors include cancer, circulatory disease, ischaemic heart disease, deaths from external causes and death from road traffic/transport injuries. Incidents of colorectal cancer, musculoskeletal disease, pancreatic cancer and arthritis are above the NSW and Australian average.

The main health issues facing the District are ongoing conditions such as chronic cardiac failure, diabetes and chronic obstructive pulmonary disease, as well as prostate, breast and other cancers. This is in line with the high prevalence of health risk factors such as tobacco smoking, overweight/obesity and risky alcohol consumption in the adult population.

Source:
1. Estimated Resident Population, Australian Bureau of Statistics 2017

Local government areas

Albury, Berrigan, Bland, Carathool, Coolamon, Cootamundra-Gundagai, Edward River, Federation, Greater Hume, Griffith, Hay, Hilltops, Junee, Lachlan (part), Leeton, Murray Riverina, Murrumbidgee, Narrandera, Snowy Valleys, Temora, Wagga Wagga

Public hospitals

Hospitals: Albury, Cootamundra, Corowa, Deniliquin, Finley, Griffith, Hay, Henty, Holbrook, Leeton, Murrumburrah-Harden, Narrandera, Temora, Tumut, Wagga Wagga, West Wyalong, Young

Multipurpose services: Adelong-Batlow, Barham, Berrigan, Boorowa, Coolamon, Culcairn, Gundagai, Henty, Hillston, Jerilderie, Junee, Lake Cargelligo, Lockhart, Tocumwal, Tumbarumba, Urana

Public nursing homes

Carramar (Leeton), Norm Carroll Wing (Corowa), Harry Jarvis Wing (Holbrook), Murrumburrah-Harden

Community health centres

Albury, Cootamundra, Deniliquin, Griffith, Wagga Wagga

Child and family health services

Barham, Boorowa, Coleambally, Cootamundra, Corowa, Culcairn, Darlington Point, Deniliquin, Finley, Griffith, Harden-Murrumburrah, Hay, Henty, Hillston, Holbrook, Jerilderie, Junee, Lake Cargelligo, Leeton, Lockhart, Moama, Moulamein, Narrandera, Temora, The Rock, Tooleybuc, Tumbarumba, Tumut, Urana, Wagga Wagga, West Wyalong, Young. A home visit and outreach service is also provided.

Oral health clinics

Albury, Berrigan, Cootamundra, Deniliquin, Griffith, Hay, Hillston, Junee, Leeton, Temora, Tumbarumba, Tumut, Wagga Wagga, Young

Third Schedule facilities

Albury Mercy Care, Young Mercy Hospital

Other services

Aboriginal services, speech therapy, occupational therapy, physiotherapy, dietitian services, child protection counselling services, service pathways for victims of domestic and family violence, sexual assault services, genetic counselling, Wagga Wagga Mental Health Inpatient Service, South West Brain Injury Service

NEPEAN BLUE MOUNTAINS LOCAL HEALTH DISTRICT

Nepean Hospital
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Chief Executive: Kay Hyman

Kay Hyman has led the Nepean Blue Mountains Local Health District as Chief Executive for more than eight years and has more than 20 years of health management experience in New Zealand. She has extensive experience and skills in strategic leadership, change management and service development.

Mrs Hyman works in partnership with the community, clinicians and the District Board towards her vision to provide extraordinary patient experience and a high-performing culture.

Year in review

In 2018-19, a continued focus on building a high-performing workplace and delivering innovative healthcare for our diverse community has seen a number of notable achievements for Nepean Blue Mountains Local Health District.

Our strong research profile saw us achieve a worldwide patent for HIST, a lifesaving diagnostic flu test, allowing us to commercialise its use in the USA, Japan, China, Europe and Australia. Our inaugural Together Achieving Better Health Conference brought health professionals together to benefit from an innovative program of high-profile speakers and thought leaders in the healthcare area.

To best address local and individual health needs, we redesigned models of care to keep consumers and carers at the core of decision-making. We are proud to be home to a NSW first with the introduction of a Mental Health Consumer and Carer Council Charter, making consumers and carers true partners in mental health care delivery. Our immunisation rates across the District continued to keep our community healthy, with 99 per cent of Aboriginal children, and 95 per cent of non-Aboriginal children fully immunised at four years of age.

To help address the obesity epidemic, we also worked with a collaborative network of researchers, health professionals, and government and private sector representatives. The District is pioneering strategies to manage obesity through a collective plan of action with the Charles Perkins Centre and the University of Sydney, via the Obesity Collective and Obesity Node.

Our commitment to grow a skilled Aboriginal workforce saw various programs continue, including the Koori Kids Futures work experience program and our *Aboriginal Traineeship Strategy*. In 2018-19, 22 local high school students participated in our Koori Kids program, and another five Aboriginal traineeships were provided. With the highest percentage of Aboriginal people of the metropolitan local health districts, it is hoped that these programs will have long-term health and employment benefits for the broader Aboriginal community. To provide the best possible patient experience in our hospitals, we introduced patient experience managers to our busy emergency department at Nepean Hospital.

Our staff dedication to providing quality care was recognised when a Community Health Nurse, Ms Rachel Scobie, won the Excellence in Aboriginal and Torres Strait Islander Healthcare Award at the 2018 NSW Excellence in Nursing and Midwifery Awards. We are also proud to receive accreditation with merit for partnering with consumers and research governance in our organisation-wide survey by the Australian Council on Healthcare Standards.

We thank our staff for their tireless work and commitment.

Opened 15 new consultation rooms at Nepean Cancer Care Centre

Key achievements 2018-19

- Launched the Obesity Collective and Obesity Node and held an Obesity Summit (a Sydney Ideas event) at the Charles Perkins Centre Nepean in 2018, to discuss the topic 'Let's talk about shame and blame in obesity'.
- Supported immunisation across the District to achieve vaccination rates of 99 per cent of Aboriginal children, and 95 per cent of non-Aboriginal children being fully immunised at four years of age (Oct-Dec 2018).
- Implemented a pilot program introducing two patient experience managers into the Nepean Hospital emergency department waiting room to help improve the patient experience.
- Upgraded Nepean Hospital to increase security measures and provide a larger sub-acute area and waiting room. Blue Mountains Hospital emergency department was also upgraded with a new separate children's area, reception, triage and waiting room.
- Developed and launched a NSW first Mental Health Consumer and Carer Council Charter.
- A Community Health Nurse, Ms Rachel Scobie, received the Excellence in Aboriginal and Torres Strait Islander Healthcare Award at the 2018 NSW Excellence in Nursing and Midwifery Awards.
- Continued our Aboriginal Workforce Strategy, implementing the Koori Kids program for 22 students and offering five Aboriginal traineeships to build our Aboriginal workforce.
- Achieved accreditation by the Australian Council on Healthcare Standards until 2022. Standards met with merit included partnering with consumers and research governance.
- Hosted the inaugural Together Achieving Better Health Conference in November 2018. The conference was held over three days, attracting a number of high-profile speakers and more than 250 attendees.
- Achieved a worldwide patent for our ground-breaking HIST (flu test), allowing us to commercialise its use in the USA, Japan, China, Europe and Australia.

Demographic summary

The Nepean Blue Mountains Local Health District is located in Sydney's greater west and consists of both urban and semi-rural areas. The District provides healthcare services across a geographic area of approximately 9179 square kilometres.

Traditional custodians of the land covered by the District are the Darug, Gundungarra and Wiradjuri people.

Approximately 379,000 residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up 11,800 or approximately 3.1 per cent of the population. People from culturally and linguistically diverse communities make up around 29 per cent of the population, with the most frequently reported countries of birth being the United Kingdom, New Zealand, Germany, Netherlands, Philippines, India, Malta and the USA.

Around 5000 births to residents are recorded each year and life expectancy at birth is 79.7 years for males and 84.6 years for females. Within the District, more than 64 per cent of residents aged 16 or over are overweight or obese and almost a quarter of local children are estimated to be overweight or obese. There are also high rates of smoking and diabetes within the population.

A 24 per cent population growth across the District is expected from 2016 to 2036.[1]. This will lead to an increased demand for services. The main health issues facing the District are an increasing and ageing population that will bring new and unique challenges in healthcare planning, service delivery and access to specialised care, and the rates of overweight and obesity across the lifespan.

Around 78 per cent of District staff, totalling more than 6000, live in the area.

Source: |
1. Department of Planning and Environment – NSW and Local Government Area Population Projections 2016

Local government areas

Penrith, Blue Mountains, Lithgow, Hawkesbury

Public hospitals

Nepean, Blue Mountains, Springwood, Lithgow, Hawkesbury (for public patients, operated under contract with Hawkesbury District Health Service and St John of God Health Care)

Public nursing homes

Portland Tabulam Health Centre

Community health centres

Cranebrook, Katoomba, Lawson, Lemongrove, Lithgow, Penrith, Springwood, St Clair, St Marys

Child and family health services

Cranebrook, Katoomba, Lawson, Lemongrove, Lithgow, Penrith, Springwood, St Clair, St Marys

Oral health clinics

Hawkesbury, Katoomba, Nepean, Springwood, Lithgow

Third Schedule facilities

Tresillian Centre Nepean

Other services

Nepean Cancer Care Centre, palliative care and support services, drug and alcohol services, mental health services, Centre for Population Health, primary care and community health, Public Health Unit, sexual health

NORTHERN NSW LOCAL HEALTH DISTRICT

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Chief Executive: Wayne Jones

Wayne Jones started in health more than 30 years ago, undertaking his generalist nursing training in Western Sydney. In the following 10 years, he gained multiple postgraduate nursing and management qualifications in areas including intensive care, cardiology and Bachelor of Health Management. Mr Jones progressed into a variety of nursing and general management roles, and came to Northern NSW in 2000 as Executive Officer of Lismore Base Hospital. Prior to his appointment as Chief Executive in May 2016, Mr Jones held a number of roles within the health service, including Manager of Planning, Director of Clinical Streams and Chief of Staff.

Year in review

Throughout 2018-19, Northern NSW Local Health District experienced increased hospital activity, with emergency department presentations 3.1 per cent above the previous year. October to December 2018 was the busiest quarter on record for the District, with 4.7 percent (or 2489) more presentations than the same quarter in 2017. The District had an end-year result of 79.4 per cent of patients presenting to emergency departments being managed within four hours.

Elective surgery admissions for the year were ahead of target by 6.3 per cent, and the District met the elective surgery access performance target for category 1. The District was below target for category 2 with 94 per cent and category 3 with 92 per cent against targets of 97 per cent.

The first BIG IDEAS innovation challenge was held in February 2019, part of a new program to foster change and innovation from the ground up. Eight staff-led projects were selected, and are now in various stages of implementation.

Work progressed on a suite of infrastructure projects to future-proof healthcare in the District. A satellite renal unit opened at Murwillumbah District Hospital in September 2018 and the new Bonalbo Multipurpose Service opened in December 2018.

In April 2019, the first sods were turned on the new Evans Head HealthOne and the new Ambulatory Care Centre at Grafton Base Hospital, while the Lismore Base Hospital redevelopment continued with the north tower reaching its zenith. Early construction works commenced on the new Tweed Valley Hospital site in Kingscliff, following Stage 1 State Signification Development consent being granted in June 2019, which approved the concept proposal and early works to prepare the site for the hospital buildings.

The District successfully implemented the Electronic Medication Management (eMeds) program in nine facilities, transitioning to it through each patient's Electronic Medical Record (eMR), training 3115 staff members, and ensuring safe work practices and patient care.

The District continued to work on improving the experience of patients in our care, with a notable example being the Improving the Patient Experience pilot program at Lismore Base Hospital emergency department. Overall patient experience index across the District reached 8.9 in December 2018, above the target of 8.5, while the patient engagement index was also above target at 8.6. When surveyed between January and March 2019, 80 per cent of mental health consumer respondents rated their care as very good or excellent, a significant improvement on the previous quarter.

Independent reporting revealed that patients across the District continue to rate our staff and facilities very highly, whether in outpatient cancer clinics, emergency departments, inpatient units or the maternity setting. We thank our staff for their tireless work and commitment.

Implemented domestic violence screening in emergency departments, providing tailored psychosocial support

Key achievements 2018-19

- Launched the Emerging Leaders Program to ensure we have well-trained and prepared clinical, education, managerial and research leaders into the future. The District's Nursing and Midwifery Service developed and launched the Emerging Leaders Program in early 2019. The 12-month program aims to enhance the knowledge and skills of nursing and midwifery professionals who aspire to become leaders in their field.
- Embedded the Integrated Aboriginal Chronic Care program to create a single point of access to all local Aboriginal chronic disease management programs. The program was developed through collaboration between key stakeholders, including Aboriginal people, the North Coast Primary Health Network, Aboriginal medical services and general practitioners. It removes duplication of services, streamlines the patient journey and provides a better patient experience, and was runner up in the District Quality Awards, highly commended in the 2019 Agency for Clinical Innovation Awards. It has received close to 600 referrals in two years.
- Implemented routine domestic violence screening in emergency departments across the District following a successful pilot in 2017 in Lismore. A screening tool built into the local eMR is also being trialled, reducing the time required for screening and making the process easier.
- Increased BreastScreen NSW North Coast participation rates for women aged 50-74 from 57.6 per cent in 2017-18 to 58.6 per cent in 2018-19. The service also exceeded the screening target set by the Cancer Institute NSW by 1701 participants, the second highest participation rate in NSW. The Aboriginal participation rate also improved from 48.5 per cent to 49.9 per cent over the same period.
- Implemented the Improving the Patient Experience in the Emergency Department pilot at Lismore Base Hospital. Patients reported high levels of satisfaction during the pilot.
- Launched our new *Community Engagement Framework* to increase community participation in the health service. The Framework was developed with input from community members, staff and the District Board. The Framework includes seven new community advisory groups across the District footprint and a new peak advisory council to oversee engagement across the region.
- Launched the BIG IDEAS challenge to foster innovation and change from the ground up. The winning projects are now in various stages of implementation, and a second round of applications will be held later in 2019.
- Reduced seclusion rates in Lismore Base Hospital emergency department through improved risk assessments and new bed allocation practices. A new framework was developed based on the principles of patient-centred care.

- Increased the use of the Clinical Excellence Commission's Last Days of Life Toolkit resulting in increased use of medication management plans within the last 24-72 hours of life, an increase in the number of documented Advance Care Directives and an increase in the number of advance care plans.
- Launched research findings from a collaborative study into the effectiveness of Child-At-Risk Electronic Medical Record alerts being used throughout the District.

Demographic summary

Northern NSW Local Health District is located in north eastern NSW, extending from Tweed Heads in the north, to Tabulam and Urbenville in the west and Nymboida and Grafton in the south. It provides healthcare services across a geographic area of approximately 20,732 square kilometres.

The Bundjalung, Githabul, Gumbaynggirr and Yaegl Nations are the traditional custodians of the land covered by the District.

Over 300,000 residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up 4.5 per cent of the population, compared to 2.9 per cent for all NSW. The District has fewer culturally and linguistically diverse residents compared with NSW as a whole, many of whom live in the Byron and Tweed Local Government Areas.[1]

The year saw a continued increase in the proportion of residents aged 65 years or older who make use of more acute health services due to chronic and complex conditions, dementia and fractures as a result of falls.

Four key demographic features will affect the health status of residents and the demand for healthcare services into the future. These include:

- significant population growth – the District's population is projected to grow by eight per cent over the next decade[2]
- large and growing aged population – the District's population aged 65 years or older is projected to increase by 33 per cent to 86,370 people in 2026. The number of residents aged 85 years or older in this cohort is significant[1]
- socioeconomicallydisadvantaged areas – five out of seven local government areas in the District are more disadvantaged than the NSW average[3]
- a high proportion of Aboriginal residents.

Sources:

1. Australian Bureau of Statistics 2016
2. NSW Department of Environment and Planning, New South Wales State and Local Government Area Population Projections 2016
3. Australian Bureau of Statistics 2011

Local government areas

Ballina, Byron, Clarence Valley, Kyogle, Lismore, Richmond Valley, Tenterfield (part), Tweed

Public hospitals

Hospitals: Ballina, Byron, Casino, Grafton, Lismore, Maclean, Murwillumbah, Tweed Heads

Multipurpose services: Bonalbo, Kyogle, Nimbin, Urbenville

Community health centres

Alstonville, Ballina, Banora Point, Bonalbo, Byron Bay, Casino, Coraki Campbell HealthOne, Evans Head, Grafton, Iluka, Kingscliff , Kyogle, Lismore, Maclean, Murwillumbah, Nimbin, Pottsville HealthOne, Tweed Heads, Urbenville, Yamba

Child and family health services

Ballina, Byron Bay, Casino, Goonellabah, Grafton, Maclean, Tweed Heads, Yamba

Oral health clinics

Ballina, Byron Bay, Casino, Coraki, Goonellabah, Grafton, Nimbin, Pottsville, Tweed Heads, Yamba

Other services

Aboriginal health, BreastScreen, cancer services, aged care, rehabilitation, public health, mental health and drug and alcohol, sexual health, sexual assault, women's health, radiology and interventional radiology

NORTHERN SYDNEY LOCAL HEALTH DISTRICT

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Chief Executive: Deb Willcox

Deb Willcox became Chief Executive of Northern Sydney Local Health District in November 2017. Her 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.

Ms Willcox has held a number of senior executive and leadership positions within NSW Health, including Director of Operations, Sydney Local Health District, General Manager, Royal Prince Alfred Hospital, Director Customer Service and Corporate Governance, HealthShare NSW and Director Executive and Ministerial Services, NSW Ministry of Health.

Year in review

It was a historic year for Northern Sydney Local Health District with the reconfiguration of health services on the northern beaches. In a major logistical exercise, staff safely transferred 105 patients from Manly and Mona Vale hospitals to the new Northern Beaches Hospital. It was the end of an era for the staff and community of Manly Hospital, which closed with future plans for an adolescent and young adult hospice on the site. For Mona Vale Hospital it marked a new era of providing urgent care, rehabilitation, aged care and palliative care. Almost 700 staff transferred to the new hospital, enabling them to take their values and commitment to patient care to new state-of-the-art facilities.

Mona Vale Hospital's transformation continued. The Urgent Care Centre has been refurbished and a 10-bed inpatient drug and alcohol unit constructed. Construction also began on a $10 million 10-bed palliative care unit and 10-bed geriatric evaluation and management building.

Work on the $320 million redevelopment of Hornsby Hospital continued, with an additional $65 million announced in the state budget, along with $479 million announced for the redevelopment of Ryde Hospital.

Together with significant capital investment, the government has invested to enhance the Electronic Medical Record system (eMR), including rolling out Electronic Medication Management (eMeds) at all hospitals, the MOSAIQ oncology management information system and Electronic Record for Intensive Care (eRIC) – the eMR for our intensive care units. These enhancements will make a significant contribution to safer, seamless care for patients.

Staff are the District's greatest asset and by building on an excellent workforce culture, great care is ensured for patients. The District's Innovation Program provides an opportunity for staff to showcase their collaborative improvement efforts. The Speak Up For Safety initiative, launched this year, empowers staff to respectfully raise safety and quality concerns when they arise. Our Junior Medical Officer Wellbeing initiatives are designed and implemented to enhance the working environment of our junior medical officers, and our Exceptional People Awards provide an opportunity to acknowledge the incredible achievements of our staff, teams and volunteers.

I would like to thank the staff for their steadfast commitment to providing high-quality patient care, our volunteers for the support and generosity they provide, and our partners and supporters for all of our great achievements.

Trained 1054 staff for eMeds go-live at Hornsby and Macquarie Hospitals

Key achievements 2018-19

- Transferred almost 700 staff and 105 patients from Manly and Mona Vale hospitals to the new Northern Beaches Hospital, which opened at the end of October 2018.
- Implemented eMeds across all Northern Sydney Local Health District hospitals, to provide electronic management of prescribing and dispensing, which links with each patient's eMR.
- Launched the Speak Up For Safety program at Royal North Shore Hospital to build on the culture of providing safe and high-quality healthcare and empower staff to respectfully raise any safety and quality concerns should they arise.
- Launched the second *Carers Strategy 2018-2023* that will see initiatives such as a patient's status as a carer being listed on their medical records.
- Continued transformation of Mona Vale Hospital Construction began on a 10-bed palliative care unit and a 10-bed geriatric evaluation and management building. The refurbishment of the Urgent Care Centre was completed, along with construction of a new 10-bed inpatient drug and alcohol rehabilitation unit.
- Launched the PJ Paralysis initiative at Ryde Hospital, aimed at getting patients up, dressed and moving, to improve patient experience and outcomes.
- Recruited eight carer peer workers to use their lived experience of caring, and their peer work skills, to improve the delivery of mental health drug and alcohol services. The carer peer workers provide representative input through collaborative policy development, committee activities, research, education and training within a non-clinical role.
- Launched the Discharge Collective Program at Royal North Shore Hospital, designed to improve access to care and to support a culture of improvement. The project resulted in a 10 per cent increase in patients being discharged before midday across all eight wards and an overall reduction in length of stay of 0.35 days.
- Launched the Simply RRED patient safety program at Hornsby Ku-ring-gai Hospital. The program is designed by emergency department doctors and nurses to formalise the clinical review process of deteriorating patients.
- Held the first forum to provide foster carers with the latest academic research on child development and specific strategies to support foster children in the first 2000 days of life. The forum was held at the Child, Youth and Family Health Dalwood Spilstead Centre.

Demographic summary

Northern Sydney Local Health District is located between Sydney Harbour and the Hawkesbury River and provides healthcare services across a geographic area of approximately 900 square kilometres.

Traditional custodians of the land covered by the District are the Gai-mariagal, Guringai and Dharug Aboriginal nations.

According to the 2016 Census, the usual population of the District was 883,119 people. Of these, 25.8 per cent (227,445) of residents were born in non-English speaking countries, with the same proportion speaking a language other than English at home. The Aboriginal and Torres Strait Islander population accounted for 0.4 per cent (3425) of the population, an increase of 0.1 per cent from 2011.

The government estimates that the District population has now reached more than 943,908[1] residents. Between 2019 and 2029, the population is expected to grow by 11 per cent to over one million people, with high rates of growth of people aged 70 and over.

The District is characterised by low average disadvantage rates and high levels of private health insurance compared with the rest of NSW, but with higher disadvantage in some areas and relatively high rates of people living alone. Generally, health risk factor rates and the standardised mortality rates are lower than the state average. However, the District has a higher mortality rate for stroke than the NSW average.

Source:

1. 2016 NSW State and Local Government Area Population Projections

Local government areas

Hornsby, Hunters Hill, Ku-ring-gai, Lane Cove, Mosman, North Sydney, Northern Beaches, Parramatta (part), Ryde, Willoughby

Public hospitals

Royal North Shore, Ryde, Mona Vale, Hornsby Ku-ring-gai, Macquarie, Northern Beaches (public health services purchased by Northern Sydney Local Health District from the private operator of the hospital)

Community health centres

Berowra, Brooklyn, Brookvale, Chatswood, Cremorne, Dalwood, Galston, Hillview, Mona Vale, Pennant Hills, Royal North Shore, Ryde (mental health), Top Ryde, Wahroonga (rehabilitation), Wiseman's Ferry

Child and family health services

Avalon, Balgowlah, Berowra, Brooklyn, Brookvale, Chatswood, Cremorne, Crows Nest, Frenchs Forest, Galston, Hornsby, Lane Cove, Marsfield, Mona Vale, Pennant Hills, St Ives, Top Ryde and West Ryde

Oral health clinics

Brookvale Community Health Centre, Cox's Road (Macquarie Hospital, North Ryde), Hornsby Hospital, Mona Vale Hospital, Royal North Shore Community Health Centre, Top Ryde

Third Schedule facilities

HammondCare (Greenwich), Neringah Hospitals, Royal Rehab

Other services

Under a long-term contract, Northern Beaches Hospital provides public health services purchased by Northern Sydney Local Health District from the private operator of the hospital. Twenty non-government health organisations have a formal relationship with Northern Sydney Local Health District through a grants program.

SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT

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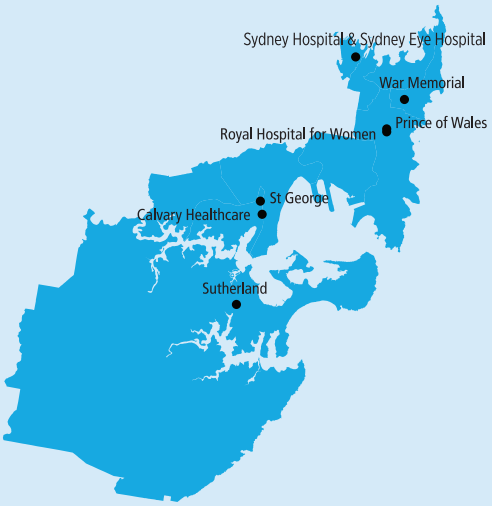

Chief Executive: Tobi Wilson (from April 2019)

Tobi Wilson was appointed Chief Executive, South Eastern Sydney Local Health District, in April 2019. He previously held senior executive roles within the NSW, South Australian and Victorian health systems. He started his career as a physiotherapist and holds a Master of Health Service Management.

Mr Wilson is committed to change in health service delivery into the future, transitioning care closer to the patient's home and improving the wellbeing of the community through innovative use of technology. He is an advocate for empowering local decision-making and ensuring patients and their families are engaged in developing healthcare services.

Acting Chief Executive: David Pearce (from September 2018 until April 2019)

David Pearce was Acting Chief Executive, South Eastern Sydney Local Health District, from September 2018 until April 2019.

Chief Executive: Gerry Marr (until August 2018)

Gerry Marr was Chief Executive, South Eastern Sydney Local Health District, from February 2014 until August 2018.

Year in review

The 2018-19 financial year was a period of success for South Eastern Sydney Local Health District, as we continued our transformation through the *Journey to Excellence Strategy 2018-2021*.

The District's focus is to provide quality, safe healthcare services and to make sure we care for and support people in or close to their homes, so they can stay as independent as possible, for as long as possible.

In line with one of the District's priorities – safe, person-centred and integrated care – an innovative new model of care named the Rapid Assessment, Diagnosis and Intervention Unit Sutherland – was launched at Sutherland Hospital. This community-facing unit provides complex medical patients an alternative to presenting to the emergency department, with rapid assessment and intervention.

The community hub at Lexington Place, Maroubra, opened its doors to provide free support to locals across a range of services, including health, housing, social and family support. The Hub@Lexo recognises that creating health and wellbeing in the community requires appropriate partnerships between many organisations.

The District has taken a significant step to recognise and act on climate risk, launching its *Environmental Sustainability Plan 2019-2021*. The plan acknowledges that climate change is a public health challenge and sets out an ambitious agenda to address the District's climate risk, improve health, and save money and carbon emissions.

The opening of new services was celebrated across the District in 2018-19, including the opening of the $16 million refurbished Cancer Care Centre at St George Hospital, the launch of Kirketon Road Centre's open clinic on Crown Street, Surry Hills, and the opening of a publicly funded homebirth service at the Royal Hospital for Women.

Significant progress has been achieved across the District with planned capital works projects, including:

- progress on the $720 million capital works project underway at the Randwick hospitals' campus. Due for completion in 2022, the Randwick campus will be a world-leading centre for health and wellbeing, research, education and teaching
- a NSW Government announcement of $385 million for a major upgrade of St George Hospital
- a NSW Government announcement of $81.5 million for eight new operating theatres and two endoscopy units at Sutherland Hospital.

South Eastern Sydney Local Health District performance and flow teams have been working collaboratively to plan and strategically implement innovative performance improvement work. With the assistance of predictive analytics, analytics software and clinical dashboards, we have made significant improvements in both process and results. We have also developed a strong focus on our patient's journey through patient flow strategies and transport projects.

In the 2018-19 reporting period the District treated three per cent (7170) more emergency patients than in the previous year, bringing the total number of emergency department presentations to 235,398. There were 71,037 patients admitted to hospital and 7525 babies born.

The District performed 4459 more surgical cases in the 2018-19 reporting period than in the previous year, with 95.2 per cent of all theatre cases carried out on time.

It has been a year of outstanding achievements. Thank you to staff, volunteers and consumer representatives for their commitment and hard work to ensure the District continues to provide quality, safe healthcare to our communities.

Delivered integrated healthcare to 300 people each week at the Maroubra Community Hub

Key achievements 2018-19

- Introduced the Midwifery Antenatal and Postnatal Service at The Royal Hospital for Women. This new model of care allows women to access continuity of midwifery care during their pregnancy and postnatal period.
- Opened a community hub at Maroubra to deliver integrated health, social care and wellbeing programs to keep people healthy and improve outcomes for disadvantaged communities in the local area.
- Opened the Rapid Assessment Diagnostic Interventional Unit Sutherland, the first model of its kind in NSW. This model of care is structured on a combination of inpatient general medicine and an emergency department avoidance referral system from GPs and community services and includes a day assessment unit and outpatient clinics.
- Introduced a multidisciplinary Safety Huddle at St George Hospital, to be held within 24 hours of a critical incident to discuss the incident, confirm the severity assessment code and develop a plan to address the immediate needs of the affected family.
- Reduced seclusion rates to below the NSW target through the Mental Health Safety Program.
- Developed the Take Home Naloxone Project to reduce overdose-related deaths and deliver interventions to people at high risk of opioid overdose. This resulted in 10 per cent of clients reporting successful overdose reversals in the first three-month period.
- Developed an online professional development framework for clinical nurse and midwife educators to provide structure and guidance for clinical knowledge, skill and professional development. This resource promotes lifelong learning and aligns to the priority of building the capacity and capability of our workforce.
- Introduced the Mental Health First Aid Project to provide greater assistance to junior doctors in need of psychological or mental health intervention or support. The project also assists managerial staff to identify a junior doctor in need of support.
- Launched gold level improvement training for staff, completing the District's three-tiered improvement education program. Graduates will be a resource for their service and will support the District in ongoing development of programs through the Improvement Academy.
- Partnered with the University of NSW to secure a $250 million investment in a health translation hub at the Randwick Health and Education Precinct. The hub will deliver state-of-the-art education, training and research rooms and expand ambulatory care clinics in fields such as neuroscience, public and population health.

Demographic summary

South Eastern Sydney Local Health District covers an area from Sydney's central business district in the north to the Royal National Park in the south and provides healthcare services across a geographic area of about 468 square kilometres. The District also assists the residents of Lord Howe and Norfolk Islands with access to hospital and health services.

Traditional custodians of the lands within the District include the Dharawal, Gadigal, Wangai, Gweagal and Bidjigal peoples.

In 2019, an estimated 947,829 residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up approximately 1 per cent (8724 in 2016) of the population, compared with 3 per cent of the NSW population. The District supports a growing culturally and linguistically diverse population. About 52 per cent of Georges River and Bayside Local Government Area residents were born overseas (compared with 34.5 per cent for NSW), with the largest group born in China. More than 50 per cent of these residents speak a language other than English at home, with Chinese languages being the most common non-English languages. Conversely, residents of the Sutherland Shire are less ethnically diverse than the rest of NSW, with 77.7 per cent born in Australia and 83.1 per cent speaking only English at home.

The population is expected to grow by 1.2 per cent per year (to 2031) with the greatest growth rate expected in older age groups. The growing aged population will result in a steadily increasing demand for health and social care, as older people are proportionally higher users of health services. Much of this will relate to long-term conditions such as diabetes, hypertension, cancer, musculoskeletal impairment and dementia. In the District, 37 per cent of people reported having a long-term health condition and 21 per cent of the population live with multi-morbidities, increasing to 82 per cent for those aged 85 and older.

While residents of the District are among the healthiest in NSW and despite relatively high standards of health and social care, not all residents fare equally well in terms of their health, wellbeing and longevity. There is marked variation between various sub group populations across our District in terms of risk factors and their outcomes.

The District's population is expected to increase to about 1,071,930 people by 2031. Our population is increasingly multicultural, growing and ageing, with an associated increase in people living with long-term conditions across all age groups. Core consumers of health resources will continue to be people with long-term conditions, including people with multiple long-term conditions and mental health problems. The demand of health services is also influenced by other factors such as carer availability, social isolation and aged care places.

Sources: HealthStats NSW; Public Health Information Development Unit. Social Health Atlas of Australia; Department of Planning and Environment New South Wales State and Local Government Area Population Projections

Local government areas

Bayside, City of Sydney (part), Georges River, Randwick, Sutherland Shire, Waverley, Woollahra

Public hospitals

Gower Wilson Multipurpose Service (Lord Howe Island), Prince of Wales Hospital and Health Services, Royal Hospital for Women, St George Hospital and Health Services, Sutherland Hospital and Health Services, Sydney/Sydney Eye Hospital and Health Services

Public nursing home

Garrawarra Centre

Community health centres

Caringbah (at Sutherland Hospital), Engadine, Maroubra, Menai, Randwick (at Prince of Wales Hospital), Rockdale

Child and family health services

Arncliffe, Brighton, Caringbah, Cronulla, Engadine, Gymea, Hurstville, Hurstville South, Kingsgrove, Kogarah, Menai, Miranda, Oatley, Possum Cottage (at Sutherland Hospital), Ramsgate, Riverwood, Rockdale, Sutherland

Oral health clinics

Daceyville, Hurstville, La Perouse, Menai, Randwick (managed by Prince of Wales Hospital), Rockdale, Surry Hills and Sutherland

Third Schedule facilities

Calvary Health Care Sydney, War Memorial Hospital Waverley

Other services

Aboriginal community health (La Perouse), breast screening (Miranda), community mental health (Bondi Junction, Hurstville, Kogarah – Kirk Place, Maroubra Junction), dementia respite care and rehabilitation (Randwick – Annabel House), HIV/AIDS and related programs (Alexandria, Darlinghurst, Surry Hills - Albion Street Centre), disability services (Kogarah), community aged care and rehabilitation (Southcare – Sutherland Hospital), sexual health, youth, drug and alcohol (Darlinghurst – Kirketon Road Clinic), drug and alcohol (Surry Hills – Langton Centre)

SOUTH WESTERN SYDNEY LOCAL HEALTH DISTRICT

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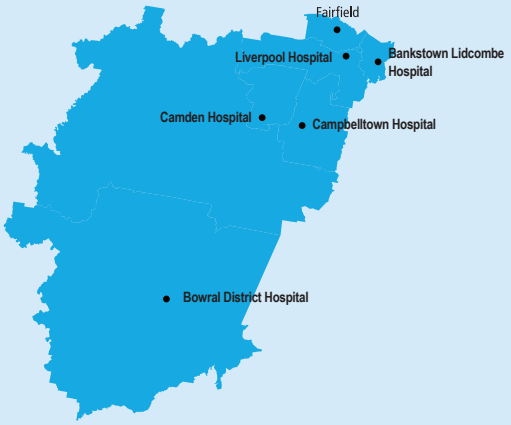

Chief Executive: Amanda Larkin

Amanda Larkin has more than 25 years of experience in health service management, a Bachelor of Social Work and an Associate Diploma in Environmental Service.

She leads more than 15,000 staff and her extensive experience in health management and passion to further develop health and education precincts across the District, places south western Sydney at the forefront of world-class healthcare.

Ms Larkin serves as a board member of the Ingham Institute of Applied Medical Research, South Western Sydney Primary Health Network and Health Infrastructure.

Year in review

It has been fantastic year for South Western Sydney Local Health District, as we build on our delivery of high-quality, safe care. A once-in-a-lifetime commitment of a $2.7 billion capital investment in our hospitals, together with our T*ransforming Your Experience* strategy, has paved the way for us to build the future of health.

Programs such as executive rounding are improving how our leaders listen to staff and how we can better support them. The My Experience Matters Survey, a real-time feedback patient survey, has received more than 4000 replies, helping us to identify areas for improvement. We have taken big strides, and our journey will continue as we aim to positively transform everyone's experience.

Mental health services for the community and consumers remain a priority for the District. The Macarthur Community Mental Health Service was refurbished, delivering a new purpose-built facility and new mental health courtyards at Liverpool Hospital, providing outdoor spaces for relaxation and exercise and creating a wonderful boost. The District is continuing to focus on decreasing seclusion rates in mental health care and has had outstanding success with the My Choice – Pathway to Community Living project.

The District strengthened its commitment to research and innovation with the launch of the District's Research Strategy at the annual Health Beyond Research and Innovation Showcase. The Showcase continues to grow and become a popular and sought-after event, with over 1000 people visiting the event across the two days. The District's prestigious Academic Unit program is also further developing its reputation as an international hub of medical innovation. As the only local health district to fund an academic unit program, there is a deep determination to ensure research and innovation remains a core focus.

Construction has started on both the Bowral and District Hospital and Campbelltown Hospital redevelopments, and planning and scoping works are well underway on the Liverpool Health and Academic Precinct. We are also working towards completing the new emergency department at Fairfield Hospital and planning has begun for the Bankstown-Lidcombe Hospital emergency department. The Bankstown community will also receive a new hospital after a commitment of $1.3 billion during the NSW election campaign.

This is an historic era of development for hospitals and an exciting time for the community. I am delighted South Western Sydney Local Health District continues to deliver world-class care as it evolves and grows with the community. Thank you to District staff for their commitment to excellence in care for the community.

Performed 23,215 elective surgeries, exceeding the target of 22,695

Key achievements 2018-19

- Launched outdoor spaces at the mental health service at Liverpool Hospital, which has positively transformed the experience of consumers. The service has also achieved a significant reduction in episodes of restrictive practice (seclusion and restraint), with the seclusion rate decreasing from 8 per 1000 bed days in July 2018 to 3.3 in March 2019.
- Signed a Statement of Intent with three universities and the Ingham Institute for Applied Medical Research to create a health and academic precinct based around the $740 million Liverpool Hospital redevelopment.
- Continued to roll out the *Transforming Your Experience*/strategy with outstanding results. Around 85 per cent of the leadership team are completing rounding, the Leadership Strategy was launched and Core Chat implemented, helping staff manage difficult conversations.
- Launched the District's Research Strategy 2023, which will guide the development of more research partnerships, additional PhD students and clinical trials, as well as the investment of more than $6.5 million in academic units.
- Opened a $2 million state-of-the-art cardiac interventional at Liverpool Hospital, a major weapon in the fight against heart disease. The same technology at Bankstown-Lidcombe Hospital has further expanded, so clinicians can now perform coronary stent implantation procedures.
- Achieved a 75 per cent reduction in falls at Fairfield Hospital through Aunty Roma's Falls Prevention Program. Balance, measured by tandem stance, improved by 166 per cent in nine weeks, grip strength increased by 56 per cent and there was a 100 per cent increase in weekly physical activity uptake.
- The Junior Medical Officer (JMO) Evening Team Staffing (JETS) model, introduced into Liverpool Hospital, has led to improvements in patient welfare and safety, response times for Clinical Review Calls and JMO work-life balance. This project is the first successful large-scale implementation of a team-based inpatient after-hours model in NSW.
- More than $2.7 billion has been committed to the redevelopment of south western Sydney hospitals. Construction is underway on the $68.6 million Bowral and District Hospital and the $632 million Campbelltown Hospital redevelopments. Meanwhile, the Liverpool Hospital $740 million redevelopment and Bankstown-Lidcombe Hospital emergency department $25 million redevelopment schematic designs are well underway.
- Launched the District's *2019-2022 Wellbeing Framework*, which aims to help staff improve their personal and professional wellbeing.
- Telstra Health partnered with Liverpool Hospital Cancer Services to implement a patient self-check-in kiosk, which allows patients to leave and receive an SMS when their appointment is due. The new system will reduce the need for patients to stay in waiting areas, and patients and staff have already noted the positive impact of the new system.

Demographic summary

South Western Sydney Local Health District is located in metropolitan Sydney extending to the metropolitan fringe area of the Southern Highlands. It provides healthcare services across a geographic area of approximately 6243 square kilometres.

The traditional custodians of the land covered by the District are the Tharawal, Gundungurra and Dharug nations.

About 966,450 residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up 1.7 per cent (16,533[1]) of the population, with close to 1 in 15 people identifying as Aboriginal. South Western Sydney is also home to a large proportion of humanitarian entrants and refugees in NSW, with almost two-thirds of them living in the District, and almost half in Fairfield.

Over the decade 2016-26, the District's population is expected to increase to over 1.17 million people. The number of people aged 70 years and older will increase by 53 per cent by 2026. Rapid population growth is expected in the South West Priority Growth Area, resulting in the Camden and Liverpool LGA populations increasing by 83 per cent and 28 per cent respectively by 2026.

With this growth there are changes in the demographics of our community. The older population is expected to increase substantially, but there is also a thriving younger population.

The main health issues facing the District are the increase in diabetes and mental health conditions (around half of the population will experience some form of mental health condition). There are fewer cases of cancer in the District but more deaths. Half of the population is living with at least one long-term health condition such as cancer, diabetes, asthma, a heart or circulatory condition, a mental health condition, a bone or joint condition, or long-term injury.

Source:

1. Australian Bureau of Statistics 2011

Local government areas

Camden, Campbelltown, Canterbury-Bankstown (part), Fairfield, Liverpool, Wingecarribee, Wollondilly

Public hospitals

Bankstown-Lidcombe, Bowral and District, Campbelltown, Camden, Fairfield, Liverpool

Community health centres

Bankstown, Bigge Park Centre, Bowral, Cabramatta, Campbelltown (Executive Unit/Triple I), The Corner Youth Health Service (Bankstown), Fairfield, Fairfield Liverpool Youth Health Team, Hoxton Park, Ingleburn, Liverpool, Miller – Budyari, Miller – The Hub, Moorebank, Narellan, Prairiewood (Fairfield Hospital), Rosemeadow, Traxside Youth Health Service (Campbelltown), Wollondilly.

Child and family health services

Bargo, Bonnyrigg Heights, Bowral, Bringelly, Cabramatta, Camden, Campbelltown, Carramar, Chester Hill, Claymore, Edensor Park, Fairfield, Fairfield Heights, Georges Hall, Greenacre, Greenway Park, Hilltop, Hinchinbrook, Holsworthy, Hoxton Park, Ingleburn, Liverpool, Macquarie Fields, Macarthur Square, Miller, Mittagong, Moorebank, Moss Vale, Mt Pritchard, Narellan, Padstow, Panania, Penrose, Prairewood, Robertson, Robert Townson, Rosemeadow, The Oaks, Thirlmere, Wattle Grove, Warragamba, Yagoona

Oral health clinics

Bankstown, Yagoona, Fairfield, Liverpool, Ingleburn, Rosemeadow, Tahmoor, Narellan, Bowral

Third Schedule facilities

Braeside Hospital, Karitane, South West Sydney Scarba Service, NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

Other services

Aboriginal health, community health, drug health, mental health, population health, BreastScreen NSW, NSW Refugee Health Service (statewide service)

SOUTHERN NSW LOCAL HEALTH DISTRICT

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Chief Executive: Andrew Newton

Andrew Newton took up the Chief Executive position in November 2017 after having been General Manager of Westmead and Auburn hospitals for three years. He has significant experience in health service delivery, strategic and operational leadership, and capital development and implementation.

Mr Newton has previously been General Manager of Blacktown Mt Druitt and Dubbo hospitals, General Manager of Rural and Remote Health Services for Greater Western Area Health Services, and Hospital Manager for Lachlan Health Service. Mr Newton started as a nurse at Blacktown Hospital in 1994 after emigrating from the UK. He has a Bachelor of Health Science (nursing), a Masters of Health Management, and a Graduate Diploma of Public Administration.

Year in review

The Southern NSW District is undergoing unprecedented growth in infrastructure, with projects totalling more than $330 million planned or underway. This extensive investment by the NSW Government includes $150 million for redeveloping the Goulburn Health Service, with an upgraded Goulburn Base Hospital, $18.6 million to refurbish Cooma District Hospital and $8 million to redevelop Yass Hospital. Funding for the Braidwood Multipurpose Service redevelopment has been allocated from the $300-million statewide program of works to upgrade multipurpose service facilities in rural and remote communities across NSW.

The government has also spent $2.6 million refurbishing Pambula Hospital, has committed $2.5 million to refurbish Crookwell District Hospital, and a further $150 million is committed to building a new health facility in the Eurobodalla region.

Work has been ongoing on a District restructure to provide further improvements to service delivery and the quality of our patient care.

Emergency departments across the District continued to experience increased demand in 2019. In April to June there were 2411 more emergency presentations compared to the same quarter last year, a 9.2 per cent increase. The percentage of patients leaving the District's emergency departments within four hours exceeded the Premier's target, at 83.3 per cent.

The number of elective surgery procedures performed increased by 8.4 per cent compared to the same period last year, to 1432, with the median patient wait times for elective surgery across the District being 141 days for non-urgent elective surgery.

In a first for the District, the new nurse-delegated emergency care model was launched at Bombala Multipurpose Service in September 2018. The model provides timely, quality care for patients with low-risk, low-level conditions presenting to emergency departments or multipurpose services in rural and remote areas.

The nurse practitioner-led model of care at Pambula Assessment, Treatment and Care Centre is also performing well. Since the introduction of the model in December 2018, the practitioners have attended to 1982 patients.

Support for parents in Queanbeyan and Cooma was boosted in July 2018 with a partnership with Tresillian, Australia's largest early parenting organisation. The hub based at Queanbeyan will help an estimated 1500 families.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

All Leading Better Value Care Tranche 1 initiatives implemented into ongoing clinical practice

Key achievements 2018-19

- Invested $330 million in infrastructure improvements, including building upgrades and service delivery improvements to local communities.
- Continued the District restructure to further improve service delivery and the quality of patient care.
- Commenced work on the Eurobodalla Health Service Clinical Service Plan, which will help determine required services, models of care and workforce requirements, to inform infrastructure requirements for the new hospital.
- Showcased the continued high level of patient care and innovation being conducted across the District at the Southern NSW Local Health District Quality Awards.
- Achieved a participation rate of 63 per cent for the annual People Matter Employment Survey.
- Exceeded the Premier's target for patients leaving emergency departments within four hours, despite 2411 more emergency presentations compared to the same quarter last year (April-June), a 9.2 per cent increase.
- Appointed two medical administrators for South East Regional Hospital, Cooma District Hospital, Queanbeyan District Hospital, Goulburn Base Hospital, Yass District Hospital and Crookwell District Hospital. The effect of this is to make the role of Director Medical Services permanent for the District.
- Implemented the Electronic Medication Management system (eMeds) to provide electronic management of prescribing and dispensing linked with each patients' Electronic Medical Record (eMR).
- Successfully piloted new guest and patient Wi-Fi at our largest facilities, in preparation for District-wide roll-out.
- Implemented all Leading Better Value Care Tranche 1 initiatives and continued to transition into ongoing clinical practice. Commenced planning for all Tranche 2 initiatives, to determine implementation strategies to progress roll-out across the District.

Demographic summary

Southern NSW Local Health District extends from the NSW South Coast and Southern Tablelands, across the Great Dividing Range and the Snowy Mountains, past Canberra to Goulburn and Crookwell. It provides healthcare services across a geographic area of 44,500 square kilometres.

The population of about 200,176 (2016 census) comprises 2.68 per cent of the total NSW population.

Traditional custodians of the land covered by the District are the Gundungurra, Ngunawal, Ngarigo and Yuin nations.

People of Aboriginal and Torres Strait Islander heritage make up an estimated 7060 of the population. Nearly one-third live in the Eurobodalla area.

The main health issues facing the District are those of an ageing population, with 25 per cent of people aged over 60. The median age ranges from 38 in Queanbeyan-Palerang, to 54 in Eurobodalla, compared with 43 in the rest of regional NSW. Eurobodalla has one of the highest proportions of older residents in NSW, 30.6 per cent.

The District contributes significantly to communities, employing around 2000 full-time equivalent staff, and engaging local residents through Community Consultative Committees. The District's 10 regional hospitals, psychiatric hospital, three multipurpose services, and five community health centres provide a range of services that include emergency, intensive care, coronary care, maternity, mental health services, acute medical and surgical services, and primary and community services.

Local government areas

Bega Valley, Eurobodalla, Goulburn Mulwaree, Queanbeyan-Palerang, Snowy Monaro, Upper Lachlan, Yass Valley

Public hospitals

Hospitals: Batemans Bay, Bega, Cooma, Crookwell, Goulburn, Kenmore, Moruya, Pambula, Queanbeyan, Yass

Multipurpose services: Bombala, Braidwood, Delegate

Community health centres

Bega Valley, Bombala, Braidwood, Cooma, Crookwell, Delegate, Eden, Eurobodalla, Goulburn, Jindabyne, Queanbeyan, Yass

Child and family health services

Karabar

Oral health clinics

Cooma, Goulburn, Moruya, Pambula, Queanbeyan, Yass

Other services

Bourke St Health Service – Goulburn (rehabilitation), Southern Brain Injury Unit – Goulburn

SYDNEY LOCAL HEALTH DISTRICT

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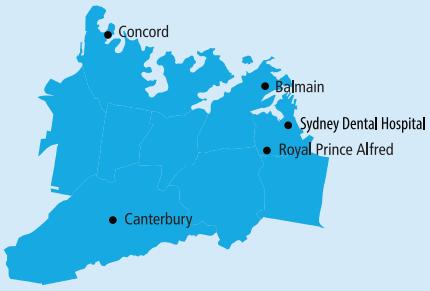

Chief Executive: Dr Teresa Anderson AM, FIPAA, B.App Science (Speech Pathology) PhD

Dr Teresa Anderson is an internationally recognised speech pathologist, with more than 35 years of experience as a clinician and health service executive. She was recognised for her contribution to NSW Health in 2018, appointed a Member of the Order of Australia (AM). Dr Anderson is a Vice-President and Fellow of the NSW Institute of Public Administration Australia, a member of seven medical research, health and primary health network boards, and is an active member of the Sydney Health Partners Governing Council and Executive Management Group, one of the first four centres in Australia designated by the National Health and Medical Research Council as an Advanced Health Research Translation Centre. She is passionate about developing people, programs and services to support and improve the health and wellbeing of all people in the community.

Year in review

This year, our team in Sydney Local Health District had a focus on experience. The experiences of our patients and their loved ones, the experiences of staff working in our organisation and the experience of the District as a leader in healthcare. This was acknowledged with Royal Prince Alfred Hospital (RPA) named in the top 100 ranked hospitals in the world by *Newsweek*.

Sydney Local Health District maintained a NSW Health performance rating of zero for the full year (no performance issues) and surgical performance at triple zero (all patients receive their elective surgery within the clinically recommended timeframe). In the last financial year, 171,461 people attended emergency departments across the District, an increase of 4.2 per cent. Almost 43,000 operations were performed, there were more than 172,000 admissions and discharges, 37,456 patients received dental treatment, nearly 5000 four-year-old children had their vision tested, and about 6500 babies were delivered at RPA and Canterbury hospitals.

Ensuring patients and their families are at the centre of all aspects of healthcare, planning and delivery is central to the District's work. Examples include the Partners in Care program #EndPJParaylsis (the global campaign to get patients up, dressed, moving and feeling better faster) and the employment of 60 cultural support workers through the Diversity Hub, to make healthcare more accessible to the more than 55 per cent of patients and families in the District who speak a language other than English at home.

Open days were held at Forest Lodge Child and Family Health Centre, and Canterbury and RPA hospitals. Other community events included the Rivendell Flower Show and Yaralla Festival, which both attracted more than 3000 people.

We have strong partnerships and collaborations with community and non-government organisations, including the Aboriginal Medical Service Redfern, Lebanese Muslim Association and Central and Eastern Sydney Primary Health Network. The generosity of our community is humbling, with volunteers, consumer representatives and donors all supporting our work. Balmain Hospital General Practice Casualty was renovated this year with support from a local family.

Our focus on the careers, working environments and wellbeing of our staff was highlighted in the People Matter Employee Survey. In 2018, 73 per cent of our staff said they were proud to tell others where they work. In 2019, the District achieved the highest local health district employee engagement score at 71 per cent.

The District hosted the seventh annual Sydney Innovation and Research Symposium in June, opening with a special experience in Sydney Language, also referred to as Darug or Eora English, is an Australian Aboriginal language of the Yuin-Kuric group that was traditionally spoken in the region of Sydney. to recognise the United Nations International Year of Indigenous Languages. Ngurang Dali Mana Burudi – a place to get better – is a view of our whole community including health services, Aboriginal communities, families, individuals, and organisations working in partnership. The Centre for Education and Workforce Development delivered classes to 27,849 participants, while 125,204 online learning courses have been completed. This year the District appointed Australia's first Chief Medical Wellness Officer.

I take this opportunity to thank all of our staff for the work they do every day in Sydney Local Health District. It is a time of great planning and growth, with hospital and service strategic planning underway, as well as redevelopments for Canterbury, Concord and RPA

hospitals. Together we work towards our vision of excellence in health and healthcare for all.

Delivered 164,883 occasions of service for healthcare interpreting, an increase of 25.4% on the previous year

Key achievements 2018-19

- Turned the sod to officially commence the $341 million redevelopment of Concord Repatriation General Hospital, which will include the nation's first centre for veterans and their families.
- Announced the $750 million redevelopment of Royal Prince Alfred Hospital (RPA). The redevelopment will include a significant expansion and modernisation of the emergency department and funding for medical imaging, theatres and integrated ambulatory care services.
- Commenced building works for the $6.5 million expansion of the Canterbury Hospital emergency department.
- Opened a new Child and Family Health Centre at Forest Lodge.
- Achieved accreditation for Concord and Canterbury hospitals and Mental Health. Aged Care and Community Health achieved accreditation for Commonwealth funded programs such as Commonwealth Home Support Programmes.
- Appointed Australia's first Chief Medical Wellness Officer, as well as Chief Information Officers for medical, nursing, allied health and pharmacy.
- Introduced routine domestic violence screening for all mothers and female carers looking after a sick child in Royal Prince Alfred's children's ward, the first paediatric ward in Australia to achieve this important initiative.
- Achieved a major milestone for the digital transformation of our services, becoming the first metropolitan local health district to implement Electronic Medication Management systems (eMeds) for patients across all acute facilities.
- Celebrated 10 years of the JobSupport Program helping people with an intellectual disability achieve employment.
- Launched the Sydney Local Health District Diversity Hub and appointed 60 new cultural support workers from communities across the District to help culturally and linguistically diverse patients and their families navigate health services.

Demographic summary

Sydney Local Health District is located in the centre and inner west of Sydney and provides healthcare services across a geographic area of approximately 126 square kilometres.

Traditional custodians of the land covered by the District are the Gadigal, Wangal and Bediagal people of the Eora nation.

About 700,000 residents live within the District, and more than one million people travel to the District each day to work, study and visit.

People of Aboriginal and Torres Strait Islander heritage make up 1.1 per cent of the population. Almost half of the District's population speak a language other than English at home, including significant numbers of refugees, asylum seekers and special humanitarian entrants. Almost nine per cent of the District population speaks little or no English.

The population is growing more rapidly than that of NSW, increasing by 115,000 (20 per cent) over the last decade. It is projected to grow by a further 40 per cent by 2036. In keeping with national trends, the proportion of our population aged over 65 is increasing, and is projected to grow from 13 per cent in 2018 to 15 per cent by 2028.

The population is socioeconomically diverse, with pockets of both extreme advantage and extreme disadvantage. The District has a large population of people who are homeless – more than 6000 people.

The number of residents aged over 70 is projected to increase by 65 per cent by 2031. More than 28,000 people with a disability live in the District and there are over 53,000 unpaid carers who provide support across the inner west. Each year, almost 8500 babies are born to mothers residing in the District.

There are relatively high rates of STI notifications such as hepatitis B and gonorrhea compared to other local health districts.

Sources:

1. Australian Bureau of Statistics 2016
2. NSW Department of Planning and Environment 2016

Local government areas

City of Sydney (part), Inner West, Canterbury and Bankstown (part), Canada Bay, Burwood, Strathfield

Public hospitals

Balmain Hospital, Canterbury Hospital, Concord Centre for Mental Health, Concord Repatriation General Hospital, Royal Prince Alfred Hospital (RPA), Sydney Dental Hospital, Thomas Walker Hospital

Community health centres

Marrickville, Croydon, Redfern, Canterbury, Camperdown

Child and family health services

Canterbury Health Centre: child, adolescent and family health services, child health information link (service centre)

Croydon Health Centre: child, adolescent and family health services, disability specialist unit

Marrickville Health Centre: child and family health services

Camperdown: child and family health services

Early childhood health services: Alexandria Park, Balmain, Belmore, Camperdown, Campsie, Chiswick, Concord West, Croydon, Earlwood, Five Dock, Glebe, Homebush, Lakemba, Leichhardt, Marrickville, Punchbowl (accessed by Child Health Information Link: 9562 5400)

Oral health clinics

Canterbury, Concord, Croydon, Marrickville, Sydney Dental Hospital. Dalarinji Oral Health Clinic at Sydney Dental Hospital provides emergency and dental services to Aboriginal people

Thirds Schedule facilities

Tresillian Family Care Centres

Other services

Aboriginal health; aged, chronic care and rehabilitation services; allied health; BreastScreen services at RPA, Croydon, Campsie and the mobile van; Centre for Education and Workforce Development; Chris O'Brien Lifehouse at RPA; Charles Perkins Centre at RPA; chronic care programs; Concord statewide burns service; Concord Cancer Centre; Concord Centre for Palliative Care; community nursing services; drug health; healthcare interpreter team; heterosexual HIV service; Institute of Academic Surgery; Inside Out Institute; interpreter services; mental health services; multicultural health services; nursing and midwifery services; oral health; planning; population health; public health; RPA Surgical and Robotic Training Institute; sexual health outreach clinics; Sydney Institute for Women, Children and their Families; Sydney Local Health District Research; Sydney Research (including Sydney Local Health District, the University of Sydney and affiliated medical research institutes); Sydney South West Pathology Services (NSW Pathology); Yaralla Estate; youth health outreach clinics

WESTERN NSW LOCAL HEALTH DISTRICT

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Chief Executive: Scott McLachlan

Scott McLachlan leads a team driven by a commitment to improve health outcomes for rural people, and deliver compassionate, high-quality and connected health services. Aboriginal and Torres Strait Islander people make up over 11 per cent of the Western NSW Local Health District population and Mr McLachlan has a particular commitment to developing services and places that welcome Aboriginal people and the whole community.

Mr McLachlan's extensive leadership experience, spanning more than two decades in the public and private health sectors, has shaped his commitment to improving standards of patient care, maintaining authentic community engagement, collaborating with clinicians and leading innovation.

Year in review

The Western NSW Local Health District is characterised by its vast size and the nature of the communities within it. Our communities are strong, resilient and diverse – features that have been tested by the

ongoing drought conditions that affect us all. Our health teams have played an important role in responding to challenges of living in a drought-affected region. We have stepped up our response, working with the Rural Adversity Mental Health Program and other partners to support the mental health and wellbeing of drought affected communities.

The District also includes highly disadvantaged populations, which is reflected in a range of health outcomes. Our organisational commitment to being 'one service across many places' is recognition that embracing innovation, technology and fresh approaches to health and health service provision, is essential.

Our District is rapidly becoming a partner of choice for health and medical research. In August 2018 we presented our first research strategy, which will drive the development of our research culture. We are continuing to build our capacity and capability to use remote service provision through telehealth and the development of virtual services. This includes the ongoing evolution of our vCare team, which is focused on bringing the right care to patients, through the use of virtual specialist consultations and streamlined patient transport. We also share a focus on safety and quality care. This year we delivered safety huddle training and evaluation at all our sites and we again had over 100 submissions for our Living Quality and Safety Awards program. This year we partnered with the Western Health Research Network to create a series of events highlighting innovation, research, and quality and safety.

Our communities are now better served than ever by medical specialists working from our health services in Bathurst, Orange and Dubbo. We have also been very successful in recruiting rural generalists with advanced skills and we have increased the number of rural generalist training roles offered across the District. These achievements strengthen our capacity to care for patients closer to home and support the sustainability of our health services.

With construction of the $241.3 million Dubbo Hospital redevelopment due to be complete in 2020, and the $35 million Western Cancer Centre scheduled for completion the year after, our District will be intensifying our efforts to bring doctors, medical specialists and other health workers into our communities.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

Rates of seclusion per 1000 bed days reduced from 8.8 to 5.6, with no seclusions in the Child and Adolescent Mental Health Service

Key achievements 2018-19

- Exceeded referrals target to the Get Healthy Information and Coaching Service (187 per cent of our target).
- Delivered the MASTER Program, with more than 300 Aboriginal men from 11 communities participating, and more than 100 referrals made to the Get Healthy Information and Coaching Service.
- Delivered safety huddle training, with more than 32 sites using the concept to improve clinical quality and safety.
- Delivered improved maternity services in rural and remote communities through programs that include the *First 2000 Days of Life Strategy* – implemented at Coonamble, Condobolin, Bourke and Walgett – implementing maternity outreach services and establishing partnerships with Macquarie Homestay in Dubbo and Tresillian.
- Expanded the virtual allied health service to more facilities and launched a virtual occupational therapy home visit service.
- Developed a model of care for the Youth Drug and Alcohol Clinical Support Network targeting people aged 10-18.
- Implemented eMeds in all base and procedural hospital sites.
- Developed a cultural orientation package for overseas trained staff.
- Developed a plan for our intellectual disability health team to support people with chronic and complex health needs.
- Implemented a range of strategies to improve the aged care patient experience, resulting in increased positive patient feedback.

Demographic summary

The Western NSW Local Health District is located west of the Great Dividing Range in the central and north western areas of NSW and provides healthcare services across a geographic area of approximately 247,000 square kilometres.

The Barindji, Barrinbinja, Barundji, Gunu, Kamilaroi, Muruwari, Wailwan, Wiradjuri and Wongaibon people are the traditional custodians of the land covered by the District. About 279,673 residents live within the District. People of Aboriginal and Torres Strait Islander heritage make up 32,160 (approximately 11.5 per cent) of the population. There is low representation of culturally and linguistically diverse communities across the District, apart from the community of Lightning Ridge.

In 2018-19 the population was expected to grow, by 6.6 per cent to 2031. The District has higher percentages of people aged over 65 and under 15 compared to NSW. The District also has some of the most vulnerable populations in NSW, with the lowest socioeconomic status and lowest life expectancy rates.

The District's population will continue to grow over the next decade. The growing proportions of older and younger people will place more pressure on services such as aged care, palliative care and services for children within the first 2000 days of life.

Source:

1. NSW Department of Planning and Environment, State and Local Government Area Population Projections 2016

Local government areas

Bogan, Bourke, Brewarrina, Cobar, Coonamble, Cowra, Dubbo, Forbes, Gilgandra, Lachlan, Mid-Western, Narromine, Orange, Cabonne, Blayney, Parkes, Walgett, Warren, Warrumbungle, Weddin

Public hospitals

Bathurst, Canowindra, Cobar, Condobolin, Coonabarabran, Cowra, Dubbo, Forbes, Mudgee, Narromine, Orange – Bloomfield Campus, Parkes, Wellington

Multipurpose services: Baradine, Blayney, Bourke, Brewarrina, Collarenebri, Condobolin, Coolah, Coonamble, Dunedoo, Eugowra, Gilgandra, Grenfell, Gulargambone, Gulgong, Lightning Ridge, Molong, Nyngan, Oberon, Peak Hill, Rylstone, Tottenham, Trangie, Trundle, Tullamore, Walgett, Warren

Community health centres

Baradine, Bathurst, Binnaway, Blayney HealthOne, Bourke, Brewarrina, Canowindra, Cobar, Collarenebri, Coolah, Coonabarabran, Coonamble HealthOne, Cowra, Cudal, Cumnock, Dubbo, Dunedoo, Forbes, Gilgandra, Goodooga, Gooloogong, Grenfell, Gulargambone, Gulgong HealthOne, Hill End, Lightning Ridge, Manildra, Mendooran, Molong HealthOne, Mudgee, Narromine, Nyngan, Oberon, Orange – Bloomfield campus, Orange – Kite Street, Parkes, Peak Hill, Quandialla, Rylstone HealthOne, Tottenham, Trangie, Trundle, Tullamore, Walgett, Wanaaring, Warren, Wellington

Child and family health services

Bathurst, Blayney HealthOne, Bourke – outreach to Engonnia, Brewarrina, Canowindra – outreach to Eugowra, Cobar, Collarenebri, Condobolin, Coolah, Coonabarabran – outreach to Baradine and Binnaway, Coonamble HealthOne, Cowra, Dubbo, Dunedoo – outreach to Mendooran, Forbes, Gilgandra, Grenfell – outreach to Quandialla, Gulargambone, Gulgong HealthOne, Lightning Ridge – outreach to Goodooga, Molong HealthOne – outreach to Manildra, Cumnock, Yeoval and Cudal, Mudgee, Narromine, Nyngan, Oberon, Orange – Bloomfield campus, Parkes, Peak Hill – outreach to Tomingley, Rylstone HealthOne, Tottenham, Trangie, Trundle, Tullamore, Walgett, Warren, Wellington

Oral health clinics

Community dental clinics: Bathurst, Dubbo, Forbes, Mudgee, Orange, Parkes, Gilgandra*, Gulgong*, Mobile Oral Health Centre*, Peak Hill*, Tottenham*, Wellington*

Child dental clinics: Blayney*, Cobar*, Condobolin*, Coonabarabran*, Coonamble Child Outreach*, Cowra, Grenfell*, Nyngan*, Oberon*, Rylstone*

Royal Flying Doctors Service: Collarenebri, Goodooga, Lightning Ridge

*Part-time clinics operated by staff based at another District dental clinic

Third Schedule facilities

St Vincent's Outreach Service, Lourdes Hospital and Community Health Service

WESTERN SYDNEY LOCAL HEALTH DISTRICT

Hawkesbury Road
Westmead Hospital

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Wentworthville NSW 2145

Telephone: 8890 9000
Facsimile: 8890 9901
Email: WSLHD-OfficeOfTheCE@health.nsw.gov.au
Website: www.wslhd.health.nsw.gov.au
Business hours: 8.30am-5pm, Monday to Friday

Chief Executive: Graeme Loy (from October 2018)

Graeme Loy has held a number of executive roles during the past 13 years, including Chief Executive for Northern Sydney Local Health District, and was appointed to the role of Chief Executive in October 2018. His knowledge of both clinical and corporate services includes a strong focus on system performance through healthy relationships.

Mr Loy has accumulated significant experience in all aspects of leadership in both the public and private sectors. He takes great pride in being able to deliver highly complex clinical services through high-performing teams.

His breadth of knowledge spans facility, district and statewide environments and enables him to couple strategic direction with the broader improvement and research goals, including ensuring optimal provision of safe, high-quality and timely clinical services in concert with the needs of the community and the health system.

Chief Executive: Danny O'Connor (until October 2018)

Danny O'Connor was Chief Executive of the Western Sydney Local Health District from January 2011 until October 2018.

Year in review

Western Sydney Local Health District has an invigorated executive team, committed to delivering high-quality, cost-efficient services, and leading an organisation that staff and the community can be proud of. There has been a focus on organisational culture, with the first step being a series of three World Café forums, allowing 350 staff from across the District to articulate ways in which culture and performance could improve.

A concerted effort to increase staff participation in the annual People Matter Employee Survey followed, achieving an eight per cent increase and record response of 41 per cent. This provided valuable organisational insights, and eight action groups have now been established around central themes to progress a five-year commitment to build a better culture.

To continue this open dialogue between the executive and staff, the Chief Executive continues to work remotely throughout the District, meeting informally with staff and community members in facility cafeterias.

Integral to good culture and good governance is engagement with the workforce. In May 2019, the Western Sydney Local Health District Clinical Council was established to facilitate input from clinical staff from across the District on matters of material importance to the running of health services. Extensive and necessary reform of the intensive care unit at Westmead Hospital has been a priority to regain training accreditation. Initiatives being implemented reflect the broader organisational focus on the creation of supportive work environments. These initatives include weekly workplace wellbeing sessions for our teams conducted by an expert; ensuring time for education and training is embedded into rosters; and appointing new staff, including an intensive care unit director, staff specialists, junior medical staff and administrative personnel.

The Blacktown and Westmead redevelopments continued to progress on time and on budget. Planning for the creationof a contemporary mental health services model also advanced. The new Westmead Central Acute Services Building was officially topped out in June 2019 by Premier Gladys Berejiklian.

On 24 June 2019, the new Acute Services Building at Blacktown (emergency, birthing, maternity, newborn care, women's health, paediatrics, intensive care and perioperative services), was handed over for hospital operational commissioning.

Thousands of residents in Western Sydney came closer to having world-class health services on their doorstep when the site for the Rouse Hill Hospital was announced in February. The new Rouse Hill Hospital is designed to complement Blacktown and Mount Druitt hospitals and Westmead Hospital to ensure comprehensive healthcare throughout the North West.

Spending wisely and investing astutely assisted in bringing the 2018-19 end-of-year result back to a near balanced position, a significant debt correction in the space of two years.

Our staff, volunteers, and community and consumer advocates have our thanks for making these achievements possible.

Continued to transform our culture by hosting Three World Café sessions, which drew together 350 staff from across disciplines, facilities and organisational levels

Key achievements 2018-19

- Increased staff participation in the 2019 People Matter Survey, with 41 per cent of Western Sydney Local Health District staff participating – the highest ever District participation rate, up from 33 per cent in 2018 and 22 per cent in 2017. Our staff engagement is building and will give us better data to inform our culture change program into the future.
- Continued to transform our culture by hosting of Three World Café sessions, led by the Chief Executive. The World Cafés were inclusive forums that drew together 350 staff from across disciplines, facilities and organisational levels. The World Café outcomes will inform the development of a *District Culture Strategy*. Action groups comprising staff representatives will contribute to action plans to improve workplace culture across the District.
- Implemented the Growing Little Language Learners program. In collaboration with the University of Sydney and Cumberland Council, speech pathologists from the child and family health team provided an evidence-based training program for early childhood educators to maximise language development in children. The team was awarded a grant of $102,545 from the Paediatric Innovation Fund Scheme to research the feasibility of using the program at a wider scale across western Sydney.
- Reviewed, redesigned and implemented a new child and family health nursing model of care within integrated and community health to better meet the needs of vulnerable families in Western Sydney.
- Implemented the Safe and Supported at Home program within chronic and complex services to ensure that all eligible clients are identified for ongoing clinical support and referral as required.
- Strengthened the partnership between the District and Silver Chain Community Palliative Care Service. In the 2018-19 financial year, more than 900 people received care from the service.
- Implemented Thriving Families NSW – a program funded by Their Futures Matter to improve responses to young parents with significant vulnerabilities and risk factors.
- Continued leading the Western Sydney Refugee Health Coalition to improve access to services for refugees and asylum seekers, including the Hello Doctor Events, which are held in partnership with

other health and social service providers, councils, settlement services and Western Sydney Primary Health Network.

- Implemented the collective impact project – the Hive Health Project – funded by Family and Community Services and in partnership with The Hive in Mount Druitt. The project aims to provide health assessments and care navigation for vulnerable and at-risk children aged three and four, living in social housing in Willmot and Lethbridge Park, to improve their readiness for school.
- Established the Multicultural Health Committee to drive the development and implementation of district wide strategies to address the needs of culturally and linguistically diverse consumers.

Demographic summary

Western Sydney Local Health District is located in western Sydney and provides healthcare services across a geographic area of approximately 780 square kilometres.

Traditional custodians of the land covered by the District are the Darug people.

About one million residents live within the District. The District's population is projected to grow to 1.35 million by 2031. It will be the most populous District in NSW. People of Aboriginal and Torres Strait Islander heritage make up 13,387 of the population and the majority (9530) live in the Blacktown Local Government Area.

At the 2016 Census just over 50 per cent of residents spoke a language other than English at home, with the most frequent, in descending order, being Arabic, Mandarin, Cantonese, Hindi, Korean, Punjabi, Tagalog and Tamil.

The population is younger than the state average, with 7.8 per cent being pre-school age (0-4 years) compared with 6.5 per cent statewide in 2018. The District's total fertility rate is higher than the state average.

In 2018, the proportion of the population aged 70 years and older was 7.8 per cent and this is projected to increase to 10.3 per cent by 2030.

One of the main health issues facing residents is Type 2 diabetes: almost half the adult population likely to be affected by diabetes or pre-diabetes. The diabetes mortality rate in the District is significantly higher than the NSW average. More than 50 per cent of the District population is overweight and only about 2.4 per cent of the adult population consume the recommended daily amount of vegetables.

Asthma hospitalisations for all ages and potentially preventable hospitalisations for chronic diseases were also higher than the NSW average.

Sources:

1. HealthStats NSW
2. Australian Bureau of Statistics 2018

Local government areas

Blacktown, Cumberland, Parramatta, The Hills Shire

Public hospitals

Auburn, Blacktown, Cumberland (mental health services), Mount Druitt, Westmead

Community health centres

Auburn, Blacktown, Castle Hill, Doonside, Merrylands, Mount Druitt, Parramatta

Child and family health services

Auburn, Baulkham Hills, Blacktown, Castle Hill, Doonside, Dundas, Epping, Ermington, Glendenning, Greystanes, Guildford, Hassall Grove Public School, Lalor Park, Lidcombe, Marayong, Minchinbury Public School, Mount Druitt, Old Toongabbie, Parramatta, Quakers Hill East Public School, Riverstone, Ropes Crossing Community Resource Hub, Rouse Hill Public School, Seven Hills, The Hills Community Health Centre, The Ponds, Winston Hills Public School

Oral health clinics

Blacktown, Mount Druitt, Westmead

Other services

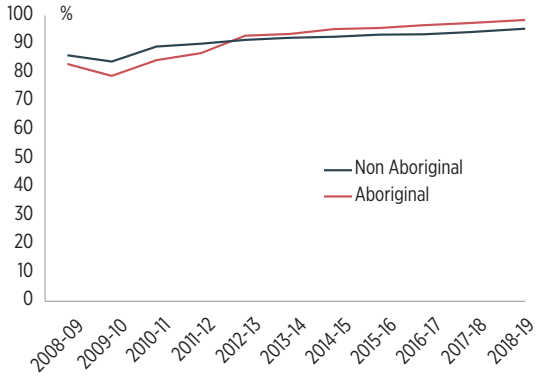
Aboriginal health services, aged day services (Auburn, Baulkham Hills, Blacktown, Ermington, Mount Druitt), Blacktown Women and Girls Health Centre, community drug health services (Auburn, Blacktown, Castle Hill, Cumberland, Mount Druitt, Doonside, North Parramatta, Merrylands, Mount Druitt, Parramatta), community mental health services (Auburn, Blacktown, Castle Hill, Granville, Merrylands, Mount Druitt, Parramatta, Seven Hills, Telopea, Westmead), Blacktown/Mount Druitt sexual assault service, Centre for Population Health, child protection counselling service, Education Centre Against Violence, healthcare interpreter service, High Street Youth Health Service, Multicultural health, New Street Sydney, NSW education program on female genital mutilation, Western Sydney Sexual Health Centre (Parramatta, Mount Druitt), Western area adolescent team, Westmead sexual assault service, Westmead Breast Cancer Institute, BreastScreen (Auburn, Blacktown, Castle Hill, Mount Druitt and Parramatta)

APPENDIX

APPENDIX 1
HEALTH STATISTICS

EARLY DISEASE MANAGEMENT

Aboriginal and non-Aboriginal children fully vaccinated at five years of age

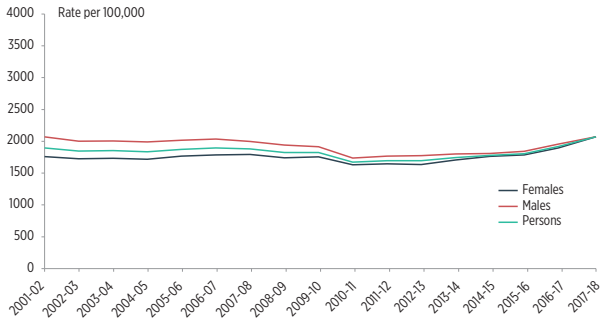


Source: Health Protection NSW

Interpretation

Immunisation coverage has improved significantly for Aboriginal and non-Aboriginal children in NSW since 2012. The Aboriginal Immunisation Healthcare Worker Program uses targeted interventions to improve the timely vaccination of Aboriginal children which has closed the gap in coverage rates, and resulted in Aboriginal children having higher coverage than non-Aboriginal children: at 30 June 2019, 94.2 per cent of Aboriginal children were fully vaccinated at one year of age compared with 94 per cent of non-Aboriginal children and at five years of age, 97.8 per cent of Aboriginal children were fully vaccinated compared with 94.5 per cent of non-Aboriginal children.

Potentially preventable hospitalisations by sex



Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

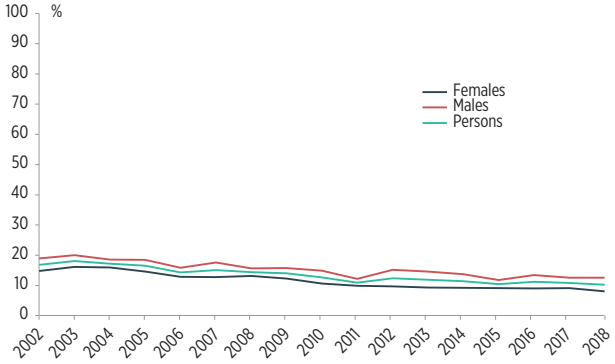
Interpretation

Potentially Preventable Hospitalisations (PPH) are those conditions for which hospitalisation is considered potentially avoidable through preventive care and early disease management, usually delivered in an ambulatory (walk-in) setting, such as primary health care.

The term does not mean that a patient admitted for that condition did not need to be hospitalised at the time of admission. Rather, it means the hospitalisation may have been prevented by timely and appropriate provision of primary or community-based health care. Reducing hospitalisations might involve vaccination, early diagnosis and treatment, and/or good ongoing management of risk factors and conditions in community settings. Rates of potentially preventable hospitalisations have been fairly stable over time, with rates for males and females converging in recent years.

SMOKING

Daily smoking in adults aged 16 years and over



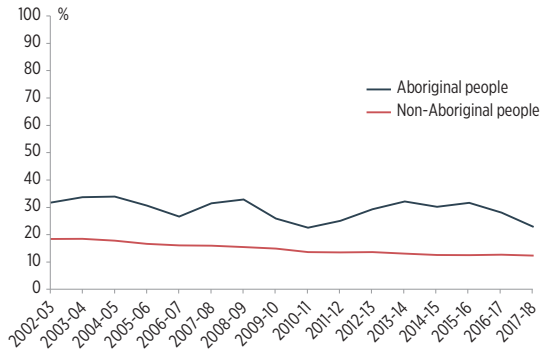
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

Interpretation

In 2018, 10.3 per cent of NSW adults were daily smokers. While there has been a long term reduction in smoking, since 2015, daily smoking rates have remained relatively stable. A similar long-term reduction in current (daily or occasional) smoking has also been observed, with 14.8 per cent of adults reporting either daily or occasional smoking in 2018.

Tobacco use is the leading contributor to the burden of illness and deaths in Australia, followed closely by high body mass and excessive alcohol consumption. Australia has one of the most comprehensive tobacco control policies and programs in the world. The aim of these tobacco control programs in NSW is to contribute to a continuing reduction of smoking prevalence rates in the community.

Daily smoking by Aboriginality, people aged 16 years and over



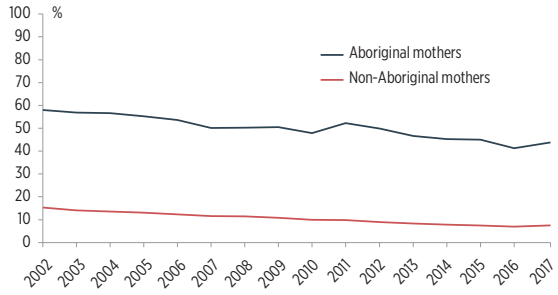
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

Interpretation

Aboriginal people are more than twice as likely to be daily smokers as non-Aboriginal people. During 2017-18, the rate of daily smoking in people aged 16 years and over in NSW was 22.7 per cent for Aboriginal people, and 10.1 per cent for non-Aboriginal people.

The proportion of Aboriginal adults aged 16 years and over who are current smokers (daily or occasional) has decreased from 42.5 per cent in 2008 to 28.5 percent in 2017.

Smoking during pregnancy by Aboriginal and non-Aboriginal mothers



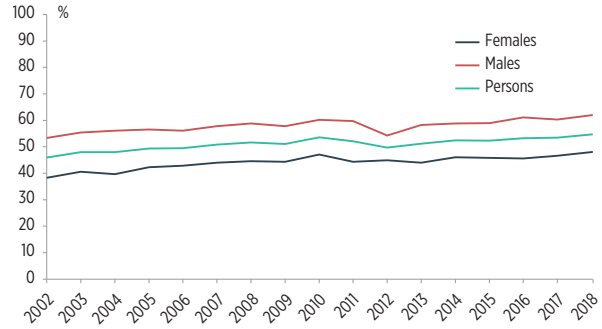
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Interpretation

The proportion of mothers that reported smoking at some time during pregnancy declined from 11.1 per cent in 2011 to 8.8 per cent in 2017. Of mothers who smoked during pregnancy in 2017, 24.8 per cent stopped smoking in the first half of pregnancy. In 2017, the percentage of non-Aboriginal mothers reporting smoking during pregnancy was 7.2 per cent and that for Aboriginal mothers was 42.4 per cent.

OVERWEIGHT AND OBESITY

Overweight or obesity in adults aged 16 years and over



Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

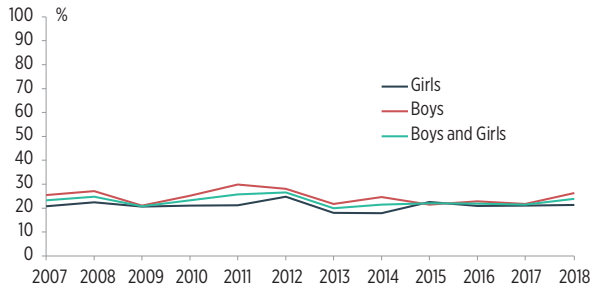
Interpretation

Between 2009 and 2018, the rate of overweight and obesity in the population has gradually increased from 51.1 per cent to 54.2 per cent of adults in NSW. Underlying this trend, the rate of overweight has remained fairly stable (32.4 per cent in 2009 compared with 32.9 per cent in 2018). However, the obesity rate has increased from 18.7 per cent to 21.4 per cent over this 10 year period.

In 2018, 54.2 per cent of adults aged 16 years and over (61.3 per cent of men and 47.2 per cent of women) were overweight or obese in NSW. Further, 32.9 per cent of adults (39.7 per cent of males and 26.1 per cent of females) were overweight in 2018 and 21.4 per cent (21.7 per cent of males and 21.1 per cent of females) were obese.

Excess body weight is one of the main public health problems in Australia. The risk of developing chronic disorders increases with increasing levels of excess weight.

Overweight or obesity in children 5 to 16 years



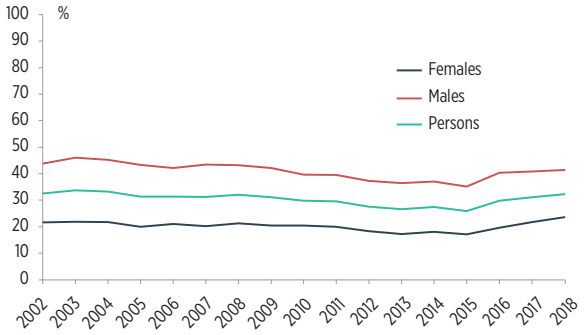
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Interpretation

The prevalence of overweight and obesity in children has been relatively stable in NSW since 2009, with a current prevalence of 24.0 per cent in children aged 5-16 years (2018). However, the prevalence remains high and is a cause for concern.

ALCOHOL

Alcohol consumption at levels posing a lifetime risk to health, adults aged 16 years and over



Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Interpretation

In 2018, the NSW Population Health Survey found that 31.5 per cent of adults aged 16 years and over (40.9 per cent of men and 22.5 per cent of women) consumed more than two standard alcoholic drinks on a day when they drank alcohol.

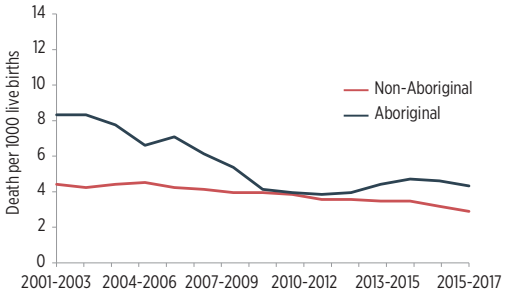
While alcohol consumption at levels that pose a long-term health risk has been in decline over the last 10 years in NSW to 2015, prevalence estimates started to increase since. Additional years of data will be required to determine if the recent increases represent a change in the trend or random fluctuation in the long-term trend.

Excessive alcohol consumption is the leading contributor to the burden of illness and deaths in Australia for people aged up to 44 years and the third overall contributor to total burden of disease and illness for all ages, behind tobacco and high body mass.

The guidelines to reduce the health risks from drinking alcohol, published by the National Health and Medical Research Council in 2009, state that the lifetime risk of harm from alcohol-related disease or injury is reduced by drinking no more than two standard drinks on any day when drinking alcohol. The measure of lifetime risk of harm is defined as more than two standard drinks on a day when usually drinking, and is referred to as 'long-term risk of harm' from alcohol consumption. As this definition is based on usual alcohol consumption, therefore representing an overall pattern of drinking, it reflects alcohol use related to health risk over the long-term.

ABORIGINAL HEALTH

Infant mortality rates by Aboriginality



Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

Interpretation

The infant mortality rate is the number of infant deaths per 1000 births. During 2015-2017, an average of 26 deaths per year of Aboriginal infants under one year of age were registered in NSW. Over the period 2001-2003 to 2015-2017, there was a substantial fall in Aboriginal infant mortality and a statistically significant reduction in the gap in mortality between Aboriginal and non-Aboriginal infants.

While there appears to be a slight widening of the gap in mortality between Aboriginal and non-Aboriginal infants in recent years, this is not statistically significant. Rather, small changes in the number of infant deaths in recent years, combined with a substantial number of missing registrations of births for 2014 has caused fluctuations in annual mortality rates as shown in the trend line on the chart.

The mortality rate among Aboriginal infants in NSW is low compared to other jurisdictions. Similarly, the gap in mortality rates between Aboriginal and non-Aboriginal infants is less pronounced in NSW compared to other jurisdictions.

First antenatal visit before 14 weeks by Aboriginal and non-Aboriginal mothers

Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

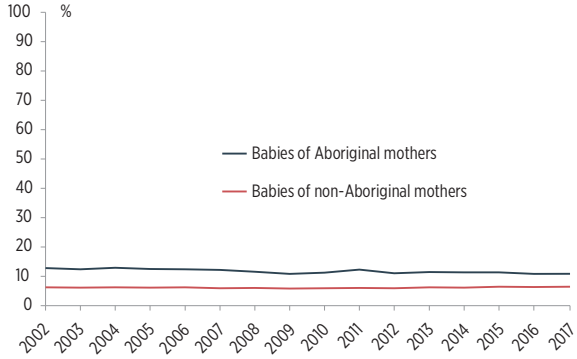
Interpretation

The purpose of antenatal visits is to monitor the health of the mother and baby, provide advice to promote the health of the mother and baby, and identify antenatal complications so that appropriate intervention can be provided at the earliest time.

The first comprehensive antenatal assessment should be carried out as early as possible in pregnancy. In NSW in 2017, the proportion of Aboriginal mothers who attended their first antenatal visit before 14 weeks of pregnancy was 68.1 per cent, compared to 73.3 per cent of non-Aboriginal mothers.

Up to 2010, the question asked at data collection was 'Duration of pregnancy at first antenatal visit'. From 2011, the question asked is 'Duration of pregnancy at first comprehensive booking or assessment by clinician'. The new question has more specifically defined the type of visit to be reported and resulted in a substantial decrease in the reported proportion of mothers who commenced pre-natal care before 14 weeks gestation between 2010 and 2011. The proportion of Aboriginal mothers attending their first antenatal visit before 14 weeks has increased over the last three years.

Low birth weight babies born to Aboriginal and non-Aboriginal mothers



Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health

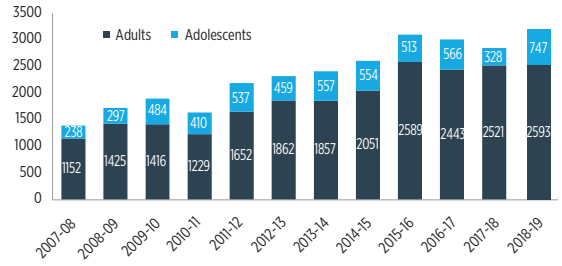
Interpretation

In NSW in 2017, the proportion of low birth weight babies among Aboriginal mothers was almost double the proportion among non-Aboriginal mothers. Between 2001 and 2017, the proportion of low birth weight babies among Aboriginal mothers has decreased from 13.5 per cent to 11.1 per cent.

Smoking in pregnancy and being a teenage (under 20 years) or older (over 35 years) mother are risk factors for low birth weight. The prevalence rates of smoking in pregnancy and teenage mothers are higher in the Aboriginal population than in the non-Aboriginal population in NSW. In comparison, the higher risk of low birth weight babies due to a higher proportion of older mothers in the non-Aboriginal population was small.

MENTAL HEALTH

Number of adults and adolescents with mental illness diverted from custody into community treatment

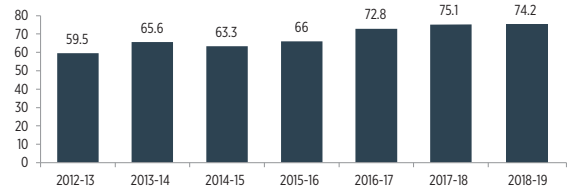


Source: Justice Health and Forensic Mental Health Network

Interpretation

In 2018-19, there were 2593 adults and 747 young people with mental illness diverted from custody by the Justice Health and Forensic Mental Health Network to community-based care.

Proportion of clients discharged from an acute public mental health unit who are seen by a Community Mental Health Team within seven days of that discharge

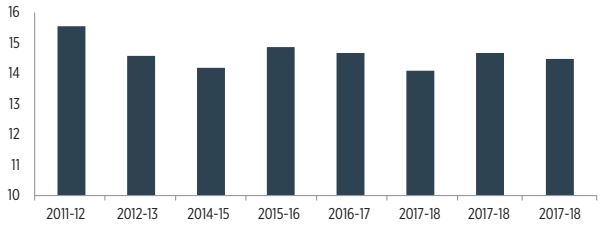


Source: Health Information Exchange, NSW Ministry of Health

Interpretation

This indicator shows the proportion of clients discharged from an Acute Public Mental Health Unit who are seen by a Community Mental Health Team within seven days of that discharge. It reflects the effectiveness of acute inpatient discharge planning and the integration of acute inpatient and community mental health services. Target is 70 per cent.

Re-admission to a mental health acute service within 28 days



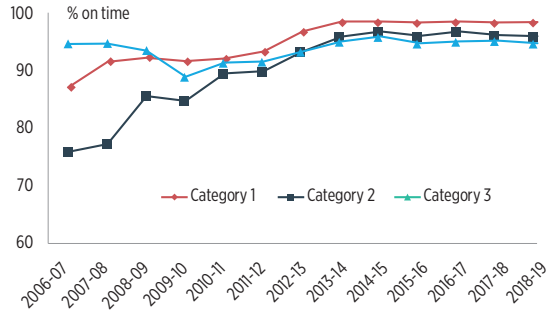
Source: Health Information Exchange, NSW Ministry of Health

Interpretation

This indicator shows the proportion of separations from an Acute Public Mental Health unit which were followed by a re-admission within 28 days to any NSW Acute Public Mental Health unit.

NSW HOSPITAL PERFORMANCE

Elective Surgery Access Performance (ESAP) Target – Percentage of patients admitted for elective surgery within clinically recommended timeframe

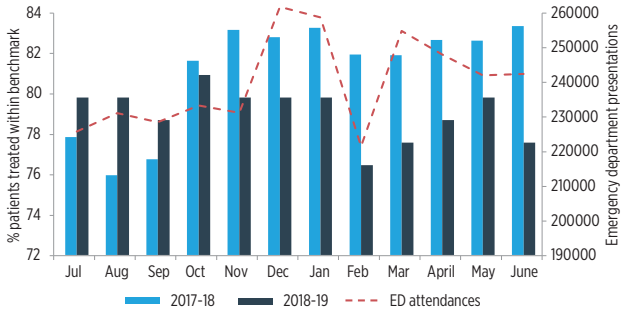


Source: Waiting List Collection Online System, NSW Ministry of Health

Interpretation

There were over 228,000 admissions from the elective surgery waiting list in NSW public hospitals during 2017-18. The percentage of patients who receive their elective surgery within clinically recommended timeframes remains strong in NSW. Overall, 97 per cent of patients received their surgery on time, with 100 per cent on time for category 1 (urgent surgery), 97 per cent for category 2 (semi-urgent surgery), and 96 per cent for category 3 (non-urgent surgery).

Percentage of patients treated within triage benchmark times

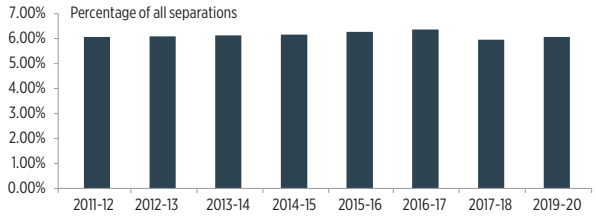


Source: Health Information Exchange, NSW Ministry of Health

Interpretation

In 2018-19, over 2.98 million patients presented to a NSW public emergency department, just over 100,000 more than 2017-18, with the majority of these additional presentations occurring in the period from April to June 2019. This significant increase in demand saw the percentage of patients seen within clinically appropriate timeframes decline slightly from 2017-18 results.

Unplanned re-admission within 28 days of separation

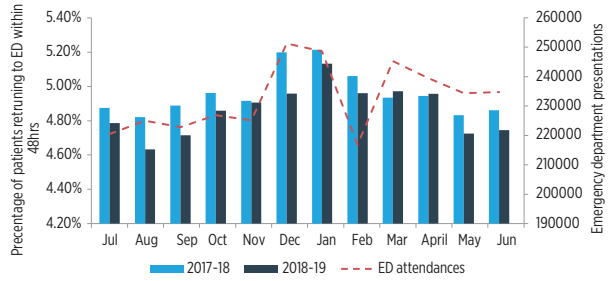


Source: Health Information Exchange, NSW Ministry of Health

Interpretation

Unplanned readmissions in 2018-19 have increased by 0.11 percentage points to 6.07 per cent when compared to 2017-18, however this measure has remained relatively stable since 2011-12. Districts and networks continue to investigate to further understand why re-admissions occur so strategies can be established to address this. It should be noted this data reflects the volume of unplanned re-admissions within 28 days and does not provide an indication of whether or not these re-admissions were preventable or unexpected.

Re-presentation to the same emergency department within 48 hours

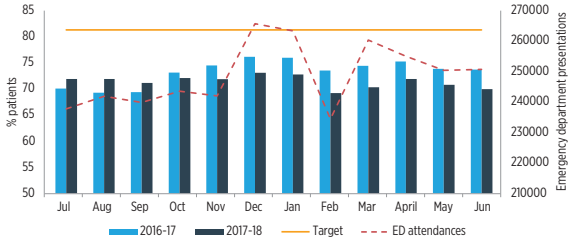


Source: NSW Health Information Exchange

Interpretation

Despite the increase in numbers of presentations to emergency departments, the percentage of re-presentations declined slightly in 2018-19 when compared to 2017-18. This shows that emergency departments are maintaining high levels of clinical care while caring for more and more patients. Districts and networks continue to focus on improving patient flow in both emergency department and hospital wards, and investments in specific models are care are contributing to continual improvements in patient care.

Emergency Treatment Performance (ETP) – Percentage of patients with total time in an emergency department of ≤ four hours

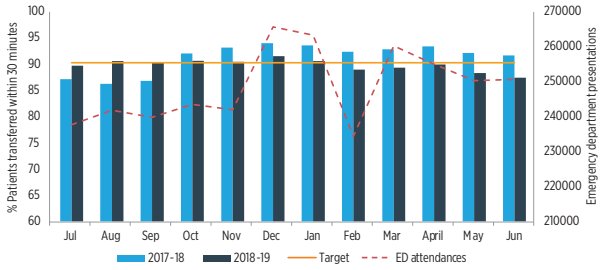


Source: Health Information Exchange, NSW Ministry of Health

Interpretation

NSW continues its commitment to ensuring patients who present to emergency departments complete their treatment in a timely and clinically appropriate way. In 2018-19, 71 per cent of patients who presented to a NSW emergency department left the department within four hours following treatment.

Transfer of Care (TOC) Performance – Percentage of patients whose care was transferred from ambulance staff to emergency department staff within 30 minutes

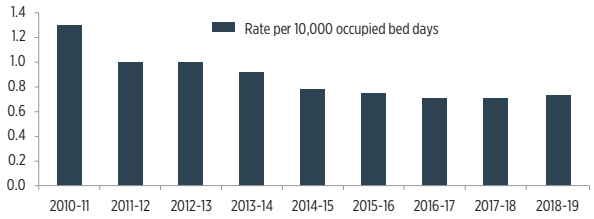


Source: Health Information Exchange, NSW Ministry of Health

Interpretation

In 2018-19, the state target of 90 per cent of patients whose care is transferred from Ambulance staff to hospital staff within 30 minutes was achieved.

Staphylococcus Aureus Bloodstream Infections



Source: System Information and Analytics Branch, NSW Ministry of Health

Interpretation

The rate of Staphylococcus Aureus Bloodstream infections in NSW consistently declined year-on-year until 2017-2018, and remained low in 2018-19. The 2018-19 rate of 0.73 per 10,000 occupied bed days is consistently lower than the National Health Agreement benchmark of 2.0 per 10,000 patient days.

APPENDIX 2

WORKFORCE STATISTICS

Number of full-time equivalent staff (FTE) employed in the NSW public health system

	JUNE 2019
Medical	12,503
Nursing	49,353
Allied Health	10,697
Other Professionals and Para Professionals	3,093
Scientific and Technical Clinical Support	6,758
Oral Health Practitioners and Therapists	1,337
Ambulance Officers	4,241
SUB-TOTAL CLINICAL STAFF	**87,983**
Corporate Services	5,219
IT Project Implementation	161
Clinical Support	16,957
Hotel Services	8,271
Maintenance and Trades	864
Other	330
SUB-TOTAL OTHER STAFF	**31,801**
TOTAL	**119,784**

Source: Statewide Management Reporting Service (SMRS). Notes: **1.** FTE calculated as the last fortnight in June, paid productive and paid unproductive hours. **2.** Includes full-time equivalent (FTE) salaried staff employed with local health districts, Sydney Children's Hospitals Network, Justice Health and Forensic Mental Health Network, NSW Health Pathology, HealthShare NSW, 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 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.** Transfer of services to Northern Beaches Hospital - Approximate 900 FTE reduction. **6.** June 2019 FTE adjusted for Ambulance Paramedics for changes to Public Holiday Leave calculation methodology – approximately 100 FTE.

NUMBER OF FULL-TIME EQUIVALENT STAFF (FTE) EMPLOYED IN OTHER NSW HEALTH ORGANISATIONS	JUNE 2019
NSW Health organisations supporting the public health system*	1,787
Health Professional Councils Authority	134
Mental Health Review Tribunal	31

*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 NSW.

Historical figures

	JUNE 2016	JUNE 2017	JUNE 2018
Medical	11,137	11,705	12,137
Nursing	45,796	47,282	48,286
Allied Health	9,898	10,240	10,445
Other Professionals and Para Professionals	3,055	3,086	3,057
Scientific and Technical Clinical Support	6,390	6,607	6,650
Oral Health Practitioners and Therapists	1,270	1,272	1,332
Ambulance Officers	3,789	3,947	4,150
SUB-TOTAL CLINICAL STAFF	**81,336**	**84,138**	**86,056**
Corporate Services	4,961	5,148	5,248
IT Project Implementation	190	257	292
Clinical Support	15,138	15,556	16,048
Hotel Services	8,278	8,254	8,189
Maintenance and Trades	925	912	865
Other	350	333	349
SUB-TOTAL OTHER STAFF	**29,841**	**30,459**	**30,991**
TOTAL	**111,177**	**114,597**	**117,047**

Source: State Management Reporting Service (SMRS). Notes: **1.** FTE calculated as the last fortnight in June, paid productive and paid unproductive hours. **2.** Includes full-time equivalent (FTE) salaried staff employed with local health districts, Sydney Children's Hospitals Network, Justice Health and Forensic Mental Health Network, NSW Health Pathology, HealthShare NSW, 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.** Albury Base Hospital transferred to the management of Victoria from July 2009 and has been included in all years for reporting consistency. **5.** Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. **6.** Backdated Adjustments are included in all years. 7. In 2015-16, Patient Transport Officers moved from the 'Ambulance Officers' and 'Hotel Services' staff categories to the 'Clinical Support' staff category.

NUMBER OF FULL-TIME EQUIVALENT STAFF (FTE) EMPLOYED IN OTHER NSW HEALTH ORGANISATIONS	JUNE 2016	JUNE 2017	JUNE 2018
NSW Health organisations supporting the public health system*	1,325	1,458	1,584
Health Professional Councils Authority	82	104	112
Mental Health Review Tribunal	30	29	29

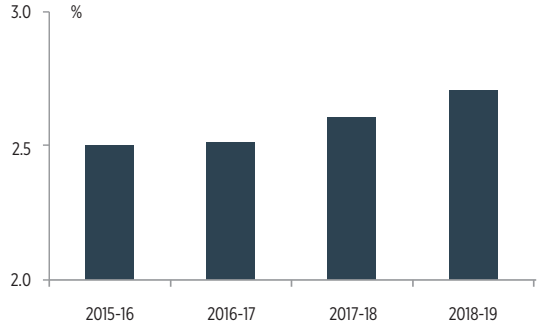
*Includes NSW Ministry of Health, Clinical Excellence Commission, Bureau of Health Information, Health Education and Training Institute, Agency for Clinical Innovation, Health Administration Corporation – Health Infrastructure, Health System Support Group and Cancer Institute NSW.

Registered practitioners in NSW

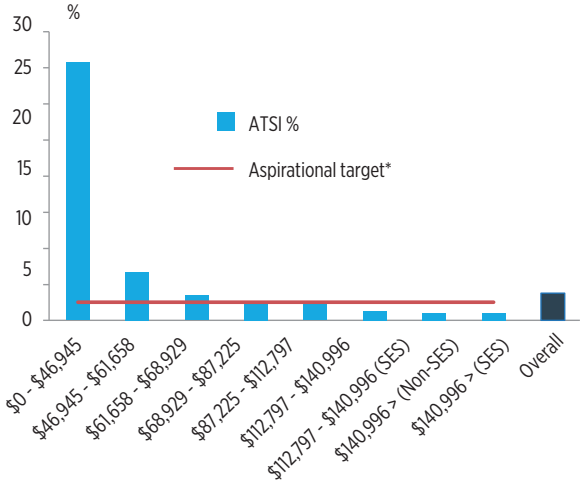
PROFESSION	NSW[1]
Aboriginal and Torres Strait Islander Health Practitioner	133
Chinese medicine practitioner	2,003
Chiropractor	1,840
Dental practitioner	7,100
Medical practitioner	36,194
Medical radiation practitioner	5,489
Midwife	1,336
Nurse	103,985
Nurse and midwife[2]	7,746
Occupational therapist	6,245
Optometrist	1,933
Osteopath	586
Paramedicine	4,417
Pharmacist	9,637
Physiotherapist	9,739
Podiatrist[3]	1,506
Psychologist	12,318

Source: Australian Health Practitioner Regulation Agency, June 2019. Notes: **1.** Data are based on the number of registered practitioners as at 30 June, 2019. **2.** Registrants who hold dual registration as both a nurse and a midwife. **3.** Throughout this report, the term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise specified.

Aboriginal staff as a proportion of total staff



Aboriginal staff by salary band



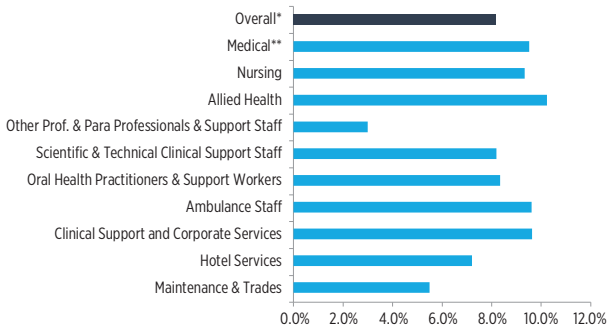
Source: Public Service Commission Diversity Report 2018-19. Note: NSW Public Health System. Excludes Third Schedule Facilities. *Note from the PSC Diversity Report – The NSW Public Sector Aboriginal Employment Strategy 2014–2017 introduced an aspirational target of 1.8 per cent by 2021 for each of the sector's salary bands. If the aspirational target of 1.8 per cent is achieved in salary bands not currently at or above 1.8 per cent, the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3 per cent (original overall target is 2.6 per cent).

STAFF TURNOVER

Factors influencing staff turnover include remuneration and recognition, employer/employee relations and practices, workplace culture and organisational structure. Monitoring turnover rates over time enable the identification of areas of concern and development of strategies to reduce turnover.

The desired outcome is to reduce turnover rates within acceptable limits to increase staff stability. For June 2019, the staff turnover rate is 8.1 per cent – a decrease from 8.3 per cent from June 2018.

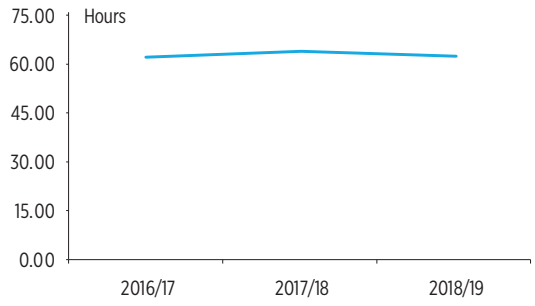
Non-casual staff turnover rate by treasury group – FY 2018-19



Note: * Excludes Third Schedule Facilities, "Other" Treasury Group and Junior Medical Officers
** Excluding Junior Medical Officers (JMOs are on a term contract) Health System Average inclusive of all Health Districts, NSW Ministry of Health, Health Pillars, HealthShare NSW, eHealth NSW, Justice Health & Forensic Mental Health, NSW Health Pathology, Cancer Institute NSW, Albury Hospital and NSW Ambulance.

SICK LEAVE

Effective people management and monitoring helps reduce the amount of sick leave staff take. This in turn helps reduce the need for, and cost of, replacing staff and prevents the potential negative effect on service delivery where replacement staff are not readily available. Sick leave per FTE decreased from 63.53 hours per FTE in 2017-18 to 62.37 hours per FTE in 2018-19.



Source: Statewide Management Reporting System (SMRS). Note: Excludes Third Schedule Facilities and casual employees. Average inclusive of all 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.

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, both of which require Ministry approval.

Elizabeth Koff, Secretary, NSW Health – Attending the International Society for Quality in Health Care 35th International Conference in Malaysia and undertaking a study tour, Singapore

Dr Nigel Lyons, Deputy Secretary, Health System Strategy and Planning – Attending the International Consortium for Health Outcomes Measurement in the Netherlands and the Value Based Health Care Study Tour, Sweden and United Kingdom

Dr Kerry Chant, Chief Health Officer and Deputy Secretary, Population and Public Health – Attending the 11th European Public Health Conference in Slovenia and visiting various public health authorities, United Kingdom

Susan Pearce, Deputy Secretary, Patient Experience and System Performance – Accompanying the Minister to build relationships and explore research opportunities, India

Tish Bruce, Executive Director, Health and Social Policy Branch – ANZSOG Executive Fellowship Program, New Zealand and Singapore

Joanne Holden, Director, Population Health Strategy and Performance to travel to attend an International AIDS Conference in the Netherlands

Dr Andrew Milat, Director, Evidence and Evaluation - Attending the International Society of Behavioural Nutrition and Physical Activity Meetings and Workshops in the Czech Republic

Anne O'Neill, Director, Enterprise and International Partnerships, Office for Health and Medical Research – Attending the BIO 2019 Convention, USA

Jessamin Clissold, Manager, Executive Ministerial Services – ANZSOG Executive Masters of Public Administration program, New Zealand

Aditya Vyas, Manager, Environmental Epidemiology Unit – Presenting at the Royal Australasian College of Physicians Congress 2019, New Zealand

Michelle O'Heffernan, Principal Workplace Relations Advisor – Attending a conference for Senior Hospital Security Staff, New Zealand

Elisabeth Murphy, Senior Clinical Advisor, Strategy and Resources – Attending the National Community Child Health Council Meeting, New Zealand

Dr Christine Selvey, Medical Epidemiologist, to attend and present at a UNAIDS/WHO/Unitaid/PSI workshop in Thailand

Barry Edwards, Senior Analyst – Presenting at the International Union for Health Promotion and Education Symposium, New Zealand

WORKERS' COMPENSATION

NSW Ministry of Health – Categories of accepted workers compensation claims

INJURY/ILLNESS	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Body Stressing	3	8	2	3	1	0	0	0
Slip, Trip, Fall	7	2	3	3	1	2	0	6
Hitting objects	0	0	0	1	1	0	0	1
Psychological	3	2	0	2	5	2	0	6
Motor vehicle	2	0	0	0	0	0	0	0
Other	2	1	0	0	2	0	0	0
TOTAL	**17**	**13**	**5**	**9**	**10**	**4**	**0**	**13**

NSW Ministry of Health – Number of new claims each year

INJURY/ILLNESS	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
New claims	17	13	5	9	10	4	0	13

KEY POLICIES 2017-18

Managing Misconduct (PD2018_031)

This Policy Directive sets out the requirements for managing potential and/or substantiated misconduct by staff of the NSW Health Service and by visiting practitioners.

Managing Complaints and Concerns about a Clinician (PD2018_032)

This Policy Directive provides a standard approach for the management of serious complaints and concerns about clinicians working in NSW Health.

Nurses and Midwives – Permanent Part Time – Overtime Provisions (PD2018_033)

The purpose of this Policy Directive is to clarify the overtime provisions of Subclause 25(ii)(b) of the Public Health System Nurses' and Midwives' (State) Award (the Award) applying to permanent part-time (PPT) nurses and midwives, including those who participate in an 'on-call' roster.

Security Improvement Audits (PD2018_038)

This purpose of this Policy Directive is to provide a framework for NSW Health Agencies to undertake security improvement audits using the Security Improvement Audit Tool (SIAT).

Non-Standard Remuneration or Conditions of Employment (PD2018_040)

This Policy Directive is to advise that public health organisations are not permitted to provide staff employed in the NSW Health Service with over-award ('non-standard') remuneration or conditions of employment (including by the way of the settlement of claims or litigation) without written approval from the Health Secretary or authorised delegate.

NSW Health Service Senior Executive Arrangements (PD2019_002)

The purpose of this Policy Directive is to set out the statutory and other requirements governing the employment of Health Service Senior Executives under the Health Services Act 1997, as amended by the Government Sector Employment Legislation Amendment Act 2016.

Leave Matters for the NSW Health Service (PD2019_010)

This Policy Directive sets out all leave provisions for workers employed in the NSW Health Service.

Working with Children Checks and other Police Checks (PD2019_12)

This Policy Directive outlines the mandatory requirements for National Police Checks (NPCs) and Working with Children Checks (WWCCs) for persons engaged or employed within NSW Health and for persons seeking to be employed or engaged in NSW Health.

Recovery of Overpayments for NSW Health Service Employees (PD2019_009)

This Policy Directive references the specific provisions in industrial awards for dealing with overpayments and underpayments of salaries. It also provides direction for dealing with overpayments where there are no relevant award provisions.

Senior Career Medical Officers: Guidelines for Personal Regrading & Establishment of New Positions (GL2019_004)

This guideline is intended to assist public health organisations in the Senior Career Medical Officer application process by clearly outlining the documentation required by the Senior Medical Officer Grading Committee.

Uniforms Policy (PD2019_012)

This Policy Directive advises staff employed in the NSW Health Service of the provisions that apply to uniforms, in order to establish a consistent approach to NSW Health uniforms.

AWARD CHANGES AND INDUSTRIAL RELATIONS CLAIMS

The 2005 NSW Health policy which referred to Staff Specialists being allocated enclosed offices of 9m2 had been overtaken by new Government standards applying active/agile workspace concepts. In view of the scope of new hospital developments and the conflict between new Government standards and that policy, the 2005 policy was rescinded in April 2018. The Australian Salaried Medical Officers Federation objected and sought arbitration in a case which has significant implications for new hospital builds. The matter was arbitrated in May and June. The decision is pending.

Patient Transport Service-Crib Break Arbitration

The Health Services Union is seeking a Crib Away Allowance of approximately $28 when employees are required to take their paid crib break at a location other than the station they commenced work. In order to fund the allowance, the Commission is required to consider the amount of productivity savings that have been achieved. Decision pending.

Sexual Assault Workers Dispute

On 11 June, the Industrial Relations Commission heard the dispute by the Health Services Union. This dispute concerns the application of the 'on call' and 'call out' provisions in the Public Hospitals (Professional and Associated Staff) Conditions of Employment (State) Award 2018 for Sexual Assault Workers. The Health Services Union submitted that staff who are on call should also receive the call out rates (overtime) for telephone calls other than counselling and that they should be paid to travel to and from work when recalled to duty. Decision pending.

Broken Hill

Conciliation in the Industrial Relations Commission has been ongoing between the NSW Ministry of Health/Far West Local Health District and the Barrier Industrial Council since 11 March 2019.

The issues relate to a number of claims the Barrier Industrial Council has, including alleged underpayments of allowances and of overtime to permanent part time staff along with issues relating to the alignment of Broken Hill conditions with state ones.

At conciliation at the Industrial Relations Commission on 19 June 2019, it was agreed that the NSW Ministry of Health will lodge a new Award by 30 June 2019 to replace the current unregistered 1997 Industrial Agreement between the parties. This is to be followed by conciliation before the Commission in Broken Hill.

Ambulance New Classifications – Non Clinical Duty Operations Manager (Call Centre) Arbitration

The NSW Ministry of Health/NSW Ambulance has been in discussions for a new non paramedic classification in the call centre. The NSW Industrial Relations Commission rejected Australian Paramedics Association's interim claim that NSW Health's application for a new classification was prohibited as it was an extra claim.

SENIOR EXECUTIVE SERVICE

BAND	2018		2019	
	FEMALE	MALE	FEMALE	MALE
Band 4	1		1	
Band 3	3	3	3	3
Band 2	13	5	16	4
Band 1	44	19	43	26
TOTALS	**61**	**27**	**63**	**33**
	88		**96**	

BAND	RANGE	AVERAGE REMUNERATION	
		2018	2019
Band 4	$475,151-$548,950	$555,150	$569,050
Band 3	$337,101-$475,150	$461,213	$467,518
Band 2	$268,001-$337,100	$301,987	$307,052
Band 1	$187,900-$268,000	$206,583	$215,411

Twenty-one per cent of the NSW Ministry of Health's employee related expenditure in 2019 was related to senior executives, compared with 20 per cent in 2018.

APPENDIX 3

PUBLIC HOSPITAL ACTIVITY LEVELS

Selected data for the year ended June 2018 Part 1[1,2,10]

LOCAL HEALTH DISTRICTS	SEPARATIONS	PLANNED SEPARATION PER CENT	SAME DAY SEPARATION PER CENT	TOTAL BED DAYS	AVERAGE LENGTH OF STAY (ACUTE)[3,6]	DAILY AVERAGE OF INPATIENTS[4]
Justice & Forensic Mental Health Network	1,215	95.8	64.9	68,585	11.8	188
Sydney Children's Hospitals Network	51,885	50.7	46.8	182,718	3.3	501
St Vincent's Health Network	45,491	51.6	55.8	395,026	8.4	1,082
Sydney LHD	174,737	47.5	46.3	647,072	3.0	1,773
South Western Sydney LHD	242,600	43.2	45.1	858,843	2.9	2,353
South Eastern Sydney LHD	187,772	41.9	45.3	684,783	3.0	1,876
Illawarra Shoalhaven LHD	94,011	36.8	38.9	399,246	3.2	1,094
Western Sydney LHD	180,553	44.3	46.4	665,506	2.9	1,823
Nepean Blue Mountains LHD	88,269	36.6	37.9	332,589	3.1	911
Northern Sydney LHD	136,908	34.6	40.1	599,229	3.1	1,642
Central Coast LHD	93,092	38.2	42.4	325,643	2.9	892
Hunter New England LHD	224,637	44.5	41.7	816,065	3.0	2,236
Northern NSW LHD	99,409	46.2	47.1	314,919	2.7	863
Mid North Coast LHD	76,270	48.6	48.9	274,755	3.0	753
Southern NSW LHD	52,246	51.1	48.2	158,058	2.3	433
Murrumbidgee LHD	69,369	43.0	40.8	223,525	2.5	612
Western NSW LHD	85,346	41.0	41.7	301,625	2.7	826
Far West LHD	8,679	51.6	49.8	28,616	2.5	78
TOTAL NSW	**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
PERCENTAGE CHANGE (%)[9]	**-0.3**	**0.3**	**-0.1**	**0.8**	**1.4**	**0.8**
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

Selected Data for the year ended June 2018 Part 2[1,2,10]

LOCAL HEALTH DISTRICTS	OCCUPANCY RATE[5] JUNE 18	ACUTE BED DAYS[6]	ACUTE OVERNIGHT BED DAYS[6]	NON-ADMITTED PATIENT SERVICE EVENTS[7]	EMERGENCY DEPT. ATTENDANCES[8]
Justice & Forensic Mental Health Network	n/a	12,566	11,777	2,082,106	n/a
Sydney Children's Hospitals Network	106.6%	171,872	147,790	490,174	98,043
St Vincent's Health Network	108.4%	347,365	322,886	352,487	50,610
Sydney LHD	90.7%	501,965	422,044	1,387,490	171,323
South Western Sydney LHD	103.2%	685,676	576,533	1,222,160	300,867
South Eastern Sydney LHD	103.1%	507,829	430,921	1,333,249	234,838
Illawarra Shoalhaven LHD	97.8%	272,165	235,688	682,976	166,390
Western Sydney LHD	104.6%	500,614	417,756	1,404,431	201,012
Nepean Blue Mountains LHD	91.2%	260,065	226,790	642,445	131,032
Northern Sydney LHD	95.7%	389,302	336,540	1,047,043	219,838
Central Coast LHD	94.3%	260,245	220,968	689,207	144,056
Hunter New England LHD	76.8%	640,011	546,596	2,314,074	424,780
Northern NSW LHD	89.7%	249,827	203,117	584,559	213,307
Mid North Coast LHD	93.9%	218,099	181,554	574,033	131,126
Southern NSW LHD	84.7%	109,909	84,858	316,421	119,773
Murrumbidgee LHD	78.3%	164,989	136,777	448,472	157,322
Western NSW LHD	86.7%	223,166	187,641	675,635	190,247
Far West LHD	51.8%	20,828	16,530	120,181	26,308
TOTAL NSW	**93.6%**	**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
PERCENTAGE CHANGE (%)[9]	**3.2%**	**1.4**	**1.6**	**4.2**	**3.5**
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

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.24/09/2019 **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. Facilities with peer groups other than A1 to C2 are excluded. The following bed types are excluded from all occupancy rate calculations: emergency departments, delivery suites, operating theatres, hospital in the home, recovery wards, residential aged care, community residential and respite activity Unqualified baby bed days were included from 2002/03. **6.** Acute activity is defined by a service category of acute or newborn. Results for Acute separations and bed days for 2018/19 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. Data for JH&FMHN was not included in 2015/16 result. Pathology services are not included. Activity was estimated for JH&FMHN as data was not available due to system issues. Data for previous years is not comparable. **8.** Source: HIE as at 24/09/2019. **9.** Planned separations, Same day separations and occupancy rates are percentage point variance from 2017/18 **10.** Albury Base Hospital transferred on 1 July 2009 to the integrated Albury-Wodonga Health Service managed by Victoria, caution is required when comparing NSW State numbers to previous years.

APPENDIX 4

MENTAL HEALTH

Section 108 of the *NSW Mental Health Act (2007)*

In accordance with Section 108 of the *NSW Mental Health Act (2007)* the tables presented here provide an overview of mental health activities and performance in mental health public hospitals for 2018-19 in relation to:

a) achievements during the reporting period in mental health service performance

b) data relating to the utilisation of mental health resources.

Table 1 provides data against a set of measures for hospital activities related to hospital separations (same day and overnight) and community contacts. Activity measure is based on all acute, sub-acute and non-acute mental health facilities.

Table 2 provides rates for three national key performance indicators (KPIs). These indicators measure effectiveness (28 day readmission rate), appropriateness (seclusion rate) and continuity (seven day post discharge community care) of care in acute mental health service.

Table 1 includes indicators only for services directly funded through the Mental Health program. National reports on mental health also include data from a small number of services funded by other funding programs (e.g. Primary Care, Rehabilitation and Aged Care). Therefore the numbers reported here may differ from those in national reports (e.g. Report on Government Services, Mental Health Services in Australia, National Mental Health Report).

Table 1. Mental Health – hospital and community activity

Public Psychiatric Hospitals, Co-located Psychiatric Units in Public and Specialist Mental Health Community Team Activity.

LOCAL HEALTH DISTRICT/ NETWORK/HOSPITAL	SAME-DAY SEPARATIONS[3] 2018-19	OVERNIGHT SEPARATIONS[4] 2018-19	SPECIALIST MENTAL HEALTH COMMUNITY CONTACTS[5] 2018-19
Justice Health	2	519	385,068
Sydney Children's HN	11	311	35,414
St Vincent HN	67	1,371	46,443
Sydney LHD	850	4,065	304,199
South Western Sydney LHD	173	3,947	485,479
South Eastern Sydney LHD	64	3,171	646,924
Illawarra Shoalhaven LHD	51	2,398	252,320
Western Sydney LHD	484	3,712	390,731
Nepean Blue Mountain LHD	142	2,171	138,693
Northern Sydney LHD	286	3,423	847,984
Central Coast LHD	33	1,533	543,977
Hunter New England LHD	181	4,916	457,864
Northern NSW LHD	33	1,757	380,108
Mid North Coast LHD	14	1,629	146,957
Southern NSW LHD	67	1,317	233,086
Murrumbidgee LHD	23	1,097	161,303
Western NSW LHD	25	1,679	312,554
Far West LHD	6	228	59,689
NSW - TOTAL	**2,512**	**39,244**	**5,828,793**
2017-2018	3,511	40,254	5,676,819
2016-2017	4,056	42,008	5,227,475
2015-2016	3,198	38,214	4,637,955
2014-2015	3,091	36,868	3,784,408

Source: NSW Health Information Exchange

Definitions: **1.** 'Same-day Separations' are those where the hospital episode begins and ends on the same day. **2.** 'Overnight Separations' are episodes of hospital care where the person stays at least one night in hospital, and are concluded by discharged, death, transfer to another hospital or change to a different type of care at the same hospital. **3.** 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.

Table 2. Rates of 28 day re-admission, seven day post discharge and seclusion rate, duration and frequency in mental health service

LOCAL HEALTH DISTRICT/ NETWORK/HOSPITAL	28 DAY READMISSION RATE 2018-19 (%)[1]	7 DAY POST-DISCHARGE COMMUNITY CARE RATE 2018-19 (%)[2]	SECLUSION RATE 2018-19 [3]	SECLUSION AVERAGE DURATION 2018-19 [4]	SECLUSION FREQUENCY 2018-19 (%)[5]
Justice Health	**16.1**	**22.9**	**22.7**	**70.2**	**67.0**
Forensic Hospital	10.0	55.0	22.7	70.2	67.0
Long Bay6	17.9	21.1			
MRRC6	18.6	22.3			
Mulawa6	11.6	19.6			
Sydney Childrens HN	**17.2**	**88.7**	**11.5**	**0.8**	**2.8**
Childrens Hosp at Westmead	8.8	92.6	0.5	0.2	0.6
Sydney Childrens	20.9	86.9	24.2	0.8	4.8
St Vincent HN	**16.5**	**64.2**	**3.4**	**2.3**	**2.4**
St Josephs	13.3	87.8	0.0	0.0	0.0
St Vincents	16.8	62.2	4.8	2.3	2.6
Sydney LHD	**17.3**	**74.7**	**10.7**	**7.8**	**6.4**
Concord	18.9	72.3	12.7	8.9	8.4
Royal Prince Alfred	14.9	78.3	6.4	2.7	3.4
South Western Sydney LHD	**14.0**	**73.5**	**5.2**	**3.3**	**3.6**
Bankstown	14.5	71.5	10.8	2.2	7.6
Braeside	8.2	79.5	0.0	0.0	0.0
Campbelltown	14.5	75.7	2.9	1.1	2.2
Liverpool	13.4	71.8	6.2	5.4	3.7
South Eastern Sydney LHD	**16.7**	**84.1**	**2.6**	**4.0**	**2.0**
Prince Of Wales	16.0	84.8	2.6	4.6	2.4
St George	17.4	80.5	1.8	4.1	1.5
Sutherland	17.1	86.9	3.9	2.6	1.8
Illawarra Shoalhaven LHD	**13.0**	**85.7**	**8.6**	**6.4**	**5.7**
Shellharbour	12.7	85.6	11.9	7.7	8.1
Wollongong	13.3	85.9	4.4	2.0	3.1
Western Sydney LHD	**15.8**	**69.6**	**5.7**	**8.2**	**4.9**
Blacktown	14.3	73.7	5.1	4.0	3.5
Cumberland	18.3	65.1	7.7	9.2	6.4
Westmead	8.9	78.3	0.0	0.0	0.0
Nepean Blue Mountain LHD	**16.2**	**63.7**	**5.0**	**12.4**	**3.2**
Blue Mountains	11.9	61.9	1.7	0.8	1.6
Nepean	17.1	64.0	5.7	13.2	3.5
Northern Sydney LHD	**13.6**	**84.0**	**2.4**	**2.6**	**2.3**
Greenwich	4.9	82.5	0.0	0.0	0.0
Hornsby	13.9	86.3	3.8	2.3	3.4
Macquarie	17.1	86.0	1.3	4.1	2.1
Manly	10.4	73.9	1.8	4.5	1.9
Royal North Shore	14.7	83.7	2.1	3.0	1.7
Central Coast LHD	**11.9**	**78.3**	**2.9**	**3.2**	**3.2**
Gosford	12.4	73.0	1.9	1.4	2.5
Wyong	11.7	81.2	3.4	3.8	3.6
Hunter New England LHD	**12.9**	**72.7**	**4.7**	**3.7**	**3.0**
Armidale	11.5	87.1	0.0	0.0	0.0
HNE Mater	14.7	71.7	5.0	5.0	2.8
John Hunter	12.8	91.2	1.5	0.7	1.0
Maitland	7.3	63.7	5.9	2.3	4.0
Manning	12.2	79.8	5.2	1.4	5.4
Morisset	0.0	80.8	0.0	0.0	0.0
Tamworth	13.7	66.0	5.9	1.8	3.9

LOCAL HEALTH DISTRICT/ NETWORK/HOSPITAL	28 DAY READMISSION RATE 2018-19 (%)[1]	7 DAY POST-DISCHARGE COMMUNITY CARE RATE 2018-19 (%)[2]	SECLUSION RATE 2018-19 [3]	SECLUSION AVERAGE DURATION 2018-19 [4]	SECLUSION FREQUENCY 2018-19 (%)[5]
Northern NSW LHD	**15.7**	**75.9**	**4.9**	**3.0**	**3.2**
Lismore	11.9	70.5	4.9	2.4	3.6
Tweed	19.1	80.7	4.9	3.7	2.9
Mid North Coast LHD	**14.5**	**74.3**	**4.7**	**5.8**	**2.8**
Coffs Harbour	14.9	84.0	5.3	6.2	3.7
Kempsey	13.1	62.0	0.0	0.0	0.0
Port Macquarie	14.7	63.9	6.4	5.0	3.0
Southern NSW LHD	**13.3**	**80.1**	**3.6**	**2.2**	**1.7**
Goulburn	13.7	82.6	3.5	1.2	2.0
South East Regional	12.3	75.1	4.0	4.1	1.0
Murrumbidgee LHD	**10.3**	**79.9**	**4.2**	**2.2**	**2.1**
Wagga Wagga	10.3	79.9	4.2	2.2	2.1
Western NSW LHD	**11.0**	**58.7**	**6.7**	**1.2**	**2.7**
Bathurst	7.3	62.7	0.0	0.0	0.0
Dubbo	9.6	60.6	1.3	1.2	1.1
Orange Health Service	13.1	56.3	9.5	1.2	3.8
Far West LHD	**13.0**	**85.9**	**5.9**	**2.0**	**2.1**
Broken Hill	13.0	85.9	5.9	2.0	2.1
NSW - TOTAL	**14.6**	**74.2**	**5.5 (6.0)**	**5.6 (12.7)**	**3.7 (3.8)**
2017-2018	14.8	75.1	5.8 (6.0)	4.7 (11.1)	4.0 (4.1)
2016-2017	14.2	68.9	7.0 (6.9)	5.5 (11.1)	4.9 (5.0)
2015-2016	14.8	66.0	8.8 (8.7)	5.3 (9.5)	6.0 (6.0)
2014-2015	15.0	63.3	8.3 (8.2)	5.8 (10.7)	5.8 (5.9)

Source: NSW Health Information Exchange. 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 day following that separation. **3.** Rate: Acute Seclusion episodes per 1,000 bed days. **4.** Duration: Average duration of acute seclusion episodes (Hours per episode). 5. Frequency: Percent of acute mental health hospital stays where seclusion occurred. Notes: **3, 4, 5.** NSW rate, duration and frequency for seclusion is calculated by including or excluding Justice Health. Figures in parentheses include Justice Health. **6.** Use of seclusion is not reported by NSW Health due to shared model of service delivery with Corrective Services NSW.

COMPLIANCE CHECKLIST AND GLOSSARY

COMPLIANCE CHECKLIST

NSW annual reporting legislation requires all departments and statutory bodies to present to Parliament an annual report containing financial and non-financial information on their operational activities. Reporting requirements for specific public entities are contained in the legislation *Annual Reports (Departments) Act 1985*, *Annual Reports (Departments) Regulation 2015*, *Annual Reports (Statutory Bodies) Act 1984* and *Annual Reports (Statutory Bodies) Regulation 2015*.

NSW Health's reporting obligations and disclosure requirements are met in this annual report at:

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GLOSSARY

Activity Based Funding

Activity Based Funding is a management tool which helps plan and assess performance and clinical needs as part of the new approach to the funding, purchasing and performance of health services. Activity Based Funding helps make public health funding more effective because health service management can allocate their share of available state and Commonwealth funding based on real levels of patient care. The Activity Based Funding tool allows public health planners, administrators, consumers and clinicians to see how and where taxpayer funding is being allocated.

Acute care

Short-term medical treatment, usually in a hospital, for patients with an acute illness or injury, or recovering from surgery. Acute illness/injury is one that is severe in its effect or approaching crisis point, for example acute appendicitis.

Antenatal

The period before birth.

Bronchiolitis

A common chest infection in young children, caused by a viral infection of the lungs.

Cardiovascular disease

Diseases of the heart and blood vessels.

Chemotherapy

The treatment of disease by chemical agents, for example the use of drugs to destroy cancer cells.

Chronic disease

The term applied to a diverse group of diseases, such as heart disease, cancer and arthritis that tend to be long-lasting and persistent in their symptoms or development. Although these features also apply to some communicable diseases (infections), the general term chronic diseases is usually confined to non-communicable diseases.

Chronic heart failure

A complex clinical syndrome caused by an abnormality of cardiac structure or function. This impairs the ability of the heart to pump blood to meet the needs of other organs.

Chronic obstructive pulmonary disease

A progressive and disabling condition that limits airflow in the lungs.

Clinical governance

A term to describe a systematic approach to maintaining and improving the quality of patient care within a health system.

Collaborative Commissioning

A whole-of-system approach to incentivise local autonomy and accountability for delivering patient-centred and outcome-focused care in the community.

Communicable disease

Illnesses caused by micro-organisms and transmitted from an infected person or animal to another person or animal.

Commissioning for Better Value

A statewide project to shift focus of non-clinical and clinical support projects from outputs to outcomes.

ComPacks Program

Facilitates safe and early discharge of eligible patients from hospital by providing access to a short-term package of care designed to help them gain independence and prevent their re-admission to hospital.

CORE values

The values that underpin all NSW Health activity: Collaboration, Openness, Respect and Empowerment.

Dementia

A general and worsening loss of brain power such as memory, understanding and reasoning.

Diabetes

Refers to a group of syndromes caused by a malfunction in the production and release of insulin by the pancreas, leading to a disturbance in blood glucose levels. Type 1 diabetes is characterised by the abrupt onset of symptoms, usually during childhood, and inadequate production of insulin, requiring regular injections to regulate insulin levels. Type 2 diabetes is characterised by gradual onset commonly between 50 and 60 years old; and is usually able to be regulated through dietary control.

e-learning

Education and training undertaken in electronic media, especially over the internet.

Elective surgery

There are several categories of elective surgery.

- Category 1: Admission within 30 days desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency.
- Category 2: Admission within 90 days desirable for a condition which is not likely to deteriorate quickly or become an emergency.
- Category 3: Admission within 365 days acceptable for a condition which is unlikely to deteriorate quickly and which has little potential to become an emergency.

eMR – Electronic Medical Record

An online record that tracks and details a patient's care during the time spent in hospital. It is a single database where patient details are entered once and then become accessible to all treating clinicians, with authorised access, anywhere in the hospital.

Enrolled nurse

An enrolled nurse is an associate to the registered nurse who demonstrates competence in the provision of patient-centred care as specified by the registering authority's licence to practise, educational preparation and context of care.

Executive Rounding

A process where executives are out in the building with staff and patients, talking with them directly about care and services provided in the organisation.

Faecal occult blood test

A simple test that looks for the early signs of bowel cancer.

Go4Fun

NSW Health's overweight and obesity treatment and information program for children above a healthy weight involving children aged 7-13 years and their parents. Go4Fun focuses on developing healthy eating habits, building self-confidence and getting children more active.

HealthCare Observer

The Bureau of Health Innovation's interactive health data portal, where users can explore, discover and compare information about the performance of the NSW health care system.

HealtheNet

The clinical portal that gives clinicians secure and immediate access to recent patient medical histories from across NSW local health districts and My Health Record.

HealthOne

An integrated care initiative, where general practice and various community health services are made available in a single location to work together for comprehensive patient care.

Hepatitis A

An acute form of viral hepatitis transmitted by ingesting food or drink that is contaminated with faecal matter.

Hepatitis B

A blood-borne viral disease that can result in serious liver disease such as cirrhosis, liver failure and liver cancer. Hepatitis B is usually transmitted by parenteral means (such as injection of an illicit drug, exposure to blood or blood products), through sexual contact, or from mother to baby around the time of birth.

Hepatitis C

A blood-borne viral disease that can result in serious liver disease such as cirrhosis, liver failure and liver cancer. Hepatitis C is usually transmitted by parenteral means (such as injection of an illicit drug or exposure to blood or blood products), or from mother to baby around the time of birth.

Hospital in the Home

Delivers selected types of acute care to suitable patients at their home or clinic setting as an alternative to inpatient (hospital) care.

Hub-and-spoke organisation design

A model which arranges service delivery assets into a network consisting of an anchor establishment (hub) which offers a full array of services, complemented by secondary establishments (spokes) which offer more limited service arrays, routing patients needing more intensive services to the hub for treatment.

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.

Junior Medical Officer

Generally a medical graduate with at least two years' post-graduate experience, extending to a medical graduate working in a graduate training period of five to 10 years.

Key performance indicators

Indicators that measure agency effectiveness in achieving program objectives.

Leading Better Value Care

A statewide program to identify and scale evidence based initiatives statewide for specific conditions.

LikeMind

A service for adults with mental health concerns, as well as their families and carers. It brings together clinical and psychosocial services, including mental health, drug and alcohol, primary health and social services in collaboration with local health districts and non-government organisations to provide seamless person-centred care.

Local health districts

Organisations which managing public hospitals and provide health services to communities within a specific geographic area. Eight local health districts cover the Sydney metropolitan region, and seven cover rural and regional NSW.

Multipurpose Services

A flexible service model for regional and rural communities, providing communities with access to a range of integrated health services such as acute care, subacute care, allied health, oral health, aged care, primary and community services.

Munch and Move

A community engagement and education program that aims to promote and encourage children's healthy eating and physical activity, as well as reduce small screen recreation. Munch and Move provides early childhood educators with resources and support to assist them in implementing fun, play-based approaches that support healthy eating and physical activity habits in young children.

My Health Learning

Statewide learning management system for NSW Health staff, managed by the Health Education and Training Institute.

My Health Record

The national digital health record system, providing health care providers such as doctors and hospital staff access to a patient's important health information from anywhere at any time.

National Disability Insurance Scheme (NDIS)

A national system of disability support focused on the individual needs and choices of people with disability, their families and their carers. Provides access to support services and funding support.

Neonate

An infant less than four weeks old.

NSW Patient Survey Program

A NSW Health program of multiple surveys to ask people across the state about their recent experience with the public health care system, supporting improvement across the system and within individual care organisations.

Nurse practitioner

A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The role includes assessment and management of clients using nursing knowledge and skills and may include the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations.

Oncology

The study and treatment of cancer and tumours.

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.

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.

Paramedic Connect

A collaborative health program between NSW Ambulance and local health districts to increase health access in small rural and remote communities.

Patient flow

The movement of patients through a healthcare facility from the point of admission to the point of discharge.

Patient Reported Measures

A NSW Health program giving patients and their carers the opportunity to provide direct feedback about their treatment and its results, informing improvement across the NSW public health system.

Patient Transport Service

A transport service provided for patients who require clinical monitoring or supervision during transport, but do not require an urgent ambulance response.

Pathology

The study and diagnosis of disease through the examination of organs, tissues, cells and bodily fluids.

Pathways to Community Living Initiative (PCLI)

A coordinated statewide approach to supporting people with enduring and serious mental illness who have been in hospital for more than 12 months to, wherever possible, re-establish their lives in the community.

Performance framework

The NSW Health Performance Framework measures the performance expected of NSW health organisations to achieve required levels of health improvement, service delivery and financial performance.

Perinatal

The period shortly before and after birth. The term generally describes the period between the 20th week of gestation and one to four weeks after birth.

Pillars

The five pillar organisations in NSW Health provide expertise in the development of new models of care, quality and safety initiatives, training and development and performance reporting which helps local health districts and networks provide the best possible care. The pillar organisations are: Agency for Clinical Innovation, Bureau of Health Information, Cancer Institute NSW, Clinical Excellence Commission, Health Education and Training Institute.

Primary care

Provides the patient with a broad spectrum of care, both preventive and curative, over a period of time and coordinates all of the care the person receives.

Primary Health Networks

Primary Health Networks have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes.

Radiotherapy

The study and discipline of treating malignant disease with radiation. The treatment is referred to as radiotherapy or radiation therapy.

Respecting the Difference

A unique Aboriginal cultural training package for NSW Health staff, incorporating an e-learning module and face-to-face training components.

Risk stratification

The process of separating patient populations into high-risk, low-risk, and rising-risk groups.

Sentinel events

Adverse events that result in death or serious harm to a patient and are considered to be preventable.

Specialty Health Networks

Two specialist networks operate across NSW with a focus on children's and paediatric services, and forensic mental health. A third network operates across the public health services provided by three Sydney facilities operated by St Vincent's Health Australia.

Telehealth

The delivery of health services using different forms of communications technology, such as video conferencing, giving access to health care services to people in rural and remote areas.

Transfer of Care

Measures the percentage of patients arriving at hospital by ambulance whose care is transferred from ambulance staff to the emergency department staff within 30 minutes of arrival.

Triage

An essential function of emergency departments where many patients may present at the same time. Triage aims to ensure that patients are treated in order of their clinical priority and that their treatment is timely.

Unwarranted clinical variation

Where patients with similar diagnoses are treated differently when there is no clinical reason for this to happen.

Viral hepatitis

Inflammation of the liver caused by a virus.

Visiting Medical Officer

A medical practitioner in private practice who also provides medical services in a public hospital. VMOs are not hospital employees but are contracted by the local health district to provide specific medical services.

SHPN (SCE) 190647