

# Annual Report

2020–21



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.

### NSW Ministry of Health

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Cover image. Left: Taryn Keyser, from Fire and Rescue NSW, receives a COVID-19 vaccination from Northern Sydney Local Health District nurse Gaganpreet Sandhu, at the opening of the NSW Health Vaccination Centre – Sydney Olympic Park in May 2021.

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October 2021

# About this report

This annual report describes the performance and operation of NSW Health during 2020-21. 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 2020-21.

## Section 3: Management and accountability

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

## Section 4: Finances

Details key financial management reporting.

## Section 5: Financial reports

Presents NSW Health's audited financial statements for 2020-21.

## Section 6: NSW Health organisations

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

## Appendix

Provides additional information and data to supplement the report.

## Letter to the Minister

The Hon. Brad Hazzard MP  
Minister for Health 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*, the *Government Sector Finance Act 2018*, and the *Government Sector Finance Regulation 2018*, I submit the Annual Report and Financial Statements of NSW Health organisations for the financial year ended 30 June 2021, 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 2020-21*. I am also sending a copy of the report to the Treasurer.

Yours sincerely



Elizabeth Koff  
Secretary, NSW Health


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# Snapshot


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




**8,155,600** million residents on **809,444** sq km




**228** public hospitals




**351,309** surgeries performed




**\$30.2 billion** in funding for **healthcare services** in 2021-22\*




**17** local health districts & specialty health networks




**1,900,719** inpatient episodes



**127,156** full-time equivalent staff




**3,068,887** emergency department attendances




**1,265,142** ambulance emergency responses




## In 2020-21




**74,550** babies were born in a public hospital




**24 million** meals were served to patients




**1,035,762** overnight admitted patients in a public hospital




**1,129,742** people were admitted to a public hospital



**247,275** people had planned surgery in a public hospital



**104,034** people had unplanned surgery in a public hospital



**18,549,100** non-admitted patient services events

**1,060,402** Triple Zero (000) calls received

**10,122** aeromedical responses

**6.15 million** COVID-19 tests performed in NSW

**2.2 million** doses of influenza vaccine distributed

**143,390** users logged into the **Electronic Medical Record** and **8.9 million** patient charts were opened

**172,898** children cared for by the Sydney Children's Hospitals Network

**51.2 million** clean bed sheets supplied to public hospitals

**179,261** packs of red blood cells issued to public hospitals

**333,882** people received public dental services

**71** notifiable conditions tracked by Health Protection NSW

# Secretary's year in review



I continue to be impressed by the strength, resilience and personal commitment of NSW Health staff as they have ensured our health system continues to deliver healthcare to the people of NSW and also protect and vaccinate them through the COVID-19 pandemic.

Delivery of health services to the people of NSW has remained of utmost importance. As the COVID-19 pandemic has continued to impact our state, the unwavering dedication of NSW Health employees has ensured healthcare and health protection have been delivered across the whole of the state.

## Continuing our COVID-19 response

In our second year of responding to the pandemic, the many teams and services of NSW Health have worked together to ensure our system remained strong, responsive and resilient. We continued to modify our service delivery, including prioritising our testing and vaccination services while also managing to address delays in elective surgery created in 2020 due to the pandemic.

In 2020-21, we conducted 6.15 million COVID-19 tests; had more than 2.4 million people register for the COVID-19 SMS Results Service; conducted more than 500,000 saliva screen tests for hotel quarantine workers; and improved testing capabilities by increasing operating hours and dedicated health workers at testing facilities and laboratories.

Our digital system to fast-track frontline worker vaccinations was made available for public bookings, and by mid-2021 was being used by 64 clinics across 14 local health districts and specialty networks, capturing more than 675,000 registrations.

In parallel, our Vaccination Administration Management system was launched to manage the entire vaccination administration process for staff and the public. By mid-2021 it had been used to book more than 21,000 appointments and vaccinate 3646 people.

Working closely with the Australian Government to plan and implement a safe and effective COVID-19 vaccination program in NSW, health workers administered 851,400 vaccines from 22 February 2021 to end June 2021. We also opened the first mass vaccination centre in NSW at Sydney Olympic Park on 10 May 2021. By end June 2021, the centre had administered over 278,000 vaccinations. The success of the centre along with the need to rapidly vaccinate the adult population led to the planning of further mass vaccination centres to open in July and August 2021 at Belmont, near Newcastle, Macquarie Fields in south western Sydney, Wollongong, Qudos Bank Arena and a large centre in Sydney's central business district.

Under enacted public health orders, we supported the NSW Government operation to facilitate COVID-19 testing and contact tracing on returned traveller transmissions within quarantine facilities.

Our introduction of the quarantine worker surveillance and testing program assisted in the early detection of COVID-19 in patient transport workers and staff at quarantine facilities. In addition, our collaboration with Sydney Water to implement a world-first sewage surveillance program has provided further assistance in the fight against COVID-19 in the community.

Throughout the year, we continued to work closely with the NSW Multicultural Health Communication Services, to ensure the dissemination of COVID-19 vaccination information in 57 languages to help increase vaccination rates in culturally and linguistically diverse communities. A special report further outlining our efforts in response to the COVID-19 pandemic is on page vii.

## Advancing our priorities

Despite the year's extraordinary challenges, we have made significant advances across all areas, guided by the NSW Health Strategic Priorities, which focus on eight key areas to improve results for patients and the community. Together, we enhanced our focus on new and innovative ways of delivering care which evolved in response to COVID-19.

We also supported our workforce whose professional agility and inspiring dedication to our patients has been central to our success. We continued to refine our approach to value based healthcare and its direct link with patient experience.

Our future strategy planning promises to build on the success of our strategic priorities to date and this year we made significant progress in developing our strategy for the next 10 years. We will continue to demonstrate our commitment to deliver the best healthcare to the citizens of NSW and a sustainable health system that delivers outcomes that matter to patients, is personalised, invests in wellness and is digitally enabled.

## Enhancing the health of NSW citizens

NSW Health is the lead for three Premier's Priorities: to improve service levels in hospitals, improve outpatient and community care, and reduce NSW rates of suicide by 20 per cent by 2023.

### Improving service levels in hospitals

Our reporting shows that 100 per cent of all triage category 1 in public hospitals commenced treatment on time along with 79 per cent and 75 per cent for triage category 2 and 3 respectively.

Meanwhile we also expanded our Patient Experience Officer program. There are now 100 Patient Experience Officers in 52 emergency departments helping patients and their families with an enhanced public hospital experience.

In addition we expanded the GoShare patient education tool which provides information in 20 languages to support patients and their families to better understand the care they will receive.

## Improving outpatient and community care

Outpatient services are critical to NSW Health's delivery of care across the state. This care is an important and ongoing part of a patient's pathway.

Reducing preventable visits to hospitals by five per cent through to 2023 by caring for people in the community remains a focus.

Integrated Care launched the statewide initiative Planned Care for Better Health in April to identify people at risk of hospitalisation early, strengthen their care and avoid hospitalisation. This approach and other integrated care initiatives saw the proportion of total days spent in hospital by people with conditions where hospitalisation is potentially preventable improve by 1.6 percentage points over the past three years to 21.4 per cent. These saved visits to hospital contributed to a reduction of 200,000 bed days in the first half of 2021.

NSW Health established a collaboration with eHealth NSW and local health district clinicians to create a statewide digital system which ensures general practitioner referrals to outpatient clinics are created, delivered and managed effectively to improve the patient experience of care, whether at a hospital or within the community.

## Towards Zero Suicides

The Towards Zero Suicides program progressed with the expansion of statewide suicide prevention services, training and recruitment of counsellors. Highlights included the opening of seven SafeHavens which provide calm, quiet spaces for people in crisis as an alternative to presenting to an emergency department; the launch of 12 Suicide Prevention Outreach teams across NSW; and the delivery of suicide prevention training for more than 3700 community members, 1100 Service NSW staff and 475 NSW Health staff.

The NSW Government invested an additional \$80 million in mental health services as a response to COVID-19, including \$16.4 million to enhance the Mental Health Line which now has the capacity to respond on average to 18,000 calls per month.

## Providing world-class care centred around patient experience

Value based healthcare strives to deliver care that improves outcomes that matter to patients, the experience of receiving care, the experience of providing care, and the effectiveness and efficiency of care. This year we launched the Commissioning for Better Value Strategy 2021-2024 to support better patient care and experiences by shifting the focus from outputs to outcomes.

The launch of *Elevating the Human Experience: Our guide to action for patient, family, carer volunteer and caregiver experiences* elevates our ambition to ensure patients, families and carers have the best possible experience and clinical outcomes when they interact with the NSW Health system. We can also be proud that almost 18,000 patients who responded to an Emergency Department Patient survey were positive about their experiences with around 88 per cent rating their emergency care as either very good or good. In small, rural hospitals, the overwhelming majority (95 per cent) of the 4487 patients surveyed about their overall care rated their experience as very good or good.

### **An inclusive workplace for our people**

As the largest public health system in Australia, with about 170,000 staff across the state, our workforce represents the community we serve. The launch of our Diversity Inclusion Belonging Resource Hub welcomes people from diverse backgrounds and provides direction for NSW Health organisations to meet the diversity and inclusion targets set under the Premier's Priorities. Already we have exceeded one of those targets by doubling the number of Aboriginal and Torres Strait Islander people in senior leadership roles.

### **Increasing our focus on innovation to solve tomorrow's problems**

We have continued to be at the forefront of innovation with the ongoing implementation of our large-scale Solar Power Program, which to date has helped provide 20MW of solar power across the network to generate cost savings of around \$4 million per year. There are now solar panel systems either installed or planned for 10 of our major hospitals, including John Hunter Hospital in Newcastle, which hosts the largest roof-mounted hospital solar panel system in the world. The program leads NSW Health's commitment to the state's goal of net zero emissions by 2050.

### **Enabling a digitally enabled healthcare system to meet our patients' needs**

Our staff's dedication to provide safe and accessible care to all patients across NSW has been critical to accelerate virtual care during the pandemic. Our goal to expand and enhance virtual care capabilities has progressed significantly in the last year following endorsement of the NSW Virtual Care Strategy. The strategy provides a coordinated and consistent approach to sustainably scale virtual care, by integrating it as an appropriate care delivery option across our health services at a local and state level.

The establishment of our Virtual Care Accelerator, a multiagency and clinically focused unit ensuring patients have access to the best telehealth-enabled models of care and remote monitoring have to offer, supported the rapid development and uptake of virtual care, first in response to the COVID-19 pandemic, and then as part of our long-term strategy to focus on digital solutions to improve patient experiences and outcomes and enhance our continuum of care to all citizens of NSW.

### **Creating a sustainable health system into the future**

We have made significant progress on the development of our Future Health Strategy, which will guide the next decade of care in NSW. Our ability to continue to perform well into the future will be underpinned by our ability to adapt. Many of the improvements our health system needs to address are in fact already underway. The strategy will bring together the collective experience and wisdom of users of our health services, the people who work in our systems, as well as that of our partners in providing care.

I would like to thank all NSW Health employees, and in particular our frontline staff who continue to show compassion, kindness and empathy while providing the best care to the people of NSW every day. In what has been another year of challenges, I feel privileged to lead such committed people across NSW Health.

And, to Health Minister Brad Hazzard, thank you for your unwavering support and leadership in what has been an incredibly busy year for the health system.



Elizabeth Koff  
Secretary, NSW Health



# An ongoing pandemic



Throughout 2020-21, NSW Health's COVID-19 pandemic response evolved and adapted as several infection outbreaks developed in Sydney and some regional areas of the state. We completed 6.15 million COVID-19 tests to the end of June 2021 and started a mammoth vaccination rollout following the launch of our first mass vaccination centre in May 2021.

As we responded to the challenges of COVID-19, we also optimised our close relationships with culturally diverse and at-risk communities at a local health district level, engaging with community leaders to further increase awareness of the risks of infection, encouraging testing and highlighting the benefits of vaccination.

Throughout the year, our committed and highly skilled staff have worked to solve the many complex challenges that COVID-19 has presented to all areas of NSW Health and they deserve full credit for their dedication.

## COVID-19 response by numbers

The pandemic stretched the NSW healthcare system but our staff across the state were there to listen and respond to the community's needs and develop innovative solutions.

Each part of NSW Health worked collectively to provide care as it was needed and this year's statistics speak volumes to the breadth and depth of work undertaken. Throughout the year there were:

- **2473** COVID-19 cases to the end of June 2021, including **1387** acquired overseas and **1086** acquired in NSW or interstate
- **6.15 million** COVID-19 tests completed at over **350** testing clinics
- **503,478** saliva screen tests for hotel quarantine workers
- **2,475,199** people registered for the COVID-19 SMS results service which saved **423,000** hours in calls
- **851,400** vaccinations administered by NSW Health between 22 February and end June 2021
- **704,352** individual meals provided to returning travellers in quarantine
- more than **600** close contact tracers trained to meet demand
- **\$80 million** in funding announced to enhance mental health services during the pandemic
- over **1500** resources created in more than **60** languages
- over **18,000** calls received a month to the Mental Health Line.

When overseas travellers were returning to Australia, NSW Health was among the first agencies to look after them. As part of the response, a range of care was provided, with NSW Health responsible for meals, check-ins and transport. As a result:

- **1905** travellers were transported from the airport to hotel quarantine
- an additional **287** travellers were taken from the airport to hospital for treatment
- **3093** patients were moved between quarantine hotels due to their changing COVID-19 status
- **467** weekly audits of quarantine hotels were completed since January 2021
- **842** people who were unable to isolate at home were provided care in hotel quarantine.

Patient experience remained a priority, even when face-to-face contact was not possible. Innovative solutions to keep patients, their families and clinicians connected included:

- **30,105** telehealth consultations via myVirtualCare with **3128** clinicians connected and over **60** resources developed to support its uptake by patients
- **1800** iPads distributed statewide so patients could communicate with family members while receiving care for COVID-19 when they were unable to have visitors.

Educators, researchers and trainers used their skills to expand NSW Health staff's knowledge and understanding of COVID-19, generating new ideas and local solutions to what they encountered during the pandemic.

Training, education and research during COVID-19 has been an important part of the work NSW Health has delivered. In 2020-21:

- more than **\$28 million** was invested into COVID-19 research including **\$4.5 million** on emergency priority research projects for urgent investigation of transmission in schools and aged care facilities, and **\$8 million** towards **17 research projects**
- almost **100** guidance documents and local solutions were created by more than **3500** clinicians as part of the **30** clinical Communities of Practice
- more than **650** Intensive Care Paramedics were educated through a COVID-19 update program.

Getting health messages out quickly to the community has been a crucial part of NSW Health's response to COVID-19 to help stop the spread. In particular, digital communications have grown, including:

- **1.5 million** webpage views and more than **250,000** downloads of COVID-19 resources on the NSW Health website, including content in community languages
- **400** integrated data dashboards produced by the Critical Intelligence Unit, **250** daily digests of academic literature, **100** topic-specific evidence checks and **50** weekly reports on risk levels and international data.

## Our mental health response

The NSW Government provided funding for a strengthened package of services specifically to support the mental health and wellbeing of NSW residents impacted by public health orders and other measures to ensure their safety during the pandemic.

Initiatives included in the NSW Government's \$80 million mental health support package:

- recruitment of additional specialist community mental health clinicians and peer support staff working with vulnerable populations
- virtual mental health services expanded to connect clinical settings to assess and treat mental health clients remotely. This allowed mental health clinicians to connect with individual mental health consumers in a community setting and the extension helped link them with clinical information and resources
- funding to Lifeline and the Mental Health Line to ensure these vital services were equipped to respond to the increased needs of the community.

## Vulnerable populations

Funding was granted in late 2020 to local health districts based on both need and demographics for Assertive Community Care to help focus on providing care in the community rather than in hospital. This followed the program's success in deploying 180 additional specialists, community-based mental health clinicians and peer support workers.

These health professionals worked in a range of clinical areas including Child and Adolescent Mental Health Services, Intellectual Disability, Forensic Mental Health, Aboriginal Mental Health, and Older Persons Mental Health. More than \$66 million in funding will be invested over three years, beginning in 2021-22.

This funding will allow for additional mental health clinicians to care for patients in the community which will significantly enhance the capacity of services across the state.



## Virtual mental health

Remote technology remains one way our clinicians can remain connected with their patients when face-to-face services are limited. As a result, renewed funding was announced which will allow local health districts to enhance their equipment and increase staffing to meet patient needs.

More than \$50 million in funding was announced over three years beginning in 2021-22 to provide technology and expand telehealth services. This boost enables more access to mental health support for people in immediate crisis in metropolitan and regional NSW.

## Mental Health Line

NSW Health services have responded to over 18,000 calls a month this year and funding for the Mental Health Line will continue. Despite receiving these high call numbers, performance improved significantly.

## New facilities and services

### Increasing surveillance at a population level

NSW Health began using sewage surveillance as a critical response tool to ensure new COVID-19 cases and outbreaks were quickly identified. This award-winning collaboration with Sydney Water began in mid-2020 in regional NSW. Throughout 2020-21, sewage surveillance expanded, covering more than 80 per cent of the NSW population as part of a regular reporting mechanism.

The world-first research program has achieved global significance, testing untreated sewage for fragments of SARS-CoV-2 virus at more than 60 sewage treatment plants across NSW.

The program has provided critical intelligence to understand COVID-19 in communities, inform the public health response and build preparedness for future disease outbreaks, along with helping to keep NSW safe during the pandemic.

NSW Health funded the sampling of materials, courier costs, analysis and research on sequencing, variants of concern and more efficient sample collection methods.

## Ramping up the vaccine rollout

Vaccinations were first offered to priority groups as determined by the Australian Government, including staff from healthcare, emergency services, quarantine, border workers and their households. Bookings were then opened to administer vaccines to the public as the population eligible for vaccination in the rollout expanded.

The first NSW mass vaccination centre opened in May 2021 at Sydney Olympic Park, with initial capacity to administer up to 5000 vaccines a day.

The centre initially operated six days per week, from 8am to 8pm, with the outstanding 300-person workforce at Sydney Olympic Park making the vaccine ramp-up possible, including 200 registered nurses and midwives.

Due to the success of the centre, planning efforts continued to open further mass vaccination centres in July and August 2021.



## Delivering COVID-19 test results

NSW undertook record levels of testing in 2020-21 with 6.15 million COVID-19 completed tests in the reporting period. NSW Health Pathology launched a secure SMS service to deliver COVID-19 test results to people who were tested in NSW public hospitals or COVID-19 clinics.

Over 2.4 million people registered for the service, which halved the average waiting time for negative results and saved frontline healthcare workers 423,000 hours in calls. The service was the joint winner of the 2020 NSW Premier's Putting the Customer at the Centre Award and was acknowledged by *Harvard Business Review*.

## Scaling up our workforce to meet case surges

The Health Education and Training Institute (HETI) trained more than 600 close contact tracers, after designing and delivering a rolling program of rapid online training in readiness for infection rate surges. The innovative training program was a collaboration between HETI and the Centre for Population Health and was recognised as a finalist in the Recovery and Resilience category of the 2020 Premier's Awards.

Video recordings of the virtual training have been made available to Public Health Unit teams across local health districts and have been shared with Victoria's Department of Health and Human Services to support essential training for its close contact tracers.

## Digitalising care

The Agency for Clinical Innovation, in partnership with eHealth NSW, implemented myVirtualCare statewide in September 2020, creating more accessible healthcare during the pandemic.

MyVirtualCare is a custom-built, web-based videoconferencing platform that helps patients, healthcare providers and carers to access and manage care. The platform extends clinicians' virtual capability, providing enhanced functionality that mimics critical workflow.

Uptake of the platform has been significant, with the statewide rollout connecting 3148 clinicians and more than 30,000 consultations.

For patients, their families and carers, myVirtualCare provided a seamless and convenient way to access their clinical and social care providers using one web link on any internet-enabled device, reducing the need for patients to travel to healthcare services. Patients receiving care for cancer, palliative, nutrition and dietetics, pain, mental health and speech and rehabilitation services were among the participants.

## Breaking records in our efforts to recover elective surgeries

NSW Health has remained focused on fast-tracking surgeries delayed following the National Cabinet decision to suspend all non-urgent and most semi-urgent surgery in 2020, due to the pandemic.

Public hospitals throughout NSW hit milestones in 2020-21, in an effort to recover surgeries and provide the best possible healthcare to the residents of NSW.

An investment of an additional \$458.5 million by the NSW Government sped up access to surgery for patients who had their surgery delayed. This was made possible through increased collaboration between public hospitals and private providers.

In the July to September 2020 quarter, more elective surgeries were performed than in any other quarter in the last five years, with almost 100 per cent of urgent surgery performed on time and almost 65,000 elective surgeries performed. This is an increase of 2581 (4.0 per cent) when compared with the same quarter in 2019. The public waiting list reduced to 95,000 at the end of the September, compared with 101,000 at the end of the previous quarter.

In the October to December 2020 quarter, 62,000 procedures were recorded, the highest number of elective surgeries ever performed in an October to December quarter, and an almost eight per cent increase compared with the same period in 2019.

In the January to March 2021 quarter, NSW Health achieved another milestone, a five-year performance record in the number of elective surgeries performed in any first quarter with 58,044 procedures, an increase of 7065 (13.9 per cent) compared with the same quarter in 2020, and 99.6 per cent of urgent elective surgeries were performed on time.

In the April to June 2021 quarter, 64,599 elective surgeries were performed, representing an increase of 5330 (nine per cent) compared with the same quarter in 2019 and the highest number ever recorded in an April to June quarter. In partnership with private hospitals, NSW Health also reduced the number of people on the elective surgery waiting list at the end of the quarter by over 15 per cent, from 101,024 a year earlier to 85,296 at the end of June 2021. Of those people, 2108 had waited longer than the clinically recommended timeframe, down from 10,563 at the end of June 2020.



## On the ground – local health districts and networks

### Improving COVID-19 testing at Northern NSW Local Health District

Clinics in Northern NSW introduced a new process involving personalised Quick Response (QR) codes, supporting patients to register faster for COVID-19 test results through a simple scan on a smartphone.

A project team involving NSW Health Pathology, eHealth NSW and Clinical Information System teams from Northern NSW Local Health District worked for months to develop the localised technology and systems to support the improved registration method.

Four hospital testing clinics in the local health district rolled out the QR process in February 2021, reducing both the time taken for a patient to register for the SMS result notification, and the possibility of data being incorrect or mismatched. It also simplified the registration process, offering a one-step scan, rather than patients having to enter multiple pieces of information over a series of text messages.

For culturally or linguistically diverse patients, the QR codes also helped to reduce barriers when registering to receive their results via SMS.

### Supporting our most vulnerable at St Vincent's Health Network

St Vincent's Health Network in collaboration with the City of Sydney, St Vincent de Paul Society and other frontline non-government organisations established a vaccination clinic for people experiencing homelessness, at risk of homelessness or living in social housing in Woolloomooloo.

The clinic opened in May 2021 to provide equitable access to COVID-19 vaccinations without bookings and administered more than 1000 vaccinations to the end of June 2021.

## Engaging with communities

The Centre for Aboriginal Health supported the Aboriginal Community Controlled Health Services to deliver tailored COVID-19 communications for Aboriginal and Torres Strait Islander populations, including leading the 'Keep Our Mob Safe' campaign, messaging on COVID-safe behaviour, restrictions and vaccinations.

Communicating with culturally and linguistically diverse communities became even more important in 2020-21. The NSW Multicultural Health Communication Service provided a range of content including social media, videos, fact sheets and multicultural media coverage to connect with the state's diverse communities.

Pandemic health messages were translated into more than 50 languages on the website and NSW Health worked with multicultural and religious leaders to share information and encourage vaccination.

In addition, frontline healthcare staff working in south-western Sydney, one of Australia's most multiculturally diverse communities, shared their own language skills in an area where 51 per cent of residents speak a language other than English at home and more than 44 per cent of the population was born overseas. To connect with the local community in their own languages and answer questions about COVID-19, South Western Sydney Local Health District's multicultural nurses and health workers spoke in Vietnamese, Arabic, Hindi and Assyrian at local shopping centres.



## Working together

### The health system surges in response to the pandemic

All parts of NSW Health had a role to play, working collaboratively to provide a comprehensive and multi-pronged approach to the crisis.

**Personal protective equipment** – HealthShare NSW maintained the supply to COVID-19 clinics, airports, quarantine hotels and hospitals; and meals, transport and linen for returned travellers in hotel quarantine.

**Research funding** – the Office for Health and Medical Research invested \$28 million to generate research evidence to support the COVID-19 pandemic response.

**System and clinical intelligence** – the Critical Intelligence Unit provided rapid, evidence-based advice to inform and support critical decision making. The unit focused on systems intelligence, clinical intelligence, and evidence integration.

**Health data** – the Centre for Epidemiology and Evidence provided daily case, testing and vaccination data to the health system and public.

**Health and Social Policy** – collaborated with the Australian Government Department of Health and the Aged Care Quality and Safety Commission to develop and update the protocol to support joint management of a COVID-19 outbreak in one or more residential aged care facilities in NSW.

**Strategic Reform and Planning** – continued to implement strategies to reduce the impact of COVID-19 in the community through clinician engagement and Communities of Practice.

**System Information and Analytics** – produced analytical tools to model the impact of COVID-19 on intensive care units demand and communal disease transmission, and the NSW Vaccination Program.

**System management** – the State Health Emergency Operations Centre led the implementation of strategies to reduce the impact of COVID-19, including increasing intensive care unit capacity, managing and distributing medical equipment such as ventilators, supporting the operation of COVID-19 testing clinics, the NSW Hotel Quarantine and Airport Program in collaboration with other NSW Government agencies and establishing a large network of over 100 vaccination clinics, including mobile outreach locations, across the state.

**Workforce Planning and Talent Development** – expanded the Workplace Culture and Safety Action Plan to include a range of COVID-19-specific wellbeing initiatives to greater support NSW Health staff.

**Workplace Relations** – provided work health and safety advice and established a dedicated enquiries team to manage issues arising from the pandemic, including safety and wellbeing considerations.

**Infection prevention and control** – the Clinical Excellence Commission developed resources and supported the NSW Hotel Quarantine and Airport Program Quality Assurance Program.

**Enhanced training** – NSW Ambulance staff were provided with training and protocols to ensure patient safety while maintaining clinical quality.

**Financial Services and Asset Management** – provided a range of key support functions including administering additional funding for COVID-19 response and related reporting with the Commonwealth and NSW Treasury, and supporting procurement governance throughout the pandemic.



# Overview

1

# About NSW Health

The NSW public health system is world class, providing high-quality, safe healthcare to the people of NSW.

It is the biggest and busiest public health system in Australia, with 228 public hospitals and 170,000 (127,156 full-time equivalent) dedicated staff who are supported to deliver the very best care to our patients, consumers and clients. The health system impacts every NSW citizen, from care in hospitals to care in our community, and provides the full spectrum of physical and mental health care.

Each year, NSW Health cares for millions of residents across the state, leads innovative clinical research, supports community health and health promotion, and manages a portfolio of health capital works investments to total \$10.8 billion over the four years to 2024-2025.

## Our vision

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

## Our purpose

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

## Our values

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

## 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 our Strategic Priorities and the Premier'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.

## Our Health Portfolio Ministers



**The Hon. Brad Hazzard MP**  
Minister for Health  
and Medical Research



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



## Our Strategic Priorities

Our Strategic Priorities are guided by the NSW Government key policy priorities, and the Premier's Priorities.

### The NSW Government has five key policy priorities:

- A strong economy
- Highest quality education
- Well-connected communities with quality local environments
- Putting the consumer at the centre of everything we do
- Breaking the cycle of disadvantage.

### Three Premier's Priorities aim to enhance the care and services we provide to NSW citizens. These priorities are:

- Improving service levels in hospitals — 100 per cent of all triage category 1, 95 per cent of triage category 2 and 85 per cent of triage category 3 patients commencing treatment on time by 2023
- Improving outpatient and community care — Reduce preventable visits to hospitals by five per cent through to 2023 by caring for people in the community
- Towards Zero Suicides — Reduce the rate of suicide deaths in NSW by 20 per cent by 2023.

Our Strategic Priorities focus on eight areas to improve results for patients and the community and outline how we work together to achieve our core objectives. Our priorities build on, and complement, the State Health Plan: Towards 2021.

Our Strategic Priorities provide the health system and our stakeholders with a meaningful overview of our target outcomes for the year. 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, and in research and innovation, eHealth and infrastructure.

### Our Strategic Priorities are divided into three key directions:

- keep people healthy
- provide world-class clinical care where patient safety is first
- integrate systems to deliver truly connected care.

## And five major strategies to support these directions:

- develop and support our people, culture and governance
- support and harness health and medical research and innovation
- embed a digitally enabled healthcare system
- plan and deliver future-focused service models and infrastructure
- build financial sustainability and deliver business improvements.

Section 2 of this report outlines our key achievements for 2020-21 against each of our Strategic Priorities.

## Health system 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:

- 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, we are 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.

This year, we faced additional challenges of the ongoing COVID-19 pandemic, extreme rainfall and floods, and a mice plague, all of which impacted on the physical and mental health of NSW citizens, and which required a robust and comprehensive response from the NSW health system.

We responded through our emergency operating structures to coordinate our emergency response, as detailed on page vii.

## Our Strategic Priorities

### 1 Keep people healthy

- 1.1 Implement policy and programs to reduce childhood overweight and obesity
- 1.2 Embed a health system response to alcohol, tobacco and other drug use and work across agencies
- 1.3 Reduce the impact of infectious diseases, including COVID-19, and environmental health factors, including natural disasters, on community wellbeing
- 1.4 Embed Aboriginal social and cultural concepts of health and wellbeing in programs and services
- 1.5 Support pregnancy and families to ensure that all children have the best possible start in life

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

- 2.1 Continue to deliver high-quality and safe patient care
- 2.2 Continue to embed value based healthcare to deliver the right care in the right setting
- 2.3 Elevate the human experience by actively partnering with patients, families and caregivers
- 2.4 Provide timely and equitable access to appropriate care
- 2.5 Use data and analytics to drive reform and innovation and to support value based healthcare

### 3 Integrate systems to deliver truly connected care

- 3.1 Drive health system integration and connectivity
- 3.2 Progress Towards Zero Suicides initiatives across NSW
- 3.3 Achieve mental health reforms across the system
- 3.4 Strengthen the network of services for frailty, ageing and end of life care
- 3.5 Support vulnerable people and people with disability within the health sector and between agencies

### 4 Develop and support our people, culture and governance

- 4.1 Achieve a 'Fit for Purpose' workforce for now and the future
- 4.2 Improve diversity in all levels of the system
- 4.3 Strengthen the culture within 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
- 4.6 Deliver effective regulation, governance and accountability

### 5 Support and harness health and medical research and innovation

- 5.1 Drive the generation of policy-relevant translational 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
- 5.5 Leverage research and innovation opportunities and funding
- 5.6 Drive COVID-19 research towards improving the pandemic response

### 6 Embed a digitally enabled healthcare system

- 6.1 Progress the implementation of paper-lite key clinical information systems
- 6.2 Foster eHealth solutions that support integrated health services
- 6.3 Enhance systems and tools to improve workforce and business management
- 6.4 Develop and enhance health analytics to improve insights and decision making
- 6.5 Enhance patient, provider and research community access to digital health information
- 6.6 Enhance systems infrastructure, security and intelligence

### 7 Plan and deliver future-focused service models and infrastructure

- 7.1 Implement the 20-Year Health Infrastructure Strategy
- 7.2 Plan future-focused models of care and health strategy
- 7.3 Deliver agreed infrastructure on time and on budget
- 7.4 Deliver infrastructure plans and integrate with other agencies
- 7.5 Strengthen asset management capability

### 8 Build financial sustainability and deliver business improvements

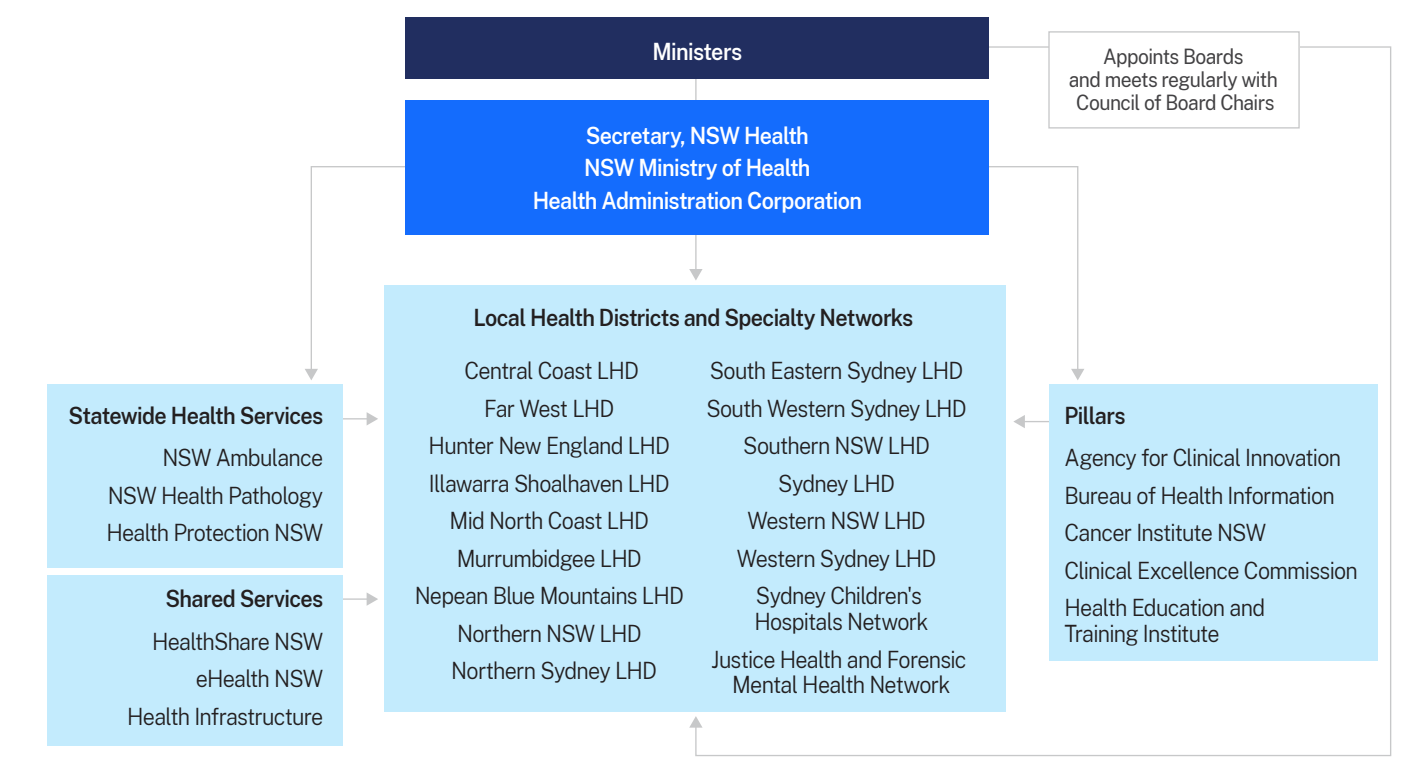
- 8.1 Deliver financial control in the day-to-day operations
- 8.2 Develop sustainable funding for future growth
- 8.3 Drive value in procurement
- 8.4 Deliver commercial programs
- 8.5 Enhance productivity using new ways of working with the relocation to 1 Reserve Road

### Premier's Priorities

- Improving service levels in hospitals
- Improving outpatient and community care
- Towards Zero Suicides

# Our 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 that make up the NSW public health system.



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 (HETI)
  - Agency for Clinical Innovation
  - Bureau of Health Information
- HealthShare NSW
  - eHealth NSW
  - Health Infrastructure
  - St Vincent's Health Network is an affiliated health organisation

## NSW Ministry of Health

The NSW Ministry of Health is a department established under the *Government Sector Employment Act*, 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*, and a corporate governance framework that distributes authority and accountability through the public health system, complementing these two Acts.

## Health Administration Corporation

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

## 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 health 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 metropolitan NSW, with seven covering rural and regional NSW.

## Statutory health corporations

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

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 2021, there were 14 affiliated health organisations in NSW managed by religious and/or charitable groups as part of the NSW public health system. These organisations are an important part of the public health system, providing a wide range of hospital and other health services.

## St Vincent's Health Network

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

## NSW Health Executive Team

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

## Local health districts

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

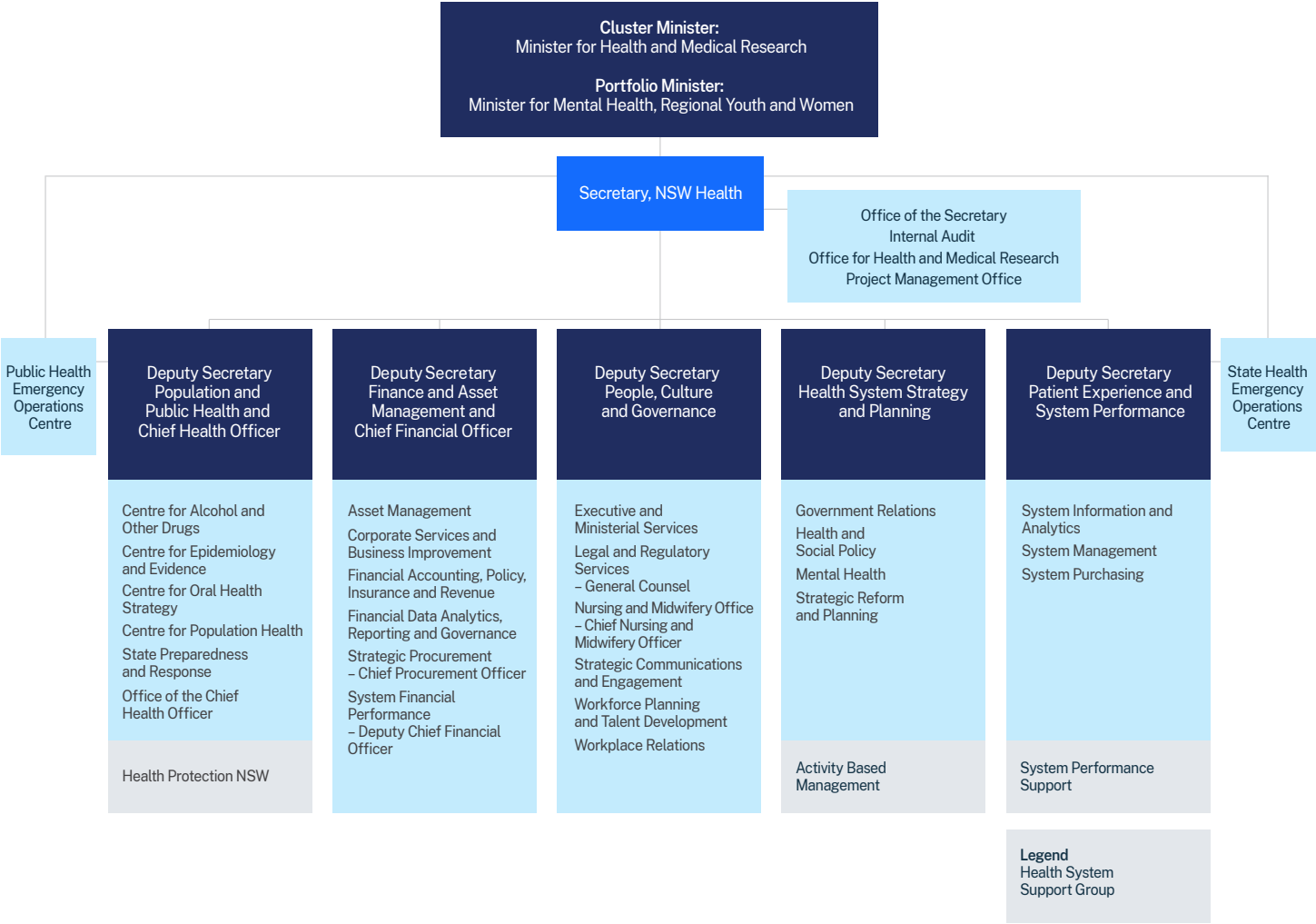
## Statutory health corporations

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 health networks the chief executive is also the employer delegate for staff working at the organisation.

# NSW Ministry of Health

The NSW Ministry of Health supports the Secretary, the 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 and consists of ministry branches, centres and offices, and two temporary emergency operations centres.



## NSW Ministry of Health Executive Team

### Secretary

**Ms Elizabeth Koff**  
BSc, Dip Nut&Diet, MPH, GAICD, FIPAA  
Secretary, NSW Health



Elizabeth Koff has held 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, Elizabeth 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.

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

### Population and Public Health

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



Dr Kerry Chant is a public health physician. Prior to her appointment as Chief Health Officer and Deputy Secretary, Population and Public Health, she was Director of Health Protection and Deputy Chief Health Officer. Kerry has extensive public health experience, having held senior positions in NSW public health units since 1991. She has a particular interest in blood-borne virus infections, communicable diseases prevention and control, and Aboriginal health. Kerry was appointed to the role of Chief Health Officer and Deputy Secretary on 1 February 2009. On 21 January 2020 she was appointed PHEOC Controller to oversee the public health response to the COVID-19 pandemic. She was awarded the Premier's Award for NSW Woman of the Year and the NSW Woman of Excellence Award at the NSW Women of the Year Awards in March 2021 for her leadership.

### Division overview

The Population and Public Health Division coordinates the strategic direction, planning, monitoring and performance of population health services across the state.

The Division responds to the public health aspects of major incidents or disasters in NSW, monitors health, identifies trends and evaluates the impact of health services. The Division is responsible for improving health through measures that prevent disease and injury. Population health services aim to create social and physical environments that promote health and provide people with accessible information to encourage healthier choices.

### Financial Services and Asset Management

**Mr Daniel Hunter**  
BCom, MAcc  
Deputy Secretary  
Finance and Asset Management and  
Chief Financial Officer, NSW Ministry  
of Health (to April 2021)



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. Daniel 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. Following his resignation, Alfa D'Amato was appointed as Acting Deputy Secretary, Finance and Asset Management and Chief Financial Officer.

**Adjunct Professor Alfa D'Amato**  
MHSM, MPA, MPASR  
Acting Deputy Secretary, Finance  
and Asset Management and Chief  
Financial Officer, NSW Ministry  
of Health (from April 2021)



Alfa D'Amato is an experienced senior transformation leader in the area of financial services, financial performance and activity based management. Prior to acting in this role, he was the Executive Director, System Financial Performance and Deputy Chief Financial Officer at NSW Health. Alfa joined the NSW Ministry of Health in 2011 as Director, Activity Based Funding. Previously, he was Associate Director, Financial Operations at the South Eastern Sydney and Illawarra Area Health Service. He is an Adjunct Professor at UTS Business School.

### Division overview

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

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

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

## People, Culture and Governance

**Mr Phil Minns**

**BEC, MEC**

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



Phil Minns commenced in the role of Deputy Secretary, People, Culture and Governance at the NSW Ministry of Health in November 2017.

Previously, Phil was Deputy Commissioner, Public Service Commission from 2015 to 2017 and Deputy Secretary, Government, Corporate and Regional Coordination, NSW Department of Premier and Cabinet (DPC) from 2012 to 2015.

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. Phil's career has spanned senior corporate roles within the manufacturing sector and government, and consulting to private and public sector organisations on organisational strategy, cultural change and workforce-focused strategies.

### Division overview

The People, Culture and Governance Division provides executive leadership and strategic direction to a diverse range of professional advisory services to enable and support the achievement of NSW Health's strategic objectives to meet the needs of health service management and delivery in NSW. The Division 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, and SHEOC Controller, 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, and was admitted to the Supreme Court of NSW as a solicitor in September 2019.

Susan has been crucial in delivering transformational change within NSW Health, and continues to build on the critical partnerships between all elements of the health system to ensure strong performance and accountability. She was appointed Deputy Secretary on 20 November 2015. On 17 March 2020, she was appointed SHEOC Controller to oversee the statewide health system response to the COVID-19 pandemic, including the COVID-19 vaccination rollout.

**Ms Deborah Willcox, Acting Deputy Secretary, Patient Experience and System Performance, NSW Ministry of Health (5 March to 30 April 2021)**

**Mr Wayne Jones, Acting Deputy Secretary, Patient Experience and System Performance, NSW Ministry of Health (1 June to 31 October 2021)**

### Division overview

The Patient Experience and System Performance Division leads the monitoring and management of overall health system performance and coordinates purchasing arrangements with NSW public health services. It is a critical interface with local health districts, specialty health networks, the pillars and other health organisations for understanding and supporting the delivery of high-quality and safe care for the residents of NSW. The Division's functions are divided between teams devoted to the system: information and analytics, purchasing, performance support and management.



The Division supports performance improvement strategies and statewide initiatives to improve service delivery. It oversees the management of surgery waiting lists, specialist outpatient services, the Hospital in the Home service and emergency access service delivery. The Division leads the system-level strategy for patient and carer experience.

## Health System Strategy and Planning

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



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

In October 2016, he became Deputy Secretary at the NSW Ministry of Health. Nigel is responsible for strategic health policy development, interjurisdictional 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, Agency for Clinical Innovation, and Chief Executive, Hunter New England Local Health District.

### Division overview

The Health System Strategy and Planning Division is responsible to the Secretary for strategic health policy development, interjurisdictional negotiations and funding strategies including activity based management, system-wide planning of health services including mental health, capital planning and investment, systems integration, setting the strategic direction for maternal, child, youth and paediatric health policy and working across government agencies to respond to many intractable social issues. In line with managing government relations, the Division also supports the Health Chief Executives Forum and the NSW Health Ministerial Advisory Committee. 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.

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Performance

2

## Priority 1

# Keep people healthy

NSW Health continued efforts to provide health services to keep NSW residents safe in a challenging year characterised by the continuing COVID-19 pandemic. The NSW Health vaccination rollout began on 22 February 2021 and 851,400 vaccinations had been administered at the end of June 2021.

We also continued to tackle major health issues affecting our community, from supporting pregnancy and the first 2000 days of life, to improving the health of children and Aboriginal people. Our goal is to keep our community healthy by delivering public health programs, campaigns and initiatives to prevent disease, reduce injuries and encourage healthier choices. Reducing harms from tobacco, alcohol and other drug use remained a priority.

## Our priorities

- 1.1 Implement policy and programs to reduce childhood overweight and obesity
- 1.2 Embed a health system response to alcohol, tobacco and other drug use and work across agencies
- 1.3 Reduce the impact of infectious diseases, including COVID-19, and environmental health factors, including natural disasters, on community wellbeing
- 1.4 Embed Aboriginal social and cultural concepts of health and wellbeing in programs and services
- 1.5 Support pregnancy and families to ensure that all children have the best possible start in life

## Key achievements

- In 2020-21, NSW Health Pathology conducted over 3 million COVID-19 diagnostic tests with a median time of 18 hours from collection to results and performed more than 500,000 saliva screening tests for hotel quarantine workers.
- The Centre for Aboriginal Health led the successful community-driven 'Keep Our Mob Safe' campaign throughout the pandemic, evolving to become the NSW Aboriginal COVID-19 Communication and Engagement Strategy.
- Offered access to free in-school dental care to 121,701 primary school students across 290 schools, reaching 89 per cent of the 136,000 children targeted for the year. A total of 18,487 students received dental treatment, with first-time patients accounting for 78 per cent of patients treated.
- Improved access to IVF services with \$42 million invested by the NSW Government in testing rebates and key NSW Health IVF hospital clinics. This included NSW Health's first statewide fertility preservation service for cancer patients at the Royal Hospital for Women, which had administered treatment to 168 cancer patients by 30 June 2021.
- NSW Health and the NSW Department of Education developed 'Respect Your Brain' – a series of three animated videos to inform young people of the impact of alcohol, MDMA and cannabis use on the growing brain. With promotion across NSW Health, local libraries and high schools, the videos have had more than 21,000 views.

## Keeping people healthy during emergencies

In 2020-21, our response to the COVID-19 pandemic took precedence as we mobilised our clinicians and support staff to contend with the increased demand on our health system. The State Health Emergency Operations Centre (SHEOC) and the Public Health Response Branch have coordinated the statewide response to COVID-19, working closely with local health districts, specialty networks and other NSW Health organisations.

SHEOC also led the rollout of COVID-19 vaccines and provided governance for the NSW quarantine program, working with other stakeholders to minimise the risk of COVID-19 transmission from travellers to NSW.

The Public Health Response Branch coordinated the statewide health protection network's case finding, outbreak investigation, public health risk assessment, contact tracing, investigation of adverse events following COVID-19 immunisation and world-class epidemiological analysis and reporting.



Importantly, we purchased additional ventilators and medical equipment to support increased intensive care unit capacity in readiness for COVID-19 infection outbreaks. We also coordinated free testing to the NSW community, implementing innovative models and ensuring access for all. As at June 2021, over 350 testing clinics across NSW were operational and had conducted 6.15 million tests.

With support from Sydney Local Health District, the Clinical Excellence Commission completed 467 weekly audits of quarantine hotels in NSW since January 2021. It also developed and led a statewide Respiratory Protection Program, with over 38,000 health workers participating.

More than 3500 clinicians joined 30 clinical Communities of Practice to publish almost 100 guidance documents and develop local solutions for the COVID-19 response, resulting in more than 430,000 webpage views by over 255,000 users. We provided rapid, evidence-based advice on COVID-19 and published the weekly Risk Monitoring Dashboard, assessing transmission risk in healthcare settings. NSW Health also commenced the NSW Sewage Surveillance Program for COVID-19, which played a key role in keeping regional NSW safe. Critical intelligence to understand COVID-19 in the community helped inform the public health response throughout the year by providing an early warning of undiagnosed cases or an increase in infections in the community, and enabled NSW Health to identify areas to target increased community testing.

### **Developing data collections, analysis and reporting on community wellbeing**

Analytical tools were produced by the System Information and Analytics Branch to model the impact of COVID-19 on intensive care unit demand and disease transmission in the community. Weekly reports relating to the NSW Vaccination Program were also generated using combined NSW data with data provided by the Commonwealth to support the planning and delivery of vaccine administration. This includes dynamic forecasting based on weekly updates, supporting the initial short-term healthcare capacity to meet expected surge and the long-term response to COVID-19.

### **Supporting mental health during COVID-19**

As part of the NSW Government's \$80 million investment to strengthen mental health support in response to COVID-19, local health districts and specialty health networks recruited over 200 mental health clinicians and peer support workers. A total of \$16.4 million went to enhance the capacity and responsiveness of the Mental Health Line, where NSW Health services responded to over 18,000 calls a month.

An additional \$20 million was invested in expansion of virtual mental health services, over \$6 million was invested in inpatient mental health units and \$6 million was invested to support first responders, including police and ambulance, to respond to people experiencing mental distress in the community.

### **Keeping kids healthy**

NSW Health simplified consumer access to programs, services and information. It continued to work with clinical services to embed routine measurement of children's height and weight into practice to drive outcomes, with referrals to support services for families with children above a healthy weight. Targeted social media campaigns resulted in a 69 per cent increase in engagement and reached over 5 million people (an increase of 181 per cent) to support the adoption of Healthy Eating and Active Living behaviours compared with performance in the previous financial year.

The NSW Health and Department of Education established a joint 'Supporting Student Health and Wellbeing Memorandum of Understanding' and annual work plan to maintain and strengthen student mental and physical health and wellbeing. This increased healthy food and drink choices in school canteens, with 95 per cent of NSW Government school canteens now meeting the Healthy School Canteen Strategy.

### **Saving the date to vaccinate**

The 2020-21 'Save The Date To Vaccinate' childhood vaccination campaign was successful in delivering the key message around the importance of on-time vaccination to the target audiences of parents and carers of children aged up to five years old and pregnant women. The refreshed creative was delivered through digital and social channels including a content partnership with MamaMia and Kidspot. In 2020-21, 97.7 per cent of Aboriginal children and 94.8 per cent of non-Aboriginal children were fully immunised at five years of age.

### **Keeping people healthy by reducing tobacco use**

NSW Health worked with the Department of Education and Cancer Institute NSW to enhance public education around the health risks of e-cigarette and tobacco use. To reduce the impact of e-cigarettes on young people, the Centre for Population Health enhanced compliance and enforcement activities for liquid nicotine offences and other e-cigarette retailing laws. NSW Health inspectors seized 80,000 e-cigarettes and e-liquids containing nicotine, 490,000 cigarettes and 180 kg of other illegal tobacco in 2020-21.

## Supporting our citizens to quit smoking

The Cancer Institute NSW delivered the tobacco control awareness campaign 'You Quit, You Win' across multiple digital and social media channels from December 2020 to June 2021, resulting in 36.8 per cent of smokers seeking help to quit smoking. Between 1 July 2020 and 30 June 2021, there were over 5800 inbound calls to and 9250 outbound calls from NSW Quitline. During the same time period, there were 703,218 sessions on iCanQuit and 5288 people joined online.

The Cancer Institute NSW collaborated with the Aboriginal Health and Medical Research Council to develop a Reporting for Better Cancer Outcomes program report highlighting the impact of cancers on Aboriginal communities. The Institute also partnered to distribute funding for nicotine replacement therapy and promoted smoking cessation through Koori Quitline social media channels.

## Reducing alcohol and other drug use harms

NSW Health has a number of programs aimed at helping consumers achieve better health outcomes in relation to the use of alcohol and other drugs.

A collaboration between NSW Health organisations, NSW Poisons Information Centre and NSW Police increased intelligence on emerging drug risks. This resulted in eight public drug warnings and five clinical safety notices issued. These provide information to the public and clinicians about health risks, early recognition, how to seek help, management and notification. Key detections include potent opioids in heroin and cocaine and circulating counterfeit alprazolam.

The Agency for Clinical Innovation's Drug and Alcohol Network launched the Alcohol and Drugs Cognitive Enhancement program, aimed at improving brain function for better alcohol and drug treatment outcomes.

In December 2020, we launched the Strategic Prioritisation Framework for Alcohol and Other Drugs Research and Evaluation 2020-2024. All four of its objectives were achieved by June 2021 and research and evaluation projects aligned with the framework were initiated. For example, the framework is directing analysis of an alcohol and other drug public health register by the University of New South Wales and the University of Sydney to answer policy questions around mortality, service gaps and consumer treatment journeys. These projects will drive innovation and improve health outcomes for people experiencing alcohol and other drug-related harms.

## Responding to substance use in pregnancy

Substance Use in Pregnancy and Parenting Services continued to provide coordinated multidisciplinary care to pregnant women who used alcohol and other drugs, from the antenatal period to up to two years post-delivery. The services aimed to improve health and social outcomes for women and their families, and more than 600 women were accepted as clients throughout the year.

## Opioid Treatment and Take Home Naloxone programs

The successful NSW Opioid Treatment Program continued to support the use of the long-acting injectable (depot) formulation of buprenorphine. In 2021, NSW Health began working with general practitioners and pharmacists to expand its use in primary care and private sector settings.

About 23,000 patients received opioid treatment in both public and private healthcare and an estimated 14 per cent received depot buprenorphine throughout the year. In the public opioid treatment setting (including in custody), it was about 30 per cent.

Opioids are responsible for over three deaths in Australia per day, according to the Australian Bureau of Statistics. Prescribed opioids account for 70 per cent of opioid-induced deaths either by accident or through misuse. Naloxone provides a significant opportunity to save lives because opioid overdoses tend to happen gradually, rather than suddenly. However, it is possible to prevent death by administering naloxone to reverse the effects of the overdose. Public health and non-government services across NSW supplied more than 4000 units of naloxone free of charge to people at risk of experiencing or witnessing an opioid overdose.

The Take Home Naloxone program was scaled up during 2020-21. More than 900 health workers across all local health districts, the Justice Health and Forensic Mental Health Network and the Medically Supervised Injecting Centre have been trained to supply take home naloxone. In 2021, NSW Health also enabled 44 non-government health and welfare services across NSW to begin supplying naloxone to their clients.

## Keeping people healthy by reducing the impact of infectious diseases

NSW Health continued to make progress towards the elimination of HIV transmission in NSW, with 33 per cent fewer residents diagnosed than the previous five-year average. The 2021-2025 HIV Strategy was launched, focusing on preventing HIV transmission in priority populations and settings, and reducing stigma and discrimination for those living with and at risk of acquiring HIV.

The elimination of hepatitis C as a public health concern by 2028 remains a priority. NSW Health and partners continued to focus on increasing access to testing and curative treatment for vulnerable populations.

## Keeping people healthy during natural disasters

Following the summer bushfires of 2019-20, several inquiries were initiated to better plan, prepare for and respond to bushfires in the future. The Environmental Health Branch (within Health Protection NSW) coordinated the NSW Government response to the report of the Legislative Council, *Health Impacts of Exposure to Poor Levels of Air Quality Resulting from Bushfires and Drought*. The 10 recommendations included developing nationally consistent air quality reporting, and reviewing the effectiveness of the air quality and health information provided to the public.

NSW Health made significant contributions to the development of nationally consistent public health messaging for different levels of air pollution (including bushfire smoke). The Australian Health Protection Principal Committee has endorsed PM2.5 and PM10 air quality categories and associated health messages.

NSW Health is also supporting the Department of Planning, Industry and Environment in review of the effectiveness of air quality and health information provided to the public. The findings of the review will guide decisions about an air smart public education campaign.

The Royal Commission into National Natural Disaster Arrangements was established on 20 February 2020 in response to the extreme bushfire season of 2019-20. The Commission examined the coordination, preparedness for, response to and recovery from disasters as well as improving resilience and adapting to changing climatic conditions and mitigating the impact of natural disasters.

The State Preparedness and Response Branch coordinated the NSW Health contribution to Notice to Give Information received by the State of NSW that was submitted to the Commission on 25 June 2020. NSW Health provided input into relevant areas related to air quality information, the integration of primary care into disaster management, Australian Medical Assistance Teams capabilities and the mental health impacts of natural disasters.

The Mental Health Branch worked closely with Resilience NSW in its evaluation of the Bushfire Recovery Program. It was represented on the Steering Committee for the National Disaster Framework.

The framework advanced the Royal Commission Recommendation 15.3, which sought revised cross-jurisdictional arrangements to support localised planning for response and recovery. The Mental Health Branch will support Commonwealth-led actions to progress implementation of the framework and actions in response to the Royal Commission.

In March 2021, NSW experienced severe weather that generated heavy rain and flooding impacting the North Coast, Hunter, Nepean and Hawkesbury areas. NSW Health provided additional healthcare to support communities that were isolated, or at risk of flooding, as part of the state's emergency response.

NSW Health worked with emergency services and other government agencies to ensure residents were safe and able to access required health services. Arrangements were put in place for vulnerable patients affected by floodwaters. A specialist Medical Assistance Team was deployed to North Richmond for five days to provide emergency care for the communities isolated by several major road closures.

NSW Health staff including nurses, mental health support staff, pharmacists and public health staff were deployed to support the community in evacuation centres that were established in the Mid North Coast and Upper Hunter regions. NSW Health also supported an evacuation centre at Castle Hill established for residents evacuated from the Hawkesbury-Nepean Valley area.

The NSW Government committed \$36.4 million over four years for mental health Response and Recovery Specialists across regional and rural areas in 2021. This included farmgate counsellors and drought peer support workers, and 30 Disaster Recovery Clinicians who worked closely with primary health networks, community and welfare agencies and mental health services. These roles have been broadened to reflect the range of issues impacting disaster-affected areas in 2020-21, including bushfires, floods and the mice plague.

## Delivering culturally safe and tailored health services

NSW Health continued to work closely with the Aboriginal Health and Medical Research Council to progress actions that support the Aboriginal Community Controlled sector to deliver social and emotional wellbeing programs. NSW Health provided \$2 million to Aboriginal Community Controlled Services to deliver culturally responsive social and emotional Aboriginal wellbeing initiatives, as part of the extension of the Emergency Drought Relief Mental Health Package.



The Centre for Aboriginal Health held 53 capacity-building events across NSW Health to support completion of Aboriginal Health Impact Statements. The Impact Statements ensure that the specific needs of Aboriginal people are fully considered when developing new policy, program and strategic initiatives. During the year a total of 125 Impact Statements were completed and approved across NSW Health.

The Centre also developed and delivered the Aboriginal Health Progress Report for all local health districts and specialty health networks, including the annual Aboriginal Health Dashboards. These continued to report on a range of outcome indicators and progress against implementing the Aboriginal Health Plan 2013-2023.

Meanwhile, the Agency for Clinical Innovation's Aboriginal Health Working Group co-designed engagement and implementation requirements for the collection of culturally appropriate measures for Patient Reported Outcome Measures.

## Supporting pregnancy and the first 2000 days

To care for pregnant women and provide their babies with the best possible start in life, NSW Health partnered with other NSW Government agencies to launch Brighter Beginnings: the first 2000 days of life, a whole-of-government initiative, in October 2020.

NSW Health also finalised recruitment into the Focus on New Fathers program in four local health districts from August 2020 to 30 June 2021, with 3260 enrolments. The pilot will continue until the end of 2021, testing psychosocial screening to fathers in the perinatal period with pathways to provide support and care.

Significant improvements were made to the Get Healthy in Pregnancy Service with the development of an e-Referral option from eMaternity software. This resulted in an increase of referrals, with a total of 14,153 in 2020-21.

SAFE START, a policy for pregnant women and families with babies up to two years old, helps identify families with mental health and social difficulties. It was reviewed this year to ensure its currency with research, national clinical guidelines and optimal statewide implementation.

The Henry Review, an independent review into children's health services in NSW, made 77 recommendations relating to all health services and clinicians delivering care for children, young people and families. Implementation of many recommendations has already commenced. This includes the establishment of a new statewide committee that will provide system leadership and advice to strengthen NSW health services to children, young people and their families.

The Agency for Clinical Innovation established the Maternity and Neonatal Network to provide direction, governance and leadership for existing statewide clinician forums and groups. At 30 June 2021, the Network had 342 members. A collaborative partnership was formed within NSW Health to lead the neonatal components of the response to the Paediatric and Neonatal Intensive Care work plan and recommendations of the Henry Review.

## Keeping People Healthy Award winner

# An extraordinary response to the global COVID-19 pandemic

## NSW Health Pathology

NSW Health Pathology's pandemic breakthrough on 22 January 2020 was made by a team of experts at the Institute of Clinical Pathology and Medical Research Westmead, who rapidly established highly specialised COVID-19 testing capabilities. Working in the state-of-the-art biosecurity P4 laboratory, elite researchers were able to successfully grow the live virus from NSW patients – a much-needed step in understanding and containing the deadly virus. Knowing COVID-19 does not discriminate by age, location or background, NSW Health Pathology leveraged its extensive statewide network and local clinical partnerships to expand access to reliable testing across the state. By mid-August 2020, NSW Health Pathology experts had conducted more than 1.2 million COVID-19 tests – an unprecedented effort that placed NSW among the highest testing rates per capita in the world and undoubtedly helped save lives. NSW Health Pathology won the 2020 Keeping People Healthy Award for their achievement.



NSW Health Pathology, led by Professor Dominic Dwyer, quickly established and increased COVID-19 testing capabilities across the state to respond to COVID-19 with agility this year.



## Priority 2

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

NSW Health is placing patient experience and value based health at the heart of everything we do – part of enhancing a world-class healthcare system where every individual matters, every day.

In 2020-21, NSW Health organisations collaborated to:

- review and implement protocols and policies that put patient and staff safety first
- make sure the right systems are in place so we can drive value based healthcare for all patients, in every part of NSW
- embed the principle of human experience as central to clinical treatment and patient care
- ensure all patients have timely and equitable access to healthcare whatever their need, geographic location or age.

Staff in local health districts and networks put these strategies into action to deliver excellent care across NSW.

## Our priorities

- 2.1 Continue to deliver high-quality and safe patient care
- 2.2 Continue to embed value based healthcare to deliver the right care in the right setting
- 2.3 Elevate the human experience by actively partnering with patients, families and caregivers
- 2.4 Provide timely and equitable access to appropriate care
- 2.5 Use data and analytics to drive reform and innovation and to support value based healthcare

## Key achievements

- Established the Maternity and Neonatal Safety Program to improve safety for mothers and babies in NSW.
- Continued to review, update and implement protocols and procedures to keep staff and patients safe during the COVID-19 pandemic. eHealth NSW, in partnership with the Clinical Excellence Commission, completed the rollout of the new incident management system *ims+* to all NSW Health organisations.
- Embedded value based healthcare in all agencies, and through four integrated programs, aimed at securing better health outcomes for our patients and better value across the health system.
- Launched *Elevating the Human Experience: Our guide to action for patient, family, carer, volunteer and caregiver experiences* in April 2021 to improve the experience of patients, families and carers in the health system.
- Continued enhancement of local health district board reports tailored to the information needs of local health districts and specialty health network board members.

## Delivering high-quality and safe patient care

### Improving safety for mothers and babies

The Maternity and Neonatal Safety Program was established in 2020-21 to address systematic safety and quality issues for mothers and babies in NSW.

The program priorities include the delivery of perinatal safety education, reducing stillbirth by supporting teams to reliably implement the Safer Baby Bundle, and standardising the recognition and management of babies with neonatal encephalopathy.

In October 2020, the Neonatal, Small Baby and Paediatric Transport Governance Committee was convened to provide oversight and direction of clinical and corporate governance for neonatal, small baby and paediatric transport in NSW, particularly the possible risk to patient safety.

## Responding to incidents

### ims+

eHealth NSW, in partnership with the Clinical Excellence Commission, completed the rollout of the new incident management system, ims+, to all NSW Health organisations. ims+ tracks clinical and work health and safety incidents and contributes to patient and workplace safety.

### COVID-19 response plans

In 2020-21, HealthShare NSW developed and implemented COVID-19 response plans across the organisation. These plans included unique partnering arrangements with the private sector to ensure the responsiveness and continuity of our critical services in times of increased service levels because of COVID-19.

### Protecting patients and paramedics

NSW Ambulance developed a Pandemic Management Protocol to ensure the safety of both paramedics and patients, as well as clinical quality. NSW Ambulance also rolled out new procedures and education to improve safety for clinicians undertaking high-risk aerosol procedures for critically ill patients. The procedures outlined a range of clinical safety technology with a higher specification level than previous intensive care paramedic equipment.

## Embedding value based healthcare

### Implementing value based care

In 2020-21, NSW Health embedded value based care across the health system. Over the 12 months this was underpinned through four statewide programs:

- Leading Better Value Care
- Integrated Care
- Commissioning for Better Value
- Collaborative Commissioning.

In 2020-21, four new working groups were established to support value based healthcare measurement and evaluation; articulate research priorities; set the approach for value based funding and purchasing; and align communication approaches with other reform areas.

Other milestones in implementing value based care in 2020-21 included:

- hosting the first virtual statewide Value Based Healthcare Forum in November 2020, which attracted more than 500 delegates from almost 100 organisations
- publishing the article *Value based healthcare in NSW: continuing the patient-centred journey* by NSW Health Secretary Ms Elizabeth Koff in *The Health Advocate*

- hosting the inaugural Australian Value-Based Health Care Conference awards in May 2021, which recognised two local NSW Health services – Concord Repatriation General Hospital's Osteoarthritis Chronic Care program and Sydney Local Health District's Bronchiolitis program
- publishing the Commissioning for Better Value Strategy 2021-24, which supports better patient care and experiences by shifting the focus from outputs to outcomes
- distributing the Value Based Healthcare Update e-newsletter to stakeholders across Australia with relevant, engaging digital content, tools and resources
- progressing the Statewide Diabetes Initiative in collaboration with primary health networks and other service providers. The initiative aimed to support a more coordinated approach to diabetes management to keep people well and out of hospital.

NSW also provided significant input into national and cross-jurisdictional work on paying for value and outcomes under the 2020-25 Addendum to the National Health Reform Agreement.

## Elevating the Human Experience, an action plan

NSW Health is committed to improving the patient experience and making it an empowering one for everybody involved, including family and carers.

*Elevating the Human Experience: Our guide to action for patient, family, carer, volunteer and caregiver experiences* was launched in April 2021. This first statewide guide to action builds on existing work to outline a coordinated approach and create a truly human-centred health system.

To develop the action plan, more than 500 consumers and staff worked to identify and prioritise initiatives that will improve the experience of patients and families.

Throughout 2020-21, *Elevating the Human Experience* was promoted through a dedicated public website that launched during Patient Experience Week, as well as monthly newsletters, seminars and key events such as the Gathering of Kindness.

To support *Elevating the Human Experience*, eHealth NSW developed a new patient engagement platform strategy that outlines what technology is needed to enhance the experience of patients, carers and families in the health system. It identified access to information, patient feedback and equity as key areas for digital enablement and support.

## Project CHEF, Bowral and District Hospital

Food is critical to patient health and for their experience in hospital. In May 2021, the Project CHEF (Co-Designing Healthy and Enjoyable Food) pilot launched at Bowral and District Hospital.

Project CHEF is a more patient-centred model of providing food services in NSW public hospitals. It focuses on flexible mealtimes and allowing patients to eat when they are hungry rather than at set mealtimes, by submitting orders through their mobile device to a dedicated call centre. Patient experience is a key measure of success for the pilot and a consumer group of former patients and community members was actively involved in its design and implementation.

## Improving the emergency department experience

More than 30,000 emergency department patients and families provided real-time feedback about their experiences of care, which has led to changes throughout the year.

In 2020-21, the Emergency Department Patient Experience Program was extended, with funding for 100 new Patient Experience Officer positions across 52 NSW public hospital emergency departments. The new positions were in response to feedback from patients and carers about waiting times when seeking emergency care.

Technology initiative, GoShare, has allowed hospital staff to share information with patients and families in more than 20 languages, including the Charter of Health Care Rights.

## The Centre for Aboriginal Health

The Centre for Aboriginal Health and the Bureau of Health Information reviewed patient experience survey data to publish two Snapshot reports: *Adults admitted to hospital: Results from the 2019 patient survey*; and *Maternity care: Results from the 2019 survey*. Of the almost 3500 Aboriginal people who responded to the Adult Admitted Patient Survey, around eight in 10 said the nurses (81 per cent) and doctors (80 per cent) were 'always' kind and caring.

The Centre worked with local health districts to build the cultural safety of the health system, including approaches identified in *Elevating the Human Experience*. Tools include the NSW Health Services Aboriginal Cultural Engagement Self-Assessment Tool, which identifies ways of strengthening cultural engagement between NSW Health organisation staff and their Aboriginal stakeholders.

## Getting access to care right for everyone

### Reducing preventable visits to hospital

In April 2021, Integrated Care launched the statewide initiative Planned Care for Better Health (PCBH), which supports the Premier's Priority for reducing preventable visits to NSW hospitals by five per cent by 2023.

The PCBH program identifies patients who are vulnerable and at risk with complex health and social needs, and provides person-centred coordinated care in the community. The Risk of Hospitalisation algorithm supports staff to identify patients who will benefit from integrated care interventions. The algorithm considers an extensive list of demographic and socioeconomic factors, including a patient's hospital utilisation and medical history. In partnership with the patient and their carer, the comprehensive health psychosocial assessment supports a shared approach to improving health and wellbeing goals.

The implementation of the algorithm, telehealth, virtual care and remote monitoring are key to enabling the delivery of care in the community and reducing preventable hospitalisation.

Most importantly, through the PCBH program and other integrated care initiatives, patients receive appropriate care in the right setting for them. As a result of the program, NSW Health achieved a saving of 200,000 bed days in the first half of 2021.

To further reduce preventable visits to hospital, Integrated Care in partnership with Health Services will implement a statewide initiative targeting patients who frequently present to emergency departments over a 12-month period. Early modelling indicates that identifying and supporting these patients to access primary and community services can lead to substantial reductions in emergency department visits and improve the experience patients have of the health system.

## Treating NSW children safely – from home

The Sydney Children's Hospitals Network continued to help patients receive care closer to home with the help of local health teams through virtualKIDS, Australia's first paediatric-specific virtual care service.

The 24/7 nursing-led service provided timely and equitable access to care, through functions such as remote monitoring, a patient and family hotline, collaborative virtual ward rounds and coordinating specialty advice facilitation.

In 2020-21, COVID-19 reduced the availability of clinic space and nursing staff to complete food allergen challenges and made parents understandably reluctant to attend clinic appointments with their children.

In response, NSW Health paediatric allergy services established new outreach services in regional NSW and trialled Saturday clinics for low-risk food allergen challenges. These changes were positively received by NSW parents.

## From Good to Great in emergency departments

The collaborative Good to Great program has brought together various parts of NSW Health to deliver on the Premier's Priority of improving service levels in hospitals.

Good to Great has empowered leadership teams in emergency departments to focus on leadership capability, building positive workplace culture and nurturing collaborative partnerships to improve patient, carer and staff experience and the performance of emergency departments.

In 2020-21, the program started in 11 emergency departments at Coffs Harbour, Belmont, Armidale, Queanbeyan, Dubbo, Nepean, St George, Sutherland, Sydney/Sydney Eye, Sydney Children's and Ryde hospitals.

## EPIC

New Emergency Protocols Initiating Care (EPIC) protocols were developed to streamline care so that patients are treated on time in emergency departments.

These protocols have focused on the first hour of emergency care when the safety and experience of patients is critical. The program also recognised the skills and qualifications of nursing staff in our emergency departments. EPIC is currently being piloted in Illawarra Shoalhaven Local Health District.

## Getting things done in 2020-21

Over the reporting period, measures across NSW to ensure patients and communities receive access to appropriate care included:

- rolling out the NSW Telestroke Service at 11 regional and rural hospitals across NSW, with over 900 patients receiving consultations since March 2020
- publishing *The NSW Health Genomics Strategy Implementation Plan 2021-25* to enhance disease management and prevention in NSW
- expanding the NSW Health Pathology exome sequencing service to improve access to genomic testing within NSW Health. Exome sequencing is a technique for sequencing all the known protein-coding regions of DNA in a genome (known as the exome). The service saw 5508 exome referrals, exceeding initial modelling by 120 per cent
- establishing the first national ocular gene therapy centre at the Children's Hospital at Westmead, which continues to be a global leader in the gene-based treatment of spinal muscular atrophy.

NSW Health is currently on track to deliver 10,000 additional cataract surgeries by 2023, with 32,424 cataract surgeries completed across NSW metropolitan, rural and regional public hospitals in 2020-21 – more than 2000 above target for the year.

## Increasing elective surgery capacity

In July 2020, the NSW Health Elective Surgery Roundtable brought together experts from the public and private sectors to rethink the way surgery is organised and better deliver the outcomes that matter most to patients waiting for elective surgery.

The NSW Elective Surgery Action Plan was developed in 2020-21 as an outcome of the Roundtable. The plan has delivered more elective surgery capacity with a statewide guideline for transferring care to private providers; a review of the Surgical Activity During Christmas/New Year policy; and a new electronic surgery referral system.



## Using data and analytics to drive reform and innovation

### HOPE for patients and clinicians

In 2020-21, the Agency for Clinical Innovation led the implementation of patient reported measures to improve the experience of patients and support their shared treatment. Patient reported measures gave patients the opportunity to provide direct and timely feedback about their experiences in the health system and how it impacted their general wellbeing and ability to do the things that mattered to them.

A new IT platform was launched to support the real-time collection and use of patient reported measures. The system, known as Health Outcomes and Patient Experience (HOPE), was co-designed with consumers, clinicians and managers. It allowed patients or their carers to log in using a personal computer, smartphone or tablet to provide feedback and access information uploaded by their healthcare provider through dashboards and decision support tools.

This information sharing has helped clinicians and patients share decision making about care, treatment and health interventions. Collecting data also allowed clinicians to measure progress and improvement in patients' health, and provides the health system with insights into patient needs to drive future improvements.

HOPE has been rolled out in more than 100 locations, 13 local health districts and one general practice.

### ROVE

The Register of Outcomes, Value and Experience (ROVE) is a virtual registry that links Leading Better Value Care administrative, clinical and patient reported measures data in a single place.

Launched in 2020-21, ROVE allowed staff to review key monitoring and evaluation measures and benchmark local progress against the state and other districts. Over 70,000 patient experience surveys have been linked into ROVE. This allows a multidimensional view of patient experience and facilitates the use of data to action service improvement at local and system levels.

### Excellence in Aboriginal Healthcare Award winner

## Defining the Gap: Planning and Reporting Framework

### Hunter New England Local Health District

Hunter New England Local Health District's Aboriginal Health Unit developed a comprehensive Closing the Gap Framework, which incorporates key elements of planning, reporting, monitoring and accountability to improve service design, delivery and outcomes for Aboriginal consumers. The communication mechanisms of the Closing the Gap Framework provide transparency, visibility and accountability for the local health district regarding health outcomes for Aboriginal consumers. The Aboriginal Health Unit uses this tool to work collaboratively with Hunter New England services to increase their understanding, capacity and responsiveness to Aboriginal health needs. For their work, Hunter New England Local Health District won the 2020 Excellence in Aboriginal Healthcare Award.



Stacey Simpson, left, and Aimee Smith from Hunter New England Local Health District helped to develop this tool as part of the Closing the Gap Framework.

## Priority 3

# Integrate systems to deliver truly connected care

Integrated care connects people with the right services and connects information across the health system to make sure people get the care they need when they need it.

By connecting health networks and services across the system in 2020-21, we provided high-quality healthcare for people at risk of suicide and the most vulnerable people in our community, ensuring they were treated safely and with dignity.

## Our priorities

### 3.1 Drive health system integration and connectivity

### 3.2 Progress Towards Zero Suicides initiatives across NSW

### 3.3 Achieve mental health reforms across the system

### 3.4 Strengthen the network of services for frailty, ageing and end of life care

### 3.5 Support vulnerable people and people with disability within the health sector and between agencies

## Key achievements

- Improvements for vulnerable and at-risk patients across seven integrated care initiatives, including a 24 per cent reduction in unplanned admissions from residential aged care.
- The launch of seven SafeHavens and 12 Suicide Prevention Outreach teams to help reduce suicide rates in NSW by 20 per cent by 2023.
- There was \$36.4 million over four years for mental health Response and Recovery Specialists to support mental health in regional and rural communities.

- An extra 20 nurses and 35 allied health professionals, and refurbishment of 34 palliative care facilities to support a dignified end of life for people in NSW.
- The launch of two Statewide Intellectual Disability Mental Health Hubs, to provide specialist support for people with intellectual disability and training for more than 1500 health and disability professionals.

## A more connected health system

Seven evidence-based integrated care initiatives focused on improving outcomes for vulnerable and at-risk populations and connecting them with services and support. Comparisons with control groups have already demonstrated results.

**Emergency Department to Community:** Each patient showed an average reduction of 10 presentations to emergency departments, over 12 months.

**Residential Aged Care:** Reduced bed days from unplanned admissions by 24 per cent, with an average annual reduction in ambulance callouts of 21 per cent.

**Vulnerable Families:** By providing community support to parents or carers with complex health and social needs, and their children, this program saw an average reduction of 0.4 emergency department admissions per patient compared with the control group.

**Paediatric Network:** On average, travel was reduced by 4620 km for each patient, and there were on average 12 fewer missed days of school for the patient, and six fewer missed workdays for the carer.

**Specialist Outreach to Primary Care:** Improving the capacity and capability of general practitioners to provide specialist assessment and care in non-hospital settings led to a 44 per cent reduction in attendance to emergency departments for the enrolled patients. All patients reported improved engagement and GP integration.

**Secondary Triage:** Between June 2020 and June 2021, NSW Ambulance received 106,254 calls from residential aged care facilities; 47,833 were classified as low acuity calls (45 per cent). Of these, 12 per cent (5885) were managed by the Secondary Triage process with 57 per cent (3343) of residents receiving their care in residence, with no transfer to hospital required.

**Planned Care for Better Health (PCBH):** Improves care quality and health literacy, and can lead to a reduction in unplanned hospital admissions. PCBH and other key integrated care initiatives achieved a saving of 200,000 bed days in the first half of 2021.

## Collaborative Commissioning

Collaborative Commissioning is a whole-of-system approach that supports value based care in the community by setting up working relationships between health organisations, stakeholders and service providers across the entire range of care for a patient.

The central platform of Collaborative Commissioning has been the establishment of regionally based partnerships between primary health networks, local health districts and other affiliated health organisations. These partnerships led change at the local level by focusing healthcare around the priority health needs of their local population, using local resources.

Six Collaborative Commissioning partnerships were established to focus on:

- cardiology in the community
- value based urgent care
- urgent care for frail and older persons
- type 2 diabetes
- obesity and diabetes
- chronic obstructive pulmonary disease and congestive heart failure.

## Linking GP data

In NSW, 450 GP practices – almost one in five GP practices – participated in the data linkage project Lumos. The linked datasets brought together primary care clinical information with hospital data to support decision making across value based healthcare programs.

## Connecting better with Aboriginal Community Controlled Health Services

In 2020-21, the Centre for Aboriginal Health focused on supporting Aboriginal Community Controlled Health Services (ACCHS) to manage COVID-19. This included supporting ACCHS:

- with clinical education in partnership with the Royal Australian College of General Practitioners and Aboriginal Health and Medical Research Council of NSW
- with access to social and emotional wellbeing support and consumables, as well as advice around infection control, border closures and exemptions.

Rules were introduced in all Service Agreements to ensure all local health districts and specialty health networks had a partnership agreement with their local ACCHS. The Agreements are subject to periodic review and require high-level representation within the local health district.

Performance frameworks and clinical networks were established with local health districts and specialty health networks to enable integrated planning and service delivery. Some of these clinical networks have established an Aboriginal health program of work, including the Aboriginal Chronic Conditions Network and the Cardiac Network.

The Centre for Aboriginal Health continued to work on seed projects in areas of particular importance, including mental health, cancer and incorporated culture into the delivery of antenatal care services for women giving birth off country.

## Frailty taskforce

The Agency for Clinical Innovation established the NSW Frailty Taskforce and a Community of Practice with over 500 members, encouraging a more integrated approach to frailty, ageing well and end of life care.

## Towards Zero Suicides

Towards Zero Suicides aims to reduce the suicide rate in NSW by 20 per cent by 2023. In 2020-21 the initiative progressed, with:

- seven SafeHavens providing an alternative to presenting to emergency, and 12 Suicide Prevention Outreach Teams launched
- the availability of aftercare in nine primary health networks
- suicide prevention rural counsellors recruited in eight local health districts
- the development of suicide care pathways to improve care and prevent suicide in 15 local health districts and Justice Health
- the completion of suicide prevention training by 3769 community members, 1158 Service NSW staff and 475 NSW Health staff
- commissioning of statewide packages for priority populations
- progression of 12 Aboriginal suicide prevention projects
- commencement of three peer-led programs
- four new Community Wellbeing Collaboratives that organise local community response to suicide becoming operational
- Youth Aftercare services for children and young people at risk of suicide operational in three local health districts
- the launch of the NSW Suicide Monitoring System, which provides monthly reports on the estimated number of suspected and confirmed suicides in NSW
- the launch of support services for people who are bereaved and affected by suicide.

## Achieving mental health reform

Mental health is a focus and priority across the NSW health system. Achievements in mental health reform in 2020-21 included:

- the *Aboriginal Mental Health and Wellbeing Strategy 2020-25*, which was published in December 2020. NSW Health also continues to support local health districts and specialty health networks to develop their own implementation plans
- NSW Health progressing work on the NSW Peer Workforce Framework in 2020-21, including establishment of an Expert Reference Group and commencement of procurement to support a comprehensive consultation and engagement process. It is anticipated consultation will continue into early 2022, with the framework expected to launch in 2022
- the *NSW Service Plan for People with Eating Disorders (2021-2025)*, published on the NSW Health website. Embedding the treatment of eating disorders services as core business in districts and networks will ensure people can access care close to their home, families and local support networks
- *The Mental Health and Cognitive Impairment Forensic Provisions Act 2020*, which commenced in March 2021, replacing the Mental Health (Forensic Provisions) Act 1990. The changes included updated language, and changes to make the forensic mental health system more efficient, transparent and clear. The changes were communicated through new information resources for the health sector and community, including an information session for NSW Health staff
- The Family Focused Recovery Framework 2020-2025, which was launched in October 2020, focusing on the wellbeing of children of parents with mental illness, and parents with mental illness. Grants were provided to specialty health networks and local health districts to support implementation of the new framework. A baseline evaluation has been conducted to monitor the ongoing effectiveness of the framework.

### A five-year mental health reform program

In June 2021, NSW Health submitted an initial report against 17 of the 24 actions identified in *Living Well in Focus 2020-2024: A strategic plan for community recovery, wellbeing and mental health in NSW* (LWiF) by the Mental Health Commission of NSW.

NSW Health has planned to provide the next, mid-term progress report on the implementation of LWiF in mid-2023.

## Enhancing rural counselling support

In 2021, the NSW Government committed \$21.15 million for a five-year extension of the Rural Adversity Mental Health Program.

### Seclusion and restraint prevention

As part of the NSW Mental Health Patient Safety Program, 50 Improvement Coaches were trained to work with mental health services to identify improvement priorities and to lead improvement initiatives against these priorities.

The Clinical Excellence Commission has worked with three local health districts on safety and quality projects to reduce restrictive practices.

In June 2021, the Mental Health Branch completed a series of statewide training webinars presented by international experts on the Six Core Strategies<sup>©</sup> to reduce risk, prevent and work to eliminate the use of seclusion and restraint. These included follow-up coaching sessions for 20 clinical leaders and managers of acute mental health facilities.

### Reducing unplanned mental health admissions for Aboriginal people

NSW Health is actively building a more inclusive organisational culture across the health system to ensure the cultural safety of Aboriginal people is prioritised. An example of this is the Aboriginal Health Dashboard Toolkit, which included advice on building cultural competency, improving identification, establishing cultural safety of environments and effective communication.

Quarterly performance meetings across 2020-21 have provided the opportunity to put this advice into practice through monitoring and implementation of initiatives to reduce the gap in care between Indigenous and non-Indigenous mental health consumers in areas such as readmission to hospital and post-discharge care in the community.

### Supporting Royal Commissions into aged care and disability

During 2020-21, NSW Health continued to lead the NSW Government input to the Royal Commission into Aged Care Quality and Safety. This included responding to the Royal Commission's requests for information, attendance at the special hearing on the impact of COVID-19 in aged care held in August 2020 and providing a response to the Royal Commission's draft recommendations.



NSW Health also responded to requests from the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. NSW Health representatives appeared as witnesses at three public hearings focusing on:

- the provision of healthcare or services for people with cognitive disability
- education and training of health professionals in relation to people with cognitive disability.

## Strengthening services for frailty, ageing and end of life care

### Safety in residential aged care

NSW Health worked with the Australian Government Department of Health and the Aged Care Quality and Safety Commission to develop and update the *Protocol to support joint management of a COVID-19 outbreak in one or more residential aged care facility (RACF) in NSW*.

The joint protocol is one of a suite of documents that will help the Australian Government, NSW Government and aged care approved providers work together to prevent, prepare for and respond to an outbreak of COVID-19 in a Commonwealth-funded registered aged care facility in NSW.

The protocol aims to optimise care for all residents in impacted nursing homes, regardless of their COVID-19 status, and to contain and control the outbreak to bring it to an end as quickly and safely as possible.

NSW Health residential aged care services implemented a new Serious Incident Response Scheme (SIRS), a new set of Commonwealth reporting obligations for residential aged care providers commencing 1 April 2021. The SIRS is focused on the safety, health, wellbeing and quality of life of aged care consumers.

### Supporting independence and wellbeing for older people

In line with the Australian Government's aged care reform agenda, NSW Health is committed to ensuring wellness and reablement (short-term or time-limited support) practices are implemented as a core part of all NSW Health aged care services. The approach ensures that older people in NSW live as active, purposeful, healthy and independent lives as they can and, where possible, remain living in their own homes.

To assist in the focus on client independence and autonomy, NSW Health published the *Wellness and Reablement in Aged Care Guideline* in January 2021.

The guideline aims to support and promote a consistent understanding of wellness and reablement, and its practical implementation and measurement across aged care services provided by NSW Health. It applied to all aged care services provided by NSW Health: Transitional Aged Care, the Commonwealth Home Support Program, the Aged Care Assessment Program and the Regional Assessment Service.

### Improving palliative care in NSW

Improvements and enhancements to palliative care continued across NSW in 2020-21. An extra 20 nurses and 35 allied health professionals joined the specialist palliative care workforce to provide greater choices for people at the end of life and to ensure people can be cared for at home if they choose.

In regional and rural NSW, palliative care services were supported to use telehealth so that people can access specialist palliative care wherever they live.

Across NSW, 34 refurbishment projects of palliative care facilities were completed to create more home-like environments for patients, families and carers when patients are cared for in hospital settings at the end of life.

A further 34 refurbishment projects will be completed over the next two years. Following a further funding boost in the 2020-21 Budget, an extra 5000 End of Life home support packages are now available for people in NSW.

NSW Health received \$10 million over five years from the Australian Government to enhance palliative care for people in residential aged care facilities.

All districts have completed planning and are now implementing a variety of approaches, including additional nurses to provide in-reach palliative care, education and training to build skills of staff, shared assessment and care planning, as well virtual care.

## Healthcare for vulnerable people

### Intellectual Disability Health Service

The Intellectual Disability Health Service (IDHS) has provided capacity-building for primary healthcare and NSW Health staff and improved access to quality mainstream health services for people with intellectual disability and complex needs. An evaluation of the program is underway to assess program outcomes and inform future implementation.

## Two new intellectual disability mental health hubs

An investment of \$4.4 million over four years has funded two Statewide Intellectual Disability Mental Health Hubs. These Statewide Intellectual Disability Mental Health Hubs were launched by the Minister for Mental Health and the Minister for Families, Communities and Disability in February 2021.

More than 100 people with intellectual disability and co-occurring mental health problems have received a clinical consultation or assessment. The Hubs have also provided training for more than 1500 health and disability professionals.

Both the Sydney Children's Hospitals Network Mental Health Intellectual Disability Hub and the Statewide Intellectual Disability Mental Health Outreach Service at Sydney Local Health District have received referrals from regional and metropolitan services, with care being provided face-to-face and through telehealth.

## COVID-19 support for people with disability

Communities of Practice were established across key clinical specialties to support the response to COVID-19. The Disability Community of Practice has provided a forum to share ideas, strategies, local solutions and concerns with respect to pandemic preparedness for people with disability. The group has more than 150 members including people with disability, peak non-government organisations, clinicians, program managers and other key stakeholders.

Supports provided to people with disability and participants of the National Disability Insurance Scheme (NDIS) during the pandemic included:

- the introduction of NDIS Hospital Liaison Officers in local health districts
- implementation of new escalation pathways and an accommodation register to assist with safe patient discharge from hospitals
- provision of disability-related public health messaging distributed via easy-read resources, webinars, websites, videos and virtual NDIS service provider forums.

## LGBTQI health

In 2020-21, NSW Health opened the first of two new transgender health service hubs, following a gender services review. Maple Leaf House, in Newcastle, provides coordinated, multidisciplinary health services for trans and gender diverse children, adolescents and young people.

From 2021-22 onwards, \$3.4 million a year has been committed to gender services including the development of a joint service across Sydney Children's Hospitals Network in partnership with a Sydney-based local health district and statewide coordination including further development of the NSW Model of Care.

In June 2021, the NSW Government committed \$3 million to ACON towards the establishment of an LGBTQ health centre.

Once established by ACON, the health centre will aim to improve access for lesbian, gay, bisexual, transgender, queer and other sexuality and gender diverse people to primary and community-based healthcare.

## An integrated approach to trauma

The Integrated Prevention and Response to Violence, Abuse and Neglect (IPARVAN) Framework is being implemented to strengthen NSW Health's response to violence, abuse and neglect, including children and young people with problematic or harmful sexual behaviour. An implementation plan for phase 2 is under development focusing on integrating NSW Health's Violence, Abuse and Neglect services with the broader health system and interagency partners as well as continuing the phase 1 focus on integrating Violence, Abuse and Neglect services themselves.

The Agency for Clinical Innovation partnered with NSW Health's Education Centre Against Violence to deliver trauma-informed care training for clinicians. Participants learned about the application of trauma and violence-informed approaches to their work, with a particular focus on First Nations people of Australia accessing healthcare systems.

The domestic violence routine screening pilot commenced in six emergency departments with the support of eHealth NSW's clinical system solutions for flagging and screening eligible patients, and training for health staff delivered by NSW Health's Education Centre Against Violence. An evaluation of the pilot is underway, to be completed in mid-2022.

Programs were implemented as part of the NSW Government response to the Royal Commission into Institutional Responses to Child Sexual Abuse, including:

- a pilot by South Eastern Sydney and Mid North Coast local health districts to improve outcomes for survivors through specialist trauma counselling and treatment provided by NSW Health's sexual assault, mental health, alcohol and other drug and Aboriginal health services, with community support services.

An action research evaluation and costing study will provide evidence to inform statewide rollout of the new integrated service model from 2022-2023

- a Sexual Assault and New Street Services Access Strategy for People with Disability, developed by NSW Health in partnership with the NSW Health Education Centre Against Violence. The strategy sets out a framework to improve access for people with disability to NSW Health specialist Sexual Assault Services and New Street services for children and young people who have engaged in problematic or harmful sexualised behaviours, including support for their families and carers, by enhancing specialist therapeutic practice and building workforce capacity for disability inclusion. A Co-design Advisory Committee made up of people with lived experience has been established to guide implementation of the strategy.

On behalf of the NSW Government, NSW Health is developing a NSW Framework for Preventing and Responding to Problematic and Harmful Sexual Behaviours. A cross-government governance structure has been established to lead the development of the framework and supporting projects. The framework will be based on a public health model and is being developed through a co-design approach. A review of the current policy and legislation approach in NSW, a survey of the workforce across the sector and a quantitative and qualitative research project with children and young people who have displayed problematic and harmful sexual behaviours and their parents and carers have been completed. Drawing on this evidence will ensure that the framework responds to the current context in NSW and experience of children and families. An implementation plan for the framework is also under development and will outline actions and activities that will be prioritised under the framework's strategic directions, including a strong focus on primary and secondary prevention initiatives and resources.

In addition, an Integrated Trauma-Informed Care Framework for vulnerable children, young people and families was being developed, aiming to improve the healthcare experiences of vulnerable children and young people and their families and carers, as well as the experiences of healthcare providers.

The Safe and Supported at Home (SASH) Program launched in 2018 supported patients with disabilities to manage at home, particularly those who have been unsuccessful with applying to the NDIS. In 2020-21, there were 7400 packages delivered to support people with disability to remain in their own home.

## Health Research and Innovation Award winner

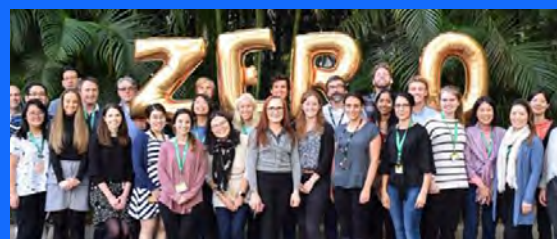
# A Childhood Cancer National Precision Medicine Program

## The Sydney Children's Hospitals Network

This program aimed to develop a comprehensive testing platform to provide in-depth tumour profiling to identify personalised treatment plans for children with high-risk cancers. The Zero Childhood Cancer platform includes rapid genome sequencing and drug testing to analyse patient results to identify novel therapies. Results included:

- more than 350 children with high-risk cancers being enrolled in the program
- reportable molecular aberrations being identified in more than 90 per cent of cases leading to a change of diagnosis in five per cent of patients, while 70 per cent received a new treatment recommendation
- a previously unknown germline mutation being identified in 16 per cent of cases
- 25 per cent of patients receiving a new treatment, with the majority showing clinical benefit
- 40 per cent of patients experiencing a cessation of tumour growth, and 30 per cent having their tumours shrink – in some cases with complete disease resolution.

The Sydney Children's Hospitals Network won the 2020 Health Research and Innovation Award for this program.



The Sydney Children's Hospitals Network developed a platform to personalise treatment for children with high-risk cancers.

## Priority 4

# Develop and support our people, culture and governance

Amid challenging circumstances and a rapidly changing landscape, our staff remained our most important asset, enabling us to serve and deliver quality healthcare for the people of NSW. In hospitals and health services, our frontline staff continued to ensure the acute and chronic care, and physical and mental wellbeing of the citizens of NSW. Others provided support, management and development of our critical workforce.

Workplace health, safety and wellbeing remained a priority. The commitment and dedication of our people has enabled NSW Health to maintain the highest standards of care while ably responding to the COVID-19 pandemic. We grew our workforce and deployed staff where they were most needed. We continued to support and upskill our staff, offering dedicated wellbeing services and training to empower them in an increasingly digital healthcare environment.

Our ongoing focus on leadership development, listening to feedback, and improving practices through technology meant we continued to enhance our support for staff. In addition, we celebrated the strength and diversity of our workforce, their resilience and CORE values of collaboration, openness, respect and empowerment.

## Our priorities

- 4.1 Achieve a 'Fit for Purpose' workforce for now and the future
- 4.2 Improve diversity in all levels of the system
- 4.3 Strengthen the culture within 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
- 4.6 Deliver effective regulation, governance and accountability

## Key achievements

- More than 400 final-year medical students were employed in Assistant in Medicine (AiM) positions across 41 facilities in local health districts and networks between July and November 2020. The AiM position was established in March 2020 to supplement the junior medical workforce in response to the pandemic.
- The NSW Government committed \$46.8 million over four years in the 2020-21 state budget to create 100 additional Wellbeing Nurse positions to be placed in NSW secondary and primary schools. By 22 June 2021, 28 of the first tranche of 50 Wellbeing Nurses had been recruited.
- To celebrate the strength of staff diversity, build an inclusive culture and support staff, the Diversity Inclusion Belonging Resource Hub was launched in December 2020 to provide direction to NSW Health organisations.
- Public health organisations continued to implement workplace culture and safety action plans, expanding these to include a range of COVID-19-specific wellbeing initiatives such as wellness support webpages and resources, workshops partnering with the Black Dog Institute and various webinars focusing on mental health in lockdown. NSW Health contributed more than \$4.6 million to local health districts, networks and statewide services to fund this work.
- The NSW Health Focus on the Future initiative aligns with the Future Health Strategy in supporting the health system to become digitally enabled and adaptable to technological changes and disruptions. The initiative helped senior leaders to forecast workforce needs through workshops and programs focused on creating a culture of innovation. Focus on the Future has produced a series of podcasts for the NSW Health workforce and communities about future ways of working, and how technology will intersect with healthcare in the future.



## Supporting the workforce during the pandemic

NSW Health delivered a range of workforce planning and support to respond to the pandemic staffing requirements.

Various additional positions and roles helped to relieve workforce pressures, including the Assistant in Medicine (AiM) position for final-year medical students.

More than 2000 nurses undertook critical care upskilling and refresher courses in preparation for a surge in intensive care requirements as a result of the pandemic. Nurses have also been utilised broadly across the health system, leading vaccination and COVID testing, as well as supporting patients in the community and in health hotels. Nurses have rapidly established COVID-specific wards, caring for COVID-positive patients who require hospital-based care.

The nursing graduate workforce was increased in response to COVID, with an additional 150 positions targeted to support the vaccination rollout in NSW Health vaccination hubs. These graduates will also gain experience in hospital acute care, preparing them more broadly as a future workforce in the health system.

Budget support was provided for 318 full-time equivalent temporary allied health positions between April and December 2020. The funding intention was to prioritise the skilled critical care physiotherapy workforce into intensive care units, to lower the demand on inpatient hospital beds for non-COVID-19 patients and reduce wait lists. About 260 positions were filled, with many local health districts using the funding to extend the period of engagement and retain the roles over a 12-month period.

To increase the COVID vaccination rollout, NSW Health enabled a wide range of health practitioners and health practitioner students to be authorised to administer the COVID-19 vaccine to the community. These health practitioners and students are supported by additional education and work in NSW Health vaccination hubs.

The Care Assistant Strategy identified low-risk COVID-19-related activities able to be supported by a person from a non-health background when given appropriate training. A care assistant role was developed as a temporary role to provide basic care and companionship to patients, enabling healthcare professionals to continue to deliver critical functions.

Support was also provided to NSW Health staff navigating the pandemic themselves, including a suite of internet resources around the themes of wellbeing, virtual environments, and leading in uncertain times.

The Pandemic Kindness Movement website, developed in 2020 by the Agency for Clinical Innovation with national partners, also continued to support health workers with peer-reviewed resources. The Pandemic Kindness Movement forms part of the NSW Health focus on elevating the human experience for everyone involved in receiving and providing care. The site has had over 100,000 views since its launch.

## Achieving a fit-for-purpose workforce

A sustainable health system that delivers outcomes that matter to patients means providing a workforce able to rapidly respond to community needs. To achieve this goal, a horizon scanning process is assisting in workforce planning to identify workforce requirements towards 2030.

## Enhancing the workforce to meet the needs of the community

The NSW Health Professionals Workforce Plan aims to ensure a fit-for-purpose workforce to provide a quality health service to NSW citizens. A record 51,794 full-time equivalent nurses and midwives were working in NSW Health hospitals and facilities as at June 2021 – 41,994 nurses, 1677 midwives, and 8123 nurses and midwives with dual registration.

NSW Health supports the development of the enrolled nurse workforce through scholarship positions linked to areas of workforce need; 219 scholarships were awarded to support students to undertake enrolled nurse training in 2021. NSW Health has also committed \$3.7 million in funding over four years to recruit six additional Breast Care Nurses for the McGrath Foundation.

The NSW Government committed \$46.8 million over four years in the 2020-21 state budget to create 100 additional Wellbeing Nurse positions through the Wellbeing and Health In-reach Nurse Coordinator Program. The program is a partnership between NSW Health and the NSW Department of Education and provides a Wellbeing Nurse position in selected metropolitan, regional and rural communities in NSW.

These roles will work with identified secondary and primary schools' existing wellbeing and learning teams and local health and social services to support students and their families on health and wellbeing issues, including mental health, social and behavioural support, physical health, and peer or family relationships. In June 2021, 28 of the first tranche of 50 positions had been filled and 23 Wellbeing Nurses were working in schools.



The Student Placement Agreement was updated in 2021 to broaden the scope of student placements in clinical and non-clinical areas across facilities and Health Administration Corporation organisations. This will enable NSW Health to build a pipeline of students in new and emerging fields to ensure we continue to attract a fit-for-purpose workforce.

Throughout the year, NSW Ambulance used assessment centres in its recruitment to allow applicants to demonstrate their capabilities through a range of methods. Robust evaluation has provided insight into the diversity of applicants and enabled the organisation to identify, upskill and recruit future leaders.

### Increasing diversity in the workforce

NSW Health welcomes people of diverse backgrounds and remains committed to maintaining a workforce that reflects the community it serves. We launched the Diversity Inclusion Belonging Resource Hub in December 2020 to provide direction to NSW Health organisations in meeting the diversity and inclusion targets set under the Premier's Priorities.

The Diversity Inclusion Belonging guide acknowledges the elements of diversity and inclusion and the positives that come from individual differences, and recognises the crucial role a sense of belonging plays in delivering an effective, functioning, diverse and inclusive workplace.

### Building pathways for Aboriginal employees

Employing Aboriginal staff within the health system is vital to ensure that culturally appropriate care is provided to Aboriginal people. To improve employment and career opportunities, NSW Health:

- promoted and advocated for an enhanced Aboriginal Workforce Dashboard platform for improved visibility on the Aboriginal workforce data against targets
- embedded Aboriginal workforce targets in all NSW Health Service Performance Agreements
- scoped a refresh of the Good Health – Great Jobs Aboriginal Workforce Strategic Framework in 2021
- continued to improve pathways for entry for Aboriginal people into the mental health workforce. This included implementation and monitoring of the Aboriginal Mental Health Workforce Program.

The Aboriginal Nursing and Midwifery Strategy supports the NSW Health commitment to increase the Aboriginal nursing and midwifery workforce. In 2021:

- 105 Aboriginal cadetship positions were awarded, with more than half of the cadets located in rural and regional areas
- 68 undergraduate and 14 postgraduate Aboriginal scholarships were awarded to support nursing and midwifery studies.

As part of its 2025 strategy, NSW Health Pathology has established a target of having three per cent of its workforce be Aboriginal and Torres Strait Islander staff. The current proportion grew to 1.35 per cent in June 2021.

### Improving the rural and remote health workforce

NSW Health continued to support and grow our workforce where it was needed most. To enhance the workforce to provide better care for rural and regional citizens we:

- launched a pilot for a four-year incentive package focused on the recruitment and retention of allied health professionals to areas of critical need in rural and remote regions. As part of the package, eligible early-career allied health professionals can receive an incremental annual contribution to a HECS-HELP loan. One of 10 HECS/HELP incentive packages has been taken up to date and Far West Local Health District is in the process of identifying suitable positions
- provided Rural Learning Pathways, aimed at strengthening pathways from education to employment for people in rural and regional NSW. The first phase of the project included investigating ways for existing staff to access on-site upskilling opportunities and student training through vocational education and training in schools, and student-based apprenticeships and training
- recruited four psychology positions across drought-affected areas as at June 2021, part of the six positions identified in the 2019 NSW Government election commitment funding. Recruitment activities are continuing
- worked with Southern NSW Local Health District and Murrumbidgee Local Health District to develop a pilot of the Leading for Innovation Program with rural workforce participants to foster leadership capabilities and workplace innovation.

The Nursing and Midwifery Office supported improved rural and regional services in 2020-21 by:

- coordinating recruitment, with more than 25 per cent of graduate nurses and midwives recruited in rural and regional areas, and more than 25 per cent of registered nurses recruited into midwifery training positions in rural and regional areas
- awarding more than 1000 scholarships to NSW Health nurses and midwives to support postgraduate education across specialties, with one-third awarded in rural areas
- awarding more than 600 clinical placement grants to NSW nursing and midwifery students to support diversity of clinical experiences across rural and metropolitan areas
- funding 10 rural postgraduate midwifery student scholarship positions.

## Developing the allied health workforce

Allied health provides vital clinical and community health services to NSW citizens. Workforce planning projects for five different allied health professions were completed in 2020-21: audiology, music therapy, art therapy, child life therapy and diversional therapy. The projects explored challenges experienced across NSW for these smaller workforces, including limited profession-specific education and limited opportunities for career progression. They also explored opportunities to grow and support these allied health workforces in a discipline-specific context. For example, they explored the benefits of embedding child life therapists in multidisciplinary teams, and delivery of culturally appropriate therapies. The reports are located on the NSW Health allied health webpage.

## Growing the genomics workforce

Genomics applies knowledge of genes and genetic information for the benefit of human health. The NSW Health Genomics Strategy forms the beginning of a long-term commitment by NSW Health to ensure the potential benefits of genomics are incorporated into the system effectively. Key workforce development achievements included delivery of career marketing materials on the Map my Health Career and Centre for Genetic Education sites, workforce scenario modelling using data insights and an approach to support genetics integration into other models of care across the system.

NSW Health Pathology has recruited a skilled workforce for the provision of a statewide Clinical Genome and Exome Sequencing Service. Exome sequencing provides answers and enables improved management plans for many families with serious genetic conditions and couples planning a family.

A workforce of nine full-time equivalent staff including clinical laboratory scientists, ICT development engineers, project and operations managers and a bioinformatician have developed the infrastructure and systems, including an in-house designed analysis pipeline required to support human exome and genome sequencing at scale.

Genomics is also used to better understand the origin of pathogen-based outbreaks and how infectious diseases spread, most recently seen with COVID-19. The COVID-19 Genomic Surveillance Program, established by the NSW Health Pathology Institute of Clinical Pathology and Medical Research, is enabled by 11 full-time equivalent staff and supported by eight postgraduate research secondments.

From July 2020 to June 2021, the genomic surveillance team produced 49 reports describing 105 NSW clusters. Genomic analysis of individual COVID-19 cases enables better understanding of potential links.

## People and Culture Award winner

# Keeping Staff Safe - Reducing Needlestick Injuries

## Hunter New England Local Health District

Healthcare workers are at increased risk of being exposed to blood-borne viruses through needlestick injuries. This was recognised as a risk at Hunter New England Local Health District. Despite a range of safety awareness initiatives being implemented, there was no significant reduction in exposures. The project aimed to reduce needlestick injuries through mandated use of standardised Safety Engineered Sharps Devices for subcutaneous and intramuscular injections across the District. Since the completion of the project, there was an overall reduction in needlestick injuries from hollow-bore needles of 31 per cent in 2019 compared with 2018, and this continued with a 60 per cent reduction (average) in 2020. Implementation of this strategy has the potential to save Hunter New England Local Health District \$328,000 for the implementation year and more than \$500,000 ongoing. The Hunter New England Local Health District won the 2020 People and Culture Award for their achievement.



Staff at Hunter New England Local Health District, including, from left, Lyn Lovell, Trish Robertson, Jillian Martinelli and Jenny Greig, implemented a project to reduce needlestick injuries.

This supports contact tracing and the identification of clusters to provide actionable information to inform public health. The team works closely with Health Protection NSW, local public health units and other jurisdictions to enhance skills of healthcare professionals in pathogen genomics and optimise the utility of COVID-19 genomics for pandemic control.

## Managing talent and increasing capability

NSW Health is focused on supporting staff to improve care and services for NSW citizens. As part of this, our talent management roadmap included leader success profiles to demonstrate 'what great looks like' in key leadership positions across the system. During 2020, leader success profiles were developed for general managers. Success profiles for Director Allied Health, Director Nursing and Midwifery and rural site managers (Health Service Manager – Multipurpose Services) have been commissioned and will become part of the NSW Health Talent Strategy. These tools have assisted to foster talent in the current workforce, ensuring it is fit for purpose into the future.

Options to progress award reform to support the Future Health Strategy are currently being developed. Following further internal stakeholder consultation within NSW Health and across NSW Government, a broader process of consultation with employees, unions and other stakeholders is being planned.

## The Aboriginal Population Health Training Initiative

The Aboriginal Population Health Training Initiative supports Aboriginal people to develop and apply public health skills by offering three years of workplace-based training and postgraduate study. In 2020-21, four trainees were recruited and two staff graduated with a Master of Public Health.

## Developing workforce talent

NSW Health is committed to developing leadership capability in our workforce. To improve leadership opportunities for the Aboriginal workforce, a whole-of-NSW Health stretch target was established aimed at 16 Aboriginal people in senior leadership roles by 2025. The previous goal of doubling the number of Aboriginal people in senior leadership roles from five to 10 by 2025 has already been exceeded, with 11 Aboriginal senior leaders in place by December 2020.

NSW Ambulance continued to develop a structured series of evidence-based programs and resources for all levels of leadership, as outlined in the NSW Ambulance Leadership Development Strategy. The strategy provides structured development for each level of leader, from potential future leaders to executive leaders. It provides a clear articulated program of cumulative leadership development where staff can readily identify their current level and also their aspirational target, with each development step in between.

This strategy has been shown to:

- define the expectations of leaders in NSW Ambulance
- provide clear career pathways for staff who want to pursue a leadership career
- provide development opportunities for leaders at all levels and capabilities
- identify a talent pool of up-and-coming leaders at different levels
- develop effective, engaged and compassionate leaders.

## Increasing the skills and capabilities of our workforce

The NSW Health Workforce Forum 2020 was held virtually with over 840 registrations from across NSW Health and other government agencies. The forum focused on workforce restoration, recognising the inspiring work of NSW Health staff in 2020 amid extraordinary pressures from bushfires, floods, earthquakes and the pandemic.

To enhance the mental health workforce, the Nursing and Midwifery Office partnered with the Health Education and Training Institute to develop the Mental Health Pathways in Practice program. This program supports mental health nurses and allied health professionals to develop their clinical capabilities to deliver best care to those with lived experience of mental illness. Three pathways have been published with a further two to be released in late 2021.

The Health Education and Training Institute employed new training and workplace arrangements in response to the pandemic. These included rescheduling of face-to-face training to respond to system staffing pressures, converting and adapting face-to-face training and workshops for virtual delivery, and developing online resources to assist managers adapting to an online environment.

The Aboriginal Workforce Unit has engaged with workforce planners to support the development of tools, practices and priorities that enable the growth and development of the broader Aboriginal workforce.



## The Public Health and Biostatistics Training Programs

The Public Health and Biostatistics Training Programs offer three years of supervised workplace-based training and provide a surge workforce able to respond to public health risks. In 2020-21:

- 26 public health and 18 biostatistics trainees supported the NSW Health COVID-19 response
- 13 new trainees were recruited
- nine people completed their training, including four trainee biostatisticians who graduated with a Master of Biostatistics.

## Building allied health workforce capability

The Allied Health in Mental Health (AHMH) Workforce project report explored the current workforce to identify opportunities to deliver care that best meets the health needs of people with a lived experience of mental illness, their families and carers. This report has been developed to inform local health districts and networks, AHMH workforce and leaders, mental health executives and Ministry branches and pillar agencies to inform workforce planning strategies. Growth of this workforce will increase access to allied health expertise and benefit patients by improving physical healthcare, emotional wellbeing, functional recovery, social participation and inclusion.

## Developing financial staff capability

To meet emerging workforce capability needs, the NSW Ministry of Health continued to develop financial staff through secondment programs and workplace rotations, and continues to support the NSW Health Finance Executive Development Program. These activities provided staff from entry level to executive with new professional experiences and allowed them to develop the necessary skills to create value, support decision making and enhance financial sustainability in a rapidly evolving environment. After a successful pilot, the Health Education and Training Institute engaged the University of Technology Sydney to co-design and co-deliver a program for senior finance staff, with completion contributing towards a Master of Business Administration. Twenty-four staff have been selected for the cohort.

## Using data to improve decision making

NSW Health completed a range of economic appraisals to inform current and future investment decisions. These included economic appraisals for the treatment and management of wounds, direct access colonoscopy, renal supportive care, virtual care and hypofractionation for breast cancer, which allows patients to receive radiation treatment in fewer sessions.

## Improving health and wellbeing and strengthening culture for staff

### Improving workplace health and safety

Ensuring the safety of our staff at work continued to be a high priority. In 2020-21, NSW Health participated in the NSW Government Work Health and Safety Sector Plan led by SafeWork NSW. Work began across NSW Health to implement its recommendations for improvements to security in hospitals, including toolkits, checklists and templates to help prevent and manage violence. Other ways to foster continuous improvement in security risk management and greater compliance with NSW Health security standards included a revised NSW Health security manual and a new security audit tool.

NSW Health continued to provide work health and safety advice to health organisations and unions to manage issues arising from the COVID-19 pandemic.

As part of its learning culture, NSW Ambulance established the multi-stakeholder monthly Helicopter Mission Review Group to enhance collaborative operational and safety governance.

### Strengthening culture to reflect CORE values

NSW Health strives to continuously improve workplace culture, with the CORE values of collaboration, openness, respect and empowerment as our foundation. In 2020-21, the Respecting the Difference staff training program content was reviewed, and a new web portal was developed to support managers across NSW Health to address staff grievances, concerns and potential misconduct quickly and constructively.

Public health organisations continued to implement their workplace culture and safety action plans, expanding these to include a range of COVID-19-specific wellbeing initiatives such as wellness support webpages and resources, workshops partnering with the Black Dog Institute and various webinars focusing on mental health in lockdown. NSW Health contributed more than \$4.6 million to local health districts, networks and statewide services to fund this work.

Cultural responsiveness training was provided for 35 employees, including allied health professionals, and Aboriginal Allied Health Cadetship Managers and supervisors to develop key capabilities and action-oriented approaches to addressing cultural safety for Aboriginal employees and patients, and their communities.



## Fostering regulation, governance and accountability

Legal and Regulatory Services Branch core business is providing regulatory and compliance services across medicines, drugs and private hospitals. In 2020-21, compliance activities including receipt and management of complaints, conduct of investigations, and where appropriate regulatory action continued in a timely way. The NSW Health Regulators Forum met to focus on particular projects designed to address future challenges, including the increasing complexity and number of health-related complaints.

Work on the revision of the delegations model has continued, with final review and approval delayed to 2021-22 due to the prioritisation of the management of the pandemic response.

NSW Health introduced a new statewide risk reporting framework in December 2020, with a focus on drawing from system expertise to identify potential statewide risks and their impact.

Using this new structure, the Ministry has facilitated discussion forums attended by NSW Health Executive, NSW Health Board Chairs and members, Audit and Risk Committee Chairs and members, and risk practitioners, seeking to identify emerging risks and to review the control environment.

NSW Health has also worked closely with NSW Treasury to review existing whole-of-government risk management policy and guidelines.

## Patient Safety First Award winner

# Reducing Inappropriate Arterial Blood Gas Testing in a 58-Bed Quaternary Intensive Care Unit

## Northern Sydney Local Health District

Arterial blood gas (ABG) analysis is the most frequently performed test in intensive care units (ICUs). Blood tests are expensive and contribute significantly to anaemia, which affects more than 95 per cent of ICU patients by day three of their admission, with half requiring blood transfusions. This program involved bi-weekly case-based in-service training over 12 weeks, departmental meetings, local ICU newsletter articles and closed social media group discussions. ABG testing reduced from 4.9 to 3.1 per bed per day and was sustained for 20 months. There was a 71 per cent absolute reduction in the number of inappropriate ABGs. This intervention will decrease cost, anaemia, need for transfusions, infection risk, sleep disruption and delirium. The Northern Sydney Local Health District won the 2020 Patient Safety First Award for their achievement.



Reducing inappropriate arterial blood gas testing in the intensive care unit was a focus for the Royal North Shore Hospital Intensive Care Unit team including, from left, Dr Oliver Walsh, Katelyn Davis, Larissa Sirotti, Ashleigh McInnes, Helen Ganley and Dr Jonathan Gatward.

## Priority 5

# Support and harness health and medical research and innovation

NSW Health prioritises and invests in innovative health and medical research. We remain at the forefront of clinical trials and translational research, building on scientific discoveries to make life-changing medical advancements.

This year, we invested significantly in world-leading research projects and programs to inform the development of new technologies and approaches to directly support the response to the COVID-19 pandemic.

With a continued focus on leveraging research funding to drive outcomes, maximising opportunities for research collaboration both in Australia and internationally, and improving data sharing to facilitate research, we are maintaining a culture of healthcare innovation for the benefit of NSW citizens.

### Our priorities

- 5.1 Drive the generation of policy-relevant translational 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
- 5.5 Leverage research and innovation opportunities and funding
- 5.6 Drive COVID-19 research towards improving the pandemic response

### Key achievements

- The COVID-19 Research Program was launched to generate research evidence to support the health system response. More than \$28 million was invested in 2020-21, including \$4.5 million in emergency priority research projects, including investigation of transmission in schools and aged care facilities, vaccine safety, and serosurveillance to measure the prevalence of SARS-CoV-2-specific antibodies.
- The Cancer Institute NSW enrolled 2760 participants into all cancer clinical trials, which included industry-funded studies.
- NSW Health continued to strengthen the focus on Aboriginal health in the Translational Research Grants Scheme. For round six of the scheme an additional expression of interest was accepted if it focused on Aboriginal or rural/remote health. The maximum number of submissions for each local health district was otherwise five.
- To attract talent to the field of advanced therapeutics, \$3.2 million was awarded for 10 PhD scholarships and early-mid career fellowships, with projects supporting capability development in gene, cell and phage therapies.
- As part of the Spinal Cord Injury Research Grants program, launched in 2019, seven innovative NSW research projects were awarded almost \$15 million in funding over four years to improve the health of people with spinal cord injuries.

### Maximising opportunity for translational research

Priority projects were rapidly funded this year to inform public health action in response to the ongoing pandemic. Work was also underway to expand the Co-Creating Evidence approach across NSW Health to maximise the use of data assets to inform decision making. The successful Co-Creating Evidence pilot showed that the approach facilitated collaborative partnerships with researchers to use existing NSW Health data to create evidence that informed health policy.

## Excellence in the Provision of Mental Health Services Award winner

# Reducing Time in Seclusion in the Mental Health Intensive Care Unit

## Northern Sydney Local Health District

The Mental Health Intensive Care Unit (MHICU), based on-site at Hornsby Ku-ring-gai Hospital, is a tertiary referral centre that provides 12 beds for consumers who require an intensive, multidisciplinary treatment program in an environment that cannot be provided in a standard acute mental health facility. Baseline data of 20 seclusion episodes from mid-December 2017 to January 2018 showed a median seclusion time of 120 minutes. Through improvements in documentation, specialised staff and consumer training, the median time a patient in the MHICU spent secluded was reduced by 42 per cent (70 minutes) within six months. Seclusion rates have been steadily decreasing and continue to be among the best in NSW, with times decreasing from six hours (Q2 - 2015-16) to 1.3 hours (Q2 - 2019-20). The Northern Sydney Local Health District won the 2020 Excellence in the Provision of Mental Health Services Award for their achievement.



Hornsby Ku-ring-gai Hospital's Mental Health Intensive Care Unit, which James Wall is part of, made a range of improvements to help reduce seclusion rates.

## Driving research to improve the pandemic response

NSW Health rapidly launched the competitive, merit-based COVID-19 Research Grants Program and other initiatives to generate research evidence to support the health system response.

More than \$28 million was invested in COVID-19 research in 2020-21. This included:

- \$4.5 million on emergency priority research projects including urgent investigation of transmission in schools and aged care facilities, vaccine safety, and serosurveillance to measure the prevalence of SARS-CoV-2-specific antibodies
- \$8 million towards 17 research projects under the COVID-19 Research Grants Program
- \$2 million to support medical device companies affected by the pandemic
- \$13.5 million to fund research collaborations, clinical trial infrastructure and innovative projects in which leading NSW scientists addressed urgent priority issues. These included the Vaccine, Infection and Immunology Collaborative Research Group, NSW RNA Production Research Network, Waratah Vaccine Trial Alliance, and NSW Adaptive Platform Trials.

An interim impact evaluation conducted by the Centre for Epidemiology and Evidence found that within nine months of receiving funding, the COVID-19 Research Program demonstrated early evidence that it was contributing local knowledge to the response by funding priority research and rapidly translating findings. In addition, it was strengthening the NSW research ecosystem to minimise the health and social impacts of COVID-19.

## Health sustainability research

The future sustainability of the health system is integral to ensure continued excellence in healthcare in an evolving environment. To support this, NSW Health is one of four key industry partners with the National Health and Medical Research Council (NHMRC) Partnership Centre for Health System Sustainability. Current and planned research is informing a range of work across the NSW health system, including the reduction of adverse drug events, understanding the impact of COVID-19-delayed elective surgery, and the use of patient-reported measures along the continuum of care. Themed workshops and learning opportunities based on the research have been delivered by the Partnership Centre and made available to NSW Health staff and clinicians.

## Supporting research led by and benefiting Aboriginal people

In support of culturally appropriate research activities with Aboriginal people, the Centre for Aboriginal Health:

- supported the submission of Translational Research Grants Scheme applications through advice to applicants on the implementation of guidance in the education module developed by the Centre. It also presented to scheme coordinators about developing and conducting Aboriginal health research. For round six of the scheme, an additional expression of interest per local health district was accepted if it focused on Aboriginal or rural/remote health
- supported applications to the COVID-19 Research Grants Program
- supported the Aboriginal Health and Medical Research Council of NSW to enable culturally inclusive research activities by delivering training and development to Aboriginal Community Controlled Health Services staff, including approved continuing professional development training for general practice
- collaborated with the Mental Health Branch to conduct an evaluation of the Building on Aboriginal Communities Resilience Initiative, which provides culturally safe and trauma-informed suicide prevention programs designed and led by Aboriginal people.

## Positioning NSW to attract research funding and collaboration

Assessing the effectiveness of research helps to ensure high-quality research in the future. NSW Health has developed key performance metrics to measure the performance of research investments that best represent the grant programs as a whole. These metrics enable NSW to report on overarching outcomes of its research investments, including outputs, efficiency, effectiveness and equity.

The COVID-19 pandemic has highlighted several areas of research strength, including emergency response preparedness, diagnostics, genomics, clinical trials and advanced medical manufacturing capability.

NSW is a globally recognised leader in developing and delivering advanced therapeutics, including gene phage and cell therapies such as CAR T cells. NSW Health is strategically investing in tools, talent and translation of gene, phage and cell therapies to accelerate research progress and patient access to these potentially life-saving therapies. To attract talent to the field, \$3.2 million was awarded for 10 PhD scholarships and early-mid career fellowships, with projects supporting capability development in gene, cell and phage therapies.

In 2020-21, NSW Health continued to promote these strengths to health and medical research communities internationally through our International Desk activities including Asian Medical Week and the BIO Digital annual conference.

NSW Health has begun planning for an advanced viral vector manufacturing facility to support this work. External consultants were engaged to complete early stage design and feasibility assessment for the manufacturing facility, as well as develop a business case and plan, and begin a market sounding process.

## Funding and support to maximise research opportunities

Supporting research ultimately fosters innovation and improved care. In 2020-21, NSW Health provided \$1.8 million to the Sax Institute to improve decision makers' use of research evidence, including brokering evidence reviews on health system priorities and building skills in appraising evidence.

Since 2014, NSW Health has provided a Health Cluster Evaluation Schedule to NSW Treasury outlining evaluation activity undertaken. In 2020-21, the schedule was replaced by an evidence bank reporting process designed to share evidence generated through evaluations across NSW Government.

## Funding for spinal cord injury research

As part of the Spinal Cord Injury Research Grants program, launched in 2019, seven innovative NSW research projects were awarded almost \$15 million in funding over four years to improve the health of people with spinal cord injuries.

## Facilitating high-impact research

In line with the NSW Health focus on delivering better outcomes for patients and building research capability, round six of the Translational Research Grants Scheme required applicants to demonstrate how their research would support the delivery of value based healthcare.

In 2020-21, a guide was developed to identify system priority areas for which NSW Health needs further evidence to support the design and implementation of value based healthcare across the state. The guide aims to inform researchers seeking to align their work with contemporary and practical policy challenges faced by the healthcare system and support researchers seeking partnership with NSW Health on value based healthcare research.



## Connecting industry innovation and research

eHealth NSW continued to undertake digital health research in partnership with stakeholders across NSW Health, external researchers and partner organisations. New processes were introduced to improve coordination and partnering in research projects. A key focus was research requiring information and communication technology integration with NSW Health business and clinical systems and translating research into practice.

In parallel, eHealth NSW continued to work with the Agency for Clinical Innovation and the Ministry to develop a blueprint and business case for the Healthcare Innovation Venture Enablement (HIVE) service and consortium. HIVE seeks to outline how NSW Health can support a thriving healthcare innovation ecosystem. Its vision is to make NSW Health a centre of innovation, leveraging and enhancing existing programs to catalyse innovation more effectively and efficiently.

## Driving translational research

Translational research involves applying discoveries generated during laboratory research and preclinical studies to a clinical setting. It also aims to promote best practices in the community.

Over 20 Translational Research Grants Scheme projects have been completed and have started implementing findings. NSW Health is documenting barriers and enablers to implementation to inform decisions about an ongoing governance structure.

To drive translational research forward, the Office for Health and Medical Research:

- built health system research and evaluation capacity by supporting the rapid rollout of urgent COVID-19 research to inform the pandemic response, by piloting research impact assessment methods and by educating researchers and clinicians to focus on implementation strategies from project inception
- worked with the Centre for Epidemiology and Evidence to adapt a research impact framework with the Hunter Medical Research Institute to measure research translation and impact of research funding. The framework has been applied to the Prevention Research Support Program, COVID-19 Research Program and round one of the Translational Research Grants Scheme.

The Agency for Clinical Innovation supported and assessed several translational research grant proposals. Strategies for building health system research (HSR) capacity included leading the COVID-19 Critical Intelligence Unit's Research Intelligence Group, participating in developing a priority list of Office for Health and Medical Research COVID-19 grant round themes, and initiating a NSW HSR Steering Committee. The agency also partnered with advanced health research and translation centres on several implementation science proposals and funded studies for the NHMRC, the Medical Research Future Fund and other grants.

The Population and Public Health Research Group supported and promoted a number of strategies to build research and evaluation capability in NSW Health. Workshops on evaluation, economic evaluation and program logic were attended by 270 NSW Health staff. Checklists on planning and reviewing economic evaluations were developed and are available online within the Population Health Guidance Series.

## Leading the way in clinical trials

Conducting clinical trials provided important opportunities for NSW researchers and citizens to participate in the development of innovative medical treatment. In 2020-21, NSW Health established an Australian Commission on Safety and Quality in Health Care Clinical Trials Governance Framework working group, which included representatives from local health districts and specialty networks. It was designed to support a consistent and collaborative approach to implementation of the framework, including best-practice sharing. The pilot sites – St Vincent's Hospital Sydney, Sydney Local Health District and Orange Base Hospital – presented their experience to the NSW Health Embedding Quality Research in Local Health Districts meeting in early 2021.

ClinicaltrialsNSW continued to implement a range of strategies to enable clinical trial capacity, capability and collaboration and deliver a mature clinical trial sector within the NSW public health system.

The Cancer Institute NSW:

- had 184 portfolio (investigator-initiated) cancer clinical trials open to recruitment in NSW, with 1348 participants enrolled into portfolio trials
- enrolled 2760 participants into all cancer clinical trials, which included industry-funded studies
- released a Canrefer feature to assist users to find cancer clinical trials in their area that were currently or about to recruit participants.

## Linking data to enable research

### Enabling access to data

The Centre for Health Record Linkage released 2.46 billion records to support research and analytics including to successful applicants for the Biospecimen Collection Grants. The Centre also worked to refine governance arrangements to enhance researchers' access to data.

The Cancer Institute NSW gained ethics approval to link patient reported measures data into linked datasets for future analysis, and commenced an amendment to add smoking cessation to the Master Linked Dataset.

The Institute developed and agreed to a 2021 data linkage schedule with the Centre for Health Record Linkage, which will increase the number of annual linkages of the NSW Clinical Cancer Public Health Register and the National Master Linkage Key with NSW cancer incidence data.

The Agency for Clinical Innovation established a working group to scope minimum data requirements for clinical quality registries (CQRs), ensuring that clinical, administrative and patient data is captured to improve outcomes. Further work is underway to determine the exact data-capture mechanisms of the prioritised cohorts and future opportunity costs for supporting the approach to CQRs.

NSW Health Pathology launched its Research Governance Framework in January 2021. A five-year implementation plan will guide the framework's development and included the release of up to 33 procedures, guidelines and forms. These will set standards to improve research quality and safeguard the public by promoting best practice and performance, as well as enhancing ethical and scientific quality. They included the:

- Research Code of Conduct
- Research Complaints Form
- Data Management procedure
- Research Governance procedure
- Site Specific Assessment (SSA) Checklist/Form
- Tissue Block release policy
- Standard Operating Procedures (SOPs) for Clinical Trials.

### Transforming Patient Experience Award winner

## Finding Help for Multicultural Alcohol and Drug Use

### Illawarra Shoalhaven Local Health District

This project created co-designed films in 16 languages and implemented a best practice model for culturally and linguistically diverse communities to enhance statewide support and access to drug health services. Multicultural consumers and groups were proactively involved in every aspect to identify need, messages, scripting, filming, editing and promotion. The co-design methodology enhanced trust and built sustainable partnerships to develop resources that address health literacy, stigma and cultural barriers to help improve harm-minimisation conversations. The Illawarra Shoalhaven Local Health District won the 2020 Transforming Patient Experience Award for their project.



Connecting with culturally and linguistically diverse communities was the main motivator for an Illawarra Shoalhaven Local Health District team. Health Education Officer Dianne Woods was among the drug health team's staff to create multicultural resources.

## Priority 6

# Embed a digitally enabled healthcare system

Information technology continued to play an integral role in evolving the ways in which NSW Health provided care. Activities included deploying new systems, enhancing health analytics and access to digital health information, and improving infrastructure and cyber security to enhance and protect our systems.

A digitally enabled healthcare system means developing systems to improve insights and analysis, ensuring our clinicians, support workers and management have health data to make well-informed and data-driven healthcare decisions for NSW citizens.

Additional investment was made in augmenting virtual care and videoconferencing for the delivery of health services to meet the changing needs of the community and to ably respond to the needs of the COVID-19 pandemic.

## Our priorities

- 6.1 Progress the implementation of paper-lite key clinical information systems
- 6.2 Foster eHealth solutions that support integrated health services
- 6.3 Enhance systems and tools to improve workforce and business management
- 6.4 Develop and enhance health analytics to improve insights and decision making
- 6.5 Enhance patient, provider and research community access to digital health information
- 6.6 Enhance systems infrastructure, security and intelligence

## Key achievements

- eHealth NSW and the Agency for Clinical Innovation worked together on the Virtual Care Accelerator initiative to support local health districts and specialty networks to optimise their use of virtual care across NSW Health.
- In 2020, NSW Health was allocated \$39.8 million to implement the real-time prescription monitoring system SafeScript NSW; enhance regulatory tools; and undertake a program of proactive regulatory reforms as part of NSW's national commitment to reducing harm associated with the misuse of monitored medicines. SafeScript NSW will support prescribers and pharmacists to identify at-risk patients by providing information about medication history.
- The Clinical Excellence Commission continued work on the Quality Improvement Data System (QIDS) to provide tools and resources for clinicians and managers to monitor data about hospital-acquired complications and improve the delivery of safer care. By June 2021, the QIDS had more than 36,100 users, 14,651 improvement project topics and around 15,000 reports generated every month.
- More than 28,000 patients benefited from better care with the electronic record for intensive care (eRIC) system. Funding has been secured to extend eRIC to 11 neonatal and paediatric intensive care units over the next two years.
- The business case for the Single Digital Patient Record (SDPR) was developed and budget funding was secured for three years. SDPR will transform the way health information is captured across hospitals and health services.

## Deploying new information technology systems across NSW Health

NSW Health is committed to continue enhancing our technology to support better patient care. eHealth NSW implemented its new radiology information system, picture archive and communication system in eight hospitals across Nepean Blue Mountains, Northern Sydney and Central Coast local health districts. It also successfully piloted the electronic transfer of care (eTOC) medications reconciliation application in four hospitals.

The ongoing rollout of the electronic record for intensive care (eRIC) system enabled more than 28,000 patients to benefit from better care. Funding has been secured to extend eRIC to 11 neonatal and paediatric intensive care units over the next two years.

The second phase of the Clinical Health Information Exchange (CHIE) onboarded the Enterprise Patient Registry, Sydney Children's Hospitals Network, and Western Sydney and Nepean Blue Mountains local health districts. The patient and clinical information shared in the CHIE supports patient care across these districts.

The electronic medication management (eMeds) program neared completion, with go-lives at Barraba Multiple-Purpose Service, Liverpool Hospital, Campbelltown Hospital and Camden Hospital.

Meanwhile, the Single Digital Patient Record program will transform the way health information is captured across hospitals and health services, improving patient safety and enhancing clinician experience with electronic medical record systems. This year, its business case was developed and budget funding was secured for three years. Tender documents for the program, including the proposed statewide laboratory information management system for NSW Health Pathology, were formally issued to the market in June 2021.

### Building virtual care and videoconferencing capability

A focus for the future is ensuring virtual care and videoconferencing allow the delivery of health services to meet the changing needs of the community.

In 2020-21, eHealth NSW and the Agency for Clinical Innovation worked together on the Virtual Care Accelerator initiative to support local health districts and specialty networks to optimise their use of virtual care across NSW Health. These activities included:

- upgrading 125 critical care cameras across NSW
- deploying 1800 iPads to various settings across NSW Health for frontline clinical functions relevant to caring for patients with COVID-19, particularly focused on isolated patients in hospitals, intensive care units and palliative care. iPads were also allocated to COVID-19 vaccination hubs across the state
- continuing the rollout of the virtual clinical waiting room solution, myVirtualCare
- supporting five new and eight existing remote patient monitoring programs
- documenting and sharing six virtual care initiatives to assist local health districts and specialty networks to implement local virtually enabled models of care.

A virtual care dashboard and application were launched to provide the system with data on the volume of non-admitted services for patients involving videoconferencing or telehealth at the local health district, facility and clinic level.

### Improving the Electronic Medical Record

We continued to deliver initiatives to enhance the functionality of our current electronic medical records (eMR). This year, these included:

- the Drug Burden Index (DBI) tool, which was piloted at Royal North Shore Hospital. The tool is included in a patient's eMR and is used to measure the functional burden of an older person's medications to reduce adverse drug events including falls, poorer physical function, frailty, mortality and cognitive impairment
- the Heparin Infusion Management module, which was piloted at Nepean, Westmead, Blacktown, Mt Druitt and Auburn hospitals. This solution supports clinical workflows to prevent and manage venous and arterial thromboembolism
- the Oncology Information Systems Integration Project, which was completed.

eHealth NSW also developed an eMR strategy and future state for NSW Ambulance, in partnership with the Agency for Clinical Innovation and local health districts. This work included:

- developing a suitable solution following 2021-22 budget funding to deliver in-ambulance monitor/defibrillators that improve eMR integration capabilities between NSW Ambulance and hospital emergency departments across the state, including regional areas
- developing a business case to stabilise the existing NSW Ambulance eMR platform before it is replaced with a mobile solution.

### Improving experiences of outpatient services

NSW Health is the largest provider of outpatient services in Australia, with more than 8000 outpatient service units providing over 18 million clinical service events in 2020-21. Outpatient services are a critical interface between the hospital and primary care systems, and an important ongoing component in a patient's care pathway.

NSW Health has prioritised the development of information technology systems, improvement of data quality and development of clinical referral criteria for referrers. These initiatives will contribute to improving the patient and referrer experience when accessing outpatient services.

In 2020-21, eHealth NSW, with the NSW Ministry of Health and local health district clinicians, started to build a statewide digital outpatient referral management and simplified appointments system. This system will ensure referrals from a general practitioner to a hospital outpatient clinic are more efficiently created, delivered and managed.



## Supporting integrated health services and information sharing

To improve clinicians' and patients' experience of care and their health outcomes, eHealth NSW partnered with the Ministry's Integrated Care team to shape the direction of the shared care planning system. A working group published recommendations for a statewide approach for the system across health, consumer and social care settings. To drive the implementation of a digital solution to support shared care planning, stakeholders will come together in 2021-22 to oversee system road mapping.

## Supporting maternal and child health

eHealth NSW continued to lead the National Children's Digital Health Collaborative in partnership with Sydney Children's Hospitals Network, Western NSW Local Health District and the Australian Digital Health Agency. The Child Digital Health Record 0-4-year-old pilot, which enables health check assessments from GP and community centres to be sent to a parent's mobile phone, onboarded 141 mothers and 202 children to test and evaluate the system.

Work also continued on the Digital Pregnancy Health Record, with antenatal data captured from GP and private hospital visits and displayed in the consumer app.

## Monitoring medications

The Real Time Prescription Monitoring (RTPM) Management Portal went live in June 2021, providing the NSW Health regulatory team real-time access to prescribing and dispensing events for monitored medicines.

In 2020, NSW Health was allocated \$39.8 million to implement the real-time prescription monitoring system SafeScript NSW; enhance regulatory tools; and undertake a program of proactive regulatory reforms as part of NSW's national commitment to reducing harm associated with the misuse of monitored medicines.

SafeScript NSW interacts with the National Data Exchange and will support prescribers and pharmacists to identify at-risk patients by providing information about medication history.

A phased rollout will begin in late 2021 across the Hunter New England and Central Coast regions. By early 2022, all eligible health practitioners in NSW will be able to access the system.

NSW Health continues to engage with consumer organisations, general practitioners, community pharmacists, pain management specialists, and drug and alcohol specialists to ensure the solution meets their requirements.

## Enhancing health analytics

To improve insights and decision making, eHealth NSW developed a pool of raw data to facilitate rapid, secure and appropriate access to NSW Health data contained within frontline clinical and corporate systems. This has enabled local health district chief executives and chief information officers to improve local accessibility to their raw clinical and corporate data and make data-driven, local decisions.

eHealth NSW worked with the Agency for Clinical Innovation to facilitate design and requirements workshops that explored the possibility of centralising NSW Health's clinical quality registries to improve accessibility.

NSW Health Pathology progressed initiatives to ensure pathology is used to maximum advantage across the NSW Health system. The Pathology Atlas of Variation merged pathology testing with emergency department and intensive care unit data to give clinicians statewide, peer-based analysis. The initial phase identified variation and initiated improvement projects.

## Patient Flow Portal

The Ministry has delivered numerous updates to the Patient Flow Portal to:

- support the NSW Health COVID-19 response with managing COVID patients in and out of hospital
- provide a modern, data-driven solution that is easily scalable and adaptable to meet NSW Health's business needs around care coordination, patient flow and the performance of the NSW Health system in real time
- streamline the bed cleaning process and communication between clinicians and support staff
- integrate data from numerous systems to provide the visibility of all incoming patients into a facility to remove the need for paper and faxes, with this functionality being rolled out to 23 facilities
- support the Integrated Care Program, to risk stratify the population to determine the likelihood of previous NSW Health patients presenting to a public hospital in the next 12 months who could benefit from a community care program.

## Development of quality improvement data

The Clinical Excellence Commission continued work on the Quality Improvement Data System (QIDS) and Quality Audit Reporting System (QARS), which are electronic tools to improve the quality and safety of healthcare provided by local health districts, specialty health networks, pillars and NSW Health service providers.

By June 2021, the QIDS had:

- more than 36,100 users
- 14,651 improvement project topics
- around 15,000 reports generated every month.

In collaboration with HealthShare NSW the Commission conducted 196 reviews totalling 430 personal protective equipment product assessments and delivered weekly personal protective equipment audits via the QARS for local health districts and specialty health networks.

## EDWARD implementation

Enterprise Patient Repository (EPR) and the Enterprise Data Warehouse for Analysis, Reporting and Decision support (EDWARD) program worked together to provide linkage across NSW Health clinical datasets. This work includes increasing data quality reporting on identifier data issues and collaborating with local health districts to address missing or incorrectly recorded data.

## Violence, Abuse and Neglect, and Child, Youth and Family services

eHealth NSW collaborated with the Ministry, local health districts and specialty networks to develop clinical system solutions to improve insights using data. The Violence, Abuse and Neglect data assets were established, and forms were rolled out to capture data on NSW Health's responses to all types of violence, abuse and neglect.

NSW Health is strengthening the availability of data for Violence, Abuse and Neglect and Child, Youth and Family services by extending the essential data warehouse capacity. This will increase capacity to report on admitted and non-admitted patient data. The build into collection systems is underway and the collection will be rolled out in 2021-22.

## Enhancing community access to digital health information

### Enhancing HealtheNet and My Health Record

NSW Health continued to increase the number of documents and amount of information submitted to My Health Record, so that consumers have more comprehensive information about their care. It also meant that NSW Health clinicians and GPs had more information to inform their care of patients.

In 2020-21:

- 1,838,675 discharge summaries were delivered to My Health Record
- 16,214 letters were delivered to My Health Record
- 23,802,418 pathology results were delivered to My Health Record
- 1,559,115 radiology reports were delivered to My Health Record
- 1,668,057 discharge summaries were delivered to GPs
- 1,346,403 letters were delivered to GPs.

To drive the increased use of My Health Record, eHealth NSW partnered with the Australian Digital Health Agency on two initiatives:

- to develop emergency department speciality-based views in the HealtheNet Clinical Portal, bringing together the most relevant clinical information from My Health Record and NSW clinical systems
- to operationalise and promote the new Clinical Document Delivery service by enabling local health districts to electronically transfer health and outpatient discharge summaries, event summaries and specialist letters to HealtheNet.

In addition, eHealth NSW collaborated with other jurisdictions to contribute to the draft National mHealth Assessment Framework. It also published a user guide in July 2020 to provide guidance for clinicians for the safe use of My Health Record and the HealtheNet system.

To measure and benchmark eMR feedback from clinicians, a KLAS survey was conducted to investigate ways of optimising the use of eMR systems. All local health districts and specialty networks contributed, with 5914 responses submitted. Survey data provided key insights into the eMR user experience, which will be used to improve clinician satisfaction and usability of eMR systems.

## Ensuring the safe use of My Health Record

NSW Health understands the privacy concerns of NSW citizens. To ensure privacy of health records remained a priority, the Clinical Excellence Commission collaborated with eHealth NSW to monitor and improve the safety and quality of use of all electronic health records across the continuum of care. This includes the use and contributions to My Health records and launch of electronic tools such as the Patient Friendly Medication List. The Safety and Quality Oversight Committee, which is co-chaired by eHealth NSW and the Commission, is the peak body reviewing the safety and quality of electronic health records. The review process includes regular reporting of risk mitigation strategies related to incidents which may result in harm.

## Publicly available data from NSW Health

The NSW Health Open Data website was launched in March 2020. It includes a search function and navigation to NSW Health open data sources and key reports. Since July 2020, the site has had 26,000 visitors.

HealthStats NSW provides open access to a wide range of health data. Enhancements in 2021 included more interactive data visualisation and analysis tools and greater ability to download customised reports. In 2020-21, the HealthStats NSW website had around 60,000 users and more than 550,000 webpage views. HealthStats NSW is regularly updated as new data becomes available and there are currently around 70,000 dynamically generated links to downloadable data files.

In June 2021, the Bureau of Health Information launched its new Data Portal, part of a transition to a digital-first way of reporting healthcare performance results in NSW to make them more accessible. *Healthcare Quarterly* results were the first to be included in the new portal. The Bureau publishes all its results on its website in accessible formats, including a hospital performance dashboard. There were more than 80,000 visits to the Bureau website in 2020-21.

## Improving corporate services and systems

HealthShare NSW began implementation of an auto reconciliation and automated financial task management system, which enhances the user experience by reducing the time taken on routine manual tasks. Five fixed asset categories and 13 accounts receivable reconciliations have been implemented so far.

## New platforms and systems

In 2020-21, improved systems were rolled out to continue to increase efficiency for our stakeholders. For example:

- a new statewide pathology billing system was launched, replacing multiple legacy billing applications
- NSW Health Pathology published and improved its information governance framework in 2020-21. Enterprise architecture standards were also published, and a chief Security Architect was employed to update security management processes and achieve ISO27001 certification
- the statewide deployment of a staff Performance and Talent (PAT) system was completed following extensive consultation with local health districts and NSW Health organisations
- in April 2021, eHealth NSW launched a new recruitment and onboarding project for Junior Medical Officers
- a mobile app was deployed for NSW Health in February 2021, enabling Junior Medical Officers to create, submit and monitor their unrostered overtime and call-back claims more easily
- ServiceNow/SARA was rolled out across NSW Health as our workflow and services management platform. Staff used it to raise 456,000 IT incidents, 1,141,000 HR cases, 106,000 finance cases and 28,000 IT changes. The platform also hosted an additional 4550 knowledge articles. The SARA Virtual Assistant was launched in August 2020 to provide a new channel for staff to find information 24/7, on any device. The statewide service desk answered 508,622 calls
- the digital system to fast-track frontline worker vaccinations was made available for public bookings, and by mid-2021 was in use at 64 clinics across 14 local health districts and specialty networks, capturing more than 675,000 registrations
- our Vaccination Administration Management system was launched. By mid-2021, more than 21,000 appointments had been booked and 3646 people had been vaccinated using the system.

## Enhancing infrastructure, security and intelligence

With a focus on meeting our future needs, eHealth NSW continued to work closely with NSW Health organisations towards sustainable ICT infrastructure solutions to support a digitally enabled healthcare system.

The Health Grade Enterprise Network program piloted new operational and sourcing models for local ICT network infrastructure across Westmead Health Precinct, Coffs Harbour Hospital and our offices at St Leonards.

This year, eHealth NSW:

- continued to refresh critical ICT infrastructure platforms to cloud services. This included implementing Amazon Web Services, Azure Cloud services, and Microsoft 365 services and capabilities
- enhanced cyber security tools and operations capabilities across NSW Health. This included identifying and managing cyber incidents using global monitoring, email pattern analysis and collaboration with local health district IT teams
- continued to monitor statewide systems and worked with other government agencies to respond to cyber security issues and risks, which increased due to a rise in opportunistic attacks related to COVID-19
- provided support for a cyber security awareness and training program for all NSW Health staff. This included a new mandatory Cyber Fundamentals module as well as other cyber security modules and workshops for staff
- finalised a new NSW Health Microsoft Enterprise Agreement in June 2021. This will enable NSW Health to implement best-in-class security policies for staff.

## Collaborative Staff Member of the Year Award winner

### Rita Williams

#### The Sydney Children's Hospitals Network

Rita Williams worked for more than 30 years in the Social Work Department at the Children's Hospital at Westmead before she moved to the newly established Aboriginal Health Unit. An inspirational and proud Aboriginal woman, she made a journey of community collaboration across NSW to talk about kidney health and chronic disease. This led to the establishment of a public health surveillance program looking at kidney health in Aboriginal and non-Aboriginal children. Rita is always willing to share the painful history of Aboriginal health following her experiences of Aboriginal children being segregated from non-Aboriginal children at Royal Alexandra Hospital for Children at Camperdown. A testament to Rita's work was the establishment of the Antecedents of Renal Disease in Aboriginal Children and Young People Study in 2002, which progressed into an 18-year prospective, population-based cohort study, involving 3758 young people (2155 Aboriginal and 1603 non-Aboriginal) across NSW. This is an example of self-determination for communities to develop Indigenous-specific interventions to change the story of chronic disease in our mob. Congratulations to Rita for winning the 2020 Collaborative Staff Member of the Year Award.



Sydney Children's Hospitals Network's Rita Williams works in the Aboriginal Health Unit with a focus on kidney health.



## Priority 7

# Plan and deliver future-focused service models and infrastructure

NSW Health recognises the importance of building health facilities and service models to meet the current and future needs of communities in NSW. Through effective integrated planning for health infrastructure and increased digital capability, we are realising our long-term vision for the transformation of NSW Health and ensuring better-value outcomes to enhance care.

Delivering essential infrastructure creates jobs, benefits local businesses, ensures world-class facilities and improves the care we provide to the people of NSW. This year we achieved our largest-ever capital pipeline, with more than \$2.1 billion in infrastructure planning and construction, and 23 projects completed across the state. We also invested in technology to enable the increased uptake of virtual care across NSW and support the COVID-19 response.

## Our priorities

- 7.1 Implement the 20-Year Health Infrastructure Strategy
- 7.2 Plan future-focused models of care and health strategy
- 7.3 Deliver agreed infrastructure on time and on budget
- 7.4 Deliver infrastructure plans and integrate with other agencies
- 7.5 Strengthen asset management capability

## Key achievements

- The largest transformation of NSW Ambulance infrastructure was delivered through the \$132 million Rural Ambulance Infrastructure Reconfiguration Program and \$184 million Sydney Ambulance Metropolitan Infrastructure Strategy, including new ambulance stations at Cootamundra, Sawtell, Randwick and Mona Vale, and a Paramedic Response Point at Holroyd.
- Nine projects were progressed through the \$700 million Statewide Mental Health Infrastructure Program, which follows a co-design process and engages mental health consumers. In 2020-21, the state budget allocated \$30.2 million towards a range of specialist mental health services.
- Uptake of the myVirtualCare platform grew statewide, with 3148 clinicians connected to the platform providing 30,105 consultations. Pilots of myVirtualCare for rural endocrinology services were also launched at Walgett Aboriginal Medical Service and Broken Hill District Hospital.
- The NSW Telestroke Service celebrated its first anniversary, with 11 sites now available across the state at Port Macquarie, Coffs Harbour, Lismore, Orange, Dubbo, Bathurst, Shoalhaven, Grafton, Griffith, Tweed Heads and Deniliquin.
- The Future Health Strategy will guide NSW Health service delivery over the coming decade.

## Developing the Future Health Strategy

In 2020-21, we started developing a Future Health Strategy to guide NSW Health service delivery over the coming decade. It builds on the achievements of the NSW State Health Plan, which ended on 30 June 2021. Thousands of individuals across NSW shared their insights to help shape the strategy, including over 5000 NSW Health staff, primary health networks, Aboriginal community leaders, GPs, non-government organisations and consumer representatives. NSW Health will start to implement the strategy during 2021-22.

## Bringing a 20-year infrastructure strategy to life

To ensure NSW continues to provide a world-class public health system that delivers value based, patient-centred healthcare, NSW Health worked with major stakeholders on the next steps towards implementation of the 20-Year Health Infrastructure Strategy. The strategy guides the use of our current built assets and decision making for use of our capital to maximise outcomes.

## Implementing the Health Infrastructure Strategy

In July 2020, NSW Health finalised the State-wide Investment and Prioritisation Framework. The framework supports the Health Infrastructure Strategy and provides health organisations with guidance on the types of future investment proposals required to respond to the long-term challenges facing the health system. It sets out investment principles to guide local planning; a new collaborative planning approach; and criteria to assess and prioritise capital investment proposals from 2021. NSW Health has implemented these aspects of the framework through the 2021 Capital Investment Planning Process.

NSW Health also finalised the first implementation plan for the strategy. A key aspect is improving the tools and evidence provided to health service planners to support analysis of more options earlier in the planning cycle.

## Major infrastructure projects making an impact

Health Infrastructure delivered more than \$2.1 billion in infrastructure planning and construction this year, completing 23 projects across NSW. Highlights included:

- Bankstown-Lidcombe Emergency Department Expansion
- Bowral and District Hospital Redevelopment Stage 1
- Central Coast Clinical School and Research Institute
- Grafton Ambulatory Care
- Inverell Hospital Redevelopment Stage 1B
- Manning Hospital Redevelopment Stage 1
- Mona Vale Hospital Redevelopment – Geriatric Evaluation and Management Unit and Palliative Care Unit
- St George Hospital Birthing Suite and Theatre Refurbishment
- Wagga Wagga Base Hospital Redevelopment
- nine projects as part of the \$297 million Multipurpose Service Program Stage 5 and \$100 million HealthOne Strategy, delivering contemporary facilities and services at Braidwood, Murrumburrah-Harden, Murrurundi, Yass, Lightning Ridge, Nambucca, Dapto, Ulladulla and Merrylands
- new ambulance stations at Cootamundra, Sawtell, Randwick and Mona Vale, plus a Paramedic Response Point at Holroyd.

Nine projects were progressed through the \$700 million Statewide Mental Health Infrastructure Program, which followed a co-design process and engaged mental health consumers.

In 2020-21, the state budget allocated \$30.2 million towards a range of specialist mental health services, with the following achieved:

- main works started for a new parent and babies' unit at Royal Prince Alfred Hospital
- site confirmation and planning advanced for the new mothers and babies' unit at Westmead Hospital
- the design stage was advanced for a new 10-bed Child and Adolescent Mental Health inpatient unit at Nepean Hospital
- a new 32-bed facility was announced to replace the existing inpatient mental health unit at Albury, following clinical service planning and model of care development
- a new five-bed Mental Health Intensive Care Unit within the Forensic Hospital at Malabar was commenced
- construction started for a 30-bed inpatient unit within Blacktown Hospital
- construction progressed on a 16-bed medium secure unit and 20-bed older persons unit at Campbelltown Hospital
- design began for a new 33-bed facility to replace the existing 25-bed Banksia Mental Health Unit at Tamworth
- tenders were requested to deliver new designed environments and 24/7 support services to transition long-stay patients to the community.

At 1 Reserve Road, St Leonards, where 10 NSW Health organisations now reside, measures were put in place to maintain a COVID-19-safe work environment in line with Safe Work guidelines. These included touch-free technology, reduced capacity limits, additional surface cleaning and QR sign-in codes.

## Planning future-focused models of care and health strategy

NSW Health is investing significantly to equip the NSW health system for increased virtual care delivery. This year, eHealth NSW continued to collaborate with organisations across the state to digitally enable strategies and support this transformation.

### Delivering virtual care

In June 2021, the Virtual Care Steering Committee endorsed the NSW Virtual Care Strategy. This strategy describes a coordinated and consistent approach to sustainably scaled virtual care, integrating it as an appropriate care delivery option across NSW Health services. It provides strategic focus areas to guide initiatives underway to embed virtual care at a state and local level. It also includes a high-level implementation plan and communications plan to increase public awareness of virtual care as a complementary care option.

To support this, a public-facing virtual care website was established and included patient, carer and clinician stories. Over 6000 people have viewed the site since its launch in January 2021.

Working with the Agency for Clinical Innovation, eHealth NSW supported local health districts and specialty networks to optimise the use of virtual care in line with the Future Health Strategy and the eHealth Strategy for NSW Health 2016-2026. The Agency partnered with the Ministry, eHealth NSW and other stakeholders to establish the Virtual Care Accelerator program, which has identified virtual care initiatives that could be expanded to support the COVID-19 response. The program worked to address gaps in capability and support change management across local health districts and specialty health networks, building a better foundation for future virtual care innovation to support clinical care and patient choice.

Uptake of the myVirtualCare platform grew statewide, with 3148 clinicians providing 30,105 consultations. Pilots of myVirtualCare for rural endocrinology services were also launched at Walgett Aboriginal Medical Service and Broken Hill District Hospital. Optimising provision of in-reach and outreach special virtual care across different care settings was prioritised in support of the NSW Health focus on value based healthcare and improving the patient and carer experience. The Virtual Care Accelerator also scoped opportunities to implement virtual care in non-admitted care settings and provided funding for Australia's first specific virtual paediatric service, virtualKIDS, managed through the Sydney Children's Hospitals Network.

Virtual care initiatives in response to COVID-19 included remote monitoring of COVID-19-positive patients and vulnerable high-risk COVID-19-negative patients in the community, and a major upgrade of the critical care camera network to augment emergency department capacity and services.

The NSW Telestroke Service celebrated its first anniversary, with 11 sites now available across the state at Port Macquarie, Coffs Harbour, Lismore, Orange, Dubbo, Bathurst, Shoalhaven, Grafton, Griffith, Tweed Heads and Deniliquin.

Collaborative technology solutions continued to be deployed across the state. By end 2020-21, more than 80 per cent of NSW Health employees had been provided with virtual conferencing technology. eHealth NSW supported 3,888,949 audio/video calls and 3,300,334 scheduled audio/video meetings.

## Infrastructure collaboration across the health system

The Ministry implemented a new collaborative planning approach in March 2021 with a series of capital investment planning meetings with each Health organisation. These meetings formed a key aspect of Stage 0 of the new Facility Planning Process, which ensures support services and precinct planning are integrated into capital planning and development from the outset of projects.

Participation from shared health services (Health Infrastructure, HealthShare NSW, eHealth NSW and NSW Health Pathology) allowed each organisation to explore, test and discuss service planning options with a wider group of stakeholders. This early and ongoing collaboration has informed the development of health organisations' capital investment proposals for 2021, which the Ministry will assess according to the State-wide Investment and Prioritisation Framework.

Working closely with Health Infrastructure, local health districts, specialty networks and pillars, eHealth NSW supported the introduction of a new asset management framework and the development of strategic asset management plans. eHealth NSW continues to review ICT strategies and plans contained within health organisation clinical service plans and business cases.

## Support for integrated planning across government agencies

Place-based integrated planning with other NSW Government agencies remains a key focus for NSW Health. In 2020-21, Health Infrastructure developed a discussion paper on place-planning in a health setting, which will inform the development of a guide. It also completed a discussion paper that explores the issues, barriers and risks for precinct governance at Health Innovation Precincts in NSW. The overarching governance structure is now in place for NSW Health precinct interfaces and deliverables, with the establishment of the NSW Health Precinct Steering Committee reporting to the Future Health Program Delivery Board. In 2020-21, work continued at the four identified Health Innovation Precincts at Randwick, Tech Central (incorporating Camperdown), Westmead and Liverpool to progress plans, including the Randwick precinct's four-year strategy.

Health Infrastructure also completed the draft Health Precinct Strategy that defines its approach to place-based planning, along with a timeline for developing a new framework for strategic partnerships and investments.

Work has begun on a new commercial framework to guide the identification, planning and delivery of commercial partnerships and related transactions for health places and precincts.

In addition, Health Infrastructure has worked with Investment NSW and Greater Sydney Commission to identify and promote economic development opportunities within precincts and contributed to the COVID-19 Recovery Plan with support into the OneGov group.

It also continued coordination of the NSW Health input into updated state strategies on land use, infrastructure, transport, jobs creation, industry attraction and services.

HealthShare NSW collaborated with other statewide Health agencies to adopt a more holistic approach to infrastructure planning and asset management. Through its Capital, Assets and Service Planning group, it has ensured support service delivery is considered during the earliest stages of health infrastructure planning. This facilitates better-value outcomes and, more importantly, ensures more effective delivery of hospital services to enhance patient care.

NSW Health Pathology led and participated in meetings about integrated capital redevelopments involving the NSW Ministry of Health, Health Infrastructure, local health districts and others. Promotion of its Clinical Services Plan and Laboratory Design Guidelines to these groups resulted in six capital investment proposals, one investment decision document draft and inaugural NSW Health Pathology strategic asset management and asset management plans.

## Asset management planning

In 2020-21, significant progress was made with the Asset Management Policy for the NSW Public Sector through the development of the NSW Health Asset Management Framework. Key achievements included development of foundational assessments and plans to guide a coordinated, consistent approach to asset planning and management across NSW Health.

Work also progressed to integrate asset management and new requirements in Health Infrastructure capital project planning and delivery through the Facility Planning Process Implementation Project. This project will continue in 2021-22 to ensure capital assets are fit for purpose, future focused, and enable high-quality and safe care.

## Volunteer of the Year Award winner

# Rupesh Udani

## South Eastern Sydney Local Health District

Rupesh Udani bravely shares his personal story as the father of a young organ donor at workplaces, seminars, religious and community groups to raise awareness and increase understanding of organ and tissue donation in the Sydney Indian-Australian community, throughout NSW and beyond. He has provided outstanding support for families through the power of education, conversation and connection. Rupesh has also held several Donate Life awareness initiatives, resulting in hundreds of immediate registrations and thousands of meaningful conversations. Congratulations to Rupesh for winning the 2020 Volunteer of the Year Award.



South Eastern Sydney Local Health District's Rupesh Udani supports other families who take the path of organ donation.



## Priority 8

# Build financial sustainability and deliver business improvements

In 2020-21, NSW Health continued to build financial sustainability and staff capability across the health system.

In doing so, we strengthened service provisions, achieved value in procurement, improved governance, accountability and risk management, and commissioned non-clinical services for better value. A priority was to enhance our financial systems to ensure the efficient and effective management of healthcare services for the people of NSW. In mid-2020, 10 health organisations were brought together within one location at St Leonards to further improve collaboration and productivity.

### Our priorities

- 8.1 Deliver financial control in the day-to-day operations**
- 8.2 Develop sustainable funding for future growth**
- 8.3 Drive value in procurement**
- 8.4 Deliver commercial programs**
- 8.5 Enhance productivity using new ways of working with the relocation to 1 Reserve Road**

### Key achievements

- NSW Health achieved an overall procurement financial savings of \$31.4 million during financial year 2020-21.
- NSW Health data committees continued to collaborate across functional areas to identify links and enhance and drive best practice in data governance. The NSW Health five-year vision for corporate analytics continued to create value and improve decision making through enhanced data insights.
- In 2020-21, NSW Health continued to support the application of activity based management and better understand the cost of services provided to patients and the community.
- HealthShare NSW is developing a Sustainability Strategy in collaboration with the NSW Department of Planning, Industry and Environment. The strategy includes actions to improve resource efficiency and deliver operational cost savings.
- In mid-2020, 10 NSW Health organisations were relocated to new premises at 1 Reserve Road, St Leonards. Benefits of the new activity-based agile working environment have included standardised technical support with the eHealth NSW Connect IT hub and knowledge-sharing through centralised groups including the Young Professionals Network and Communities of Practice.

### Delivering financial control through enhanced budgeting and reporting

NSW Health continued to prioritise outcome-based budgeting methodology in line with the NSW Government framework to provide an enhanced platform for governance and system financial sustainability. This focus supported a strategic financial view, enhanced budgeting, and performance indicators aligned with State Outcomes. Outcome-based performance and budget information was part of the 2021-22 budget process.

NSW Health continued to implement Outcome Budgeting in 2020-21 in line with NSW Treasury Policy and Guideline Paper - Outcome Budgeting, TPP 18-09 (TPP), which sets the framework for the way resources are managed and budget decisions are made across the NSW public sector.

The NSW Ministry of Health and Health Infrastructure have developed a framework to capture the recurrent impacts of capital investment, with the resulting data used for budget negotiations with NSW Treasury. This has increased understanding of the impacts of these investments across the health system to address associated costs.

NSW Health continued to support the application of activity based management. Managers, clinicians and other staff across NSW Health organisations were supported to better understand the cost of services being provided to patients and the community by comparing their services and service trends with other Health organisations, and by identifying areas where patient care could be improved. This enabled evidence-based operational and management decisions.

NSW Health's focus on revenue declines was largely put on hold this year because of the ongoing COVID-19 response.

### Embedding new accounting standards

In 2020-21, one new accounting standard was implemented: AASB 1059 Service concession arrangements: Grantors (AASB 1059). This standard applies to service concession arrangements where an external party is engaged to provide public services on behalf of a grantor, which is a NSW Health organisation.

The NSW Ministry of Health coordinated a review of service concession arrangements across NSW Health to determine the extent to which AASB 1059 should apply. For each material arrangement identified, the Ministry prepared an accounting assessment paper. A centralised approach was taken to calculate the transition impacts, process the necessary accounting journals and prepare the required disclosures for the annual financial statements.

Workshops and training seminars were conducted to educate and train accountants to facilitate compliance with the new standard. Sessions were also conducted with impacted Health organisations to discuss the appropriate accounting for these arrangements on an ongoing basis.

In addition, independent post-implementation reviews were arranged for three new Accounting Standards which were implemented in 2019-20: AASB 15 Revenue from Contracts with Customers, AASB 1058 Income for Not-for-Profit Entities, and AASB 16 Leases.

### The Secretary's Award – Integrated Value Based Care Award winner

## Aged Care Rapid Assessment and Investigation Unit (ARIA)

### South Western Sydney Local Health District

The Aged Care Rapid Assessment and Investigation Unit (ARIA) provides targeted, streamlined, multidisciplinary care for older patients. Its aim is to provide truly integrated care and improve patient outcomes by providing the right care in the right place at the right time. An embedded service since 2018, ARIA is a specialist-led multidisciplinary team which actively case-finds older patients in emergency departments for admission to the ARIA unit. This enables priority assessment, investigation and integrated care planning. To show the impact of the service, analysis was undertaken of 370 patients (185 in each group for ARIA and non-ARIA) of similar age, sex, culturally and linguistically diverse background, domicile, frailty and co-morbidity. Results showed ARIA patients had a shorter hospital length-of-stay compared with non-ARIA patients. The unit's targeted, integrated, multidisciplinary approach to frontline aged care services can also be associated with improved patient outcomes. For their work, the Aged Care Rapid Assessment and Investigation Unit at South Western Sydney Local Health District won the 2020 Secretary's Award for Integrated Value Based Care.



Providing integrated care for older people is key to the work the South Western Sydney Local Health District Aged Care Rapid Assessment and Investigation Unit is doing.

## Creating value and improving decision making through data analysis

NSW Ministry of Health data committees continued to collaborate across functional areas to enhance and drive best practice in data governance. The NSW Health five-year vision for corporate analytics ensures alignment between functional areas to continue to create value and improve decision making through enhanced data insights.

## Financial leadership and sustainable resource allocation

NSW Health remains focused on providing financial leadership, including sustainable resource allocation across the NSW public hospital system. In 2020-21, NSW Health continued to work closely with NSW Treasury to assess key budget pressures.

NSW Health also continued to enhance the governance and reporting framework to improve the measurement and evaluation of an investment's effectiveness from both a service delivery and financial perspective. An enhanced NSW Health evidence bank database and capital database is being developed to capture initial economic impact appraisals, which will support evaluations. Work continued in 2020-21 to develop the requirements of the evidence bank and to finalise data requirements for the capital database, which will be hosted in the eHealth NSW corporate analytics platform.

## Assessing the economic impact of the Leading Better Value Care program

Economic analyses aim to improve patient outcomes and experience of care by ensuring available resources are used more efficiently. Three early implemented and scaled Leading Better Value Care initiatives (Osteoporotic Refracture Prevention (ORP), Osteoarthritis Chronic Care Program and High Risk Foot Services) were assessed and the 2019-20 results indicated that as provision of patient-centred care in outpatient settings increased, the demand for hospitalisation overall flattened against business-as-usual projections.

For example, ORP, which provides fracture patients with support and care to reduce the probability of refracture resulting in hospitalisation, was estimated to have avoided around 4900 patient admissions for refractures in 2019-20.

For the 10-year period starting in 2018-19, year-to-year cost-avoided benefits of \$290 million (cumulative cost-avoided benefits of \$2.1 billion) have been estimated across the program. NSW Health is on track to achieve this, with year-to-year costs avoided in 2019-20 for Tranche 1 and 2 initiatives of \$50 million and \$86 million respectively for first two years (2018-19 and 2019-20) compared with business-as-usual activity projections.

## Developing funding models to support innovation in care delivery

NSW continued to work with all Australian governments to develop options for future funding models to support innovation in care delivery. NSW has led the establishment of refreshed governance arrangements for collaboration, and led implementation of the reform commitments made in the 2020-2025 Addendum to the National Health Reform Agreement.

In addition, in line with existing government responsibilities for the health system, NSW secured a Commonwealth financial contribution to the COVID-19 response. The contribution supported additional hospital costs, public health measures and private hospital sector viability payments to ensure sufficient hospital capacity to respond to the ongoing pandemic.

## Prioritising sustainability across the health system

HealthShare NSW has included sustainability as one of three pillars in its 2020-2024 Strategic Plan and is developing a Sustainability Strategy in collaboration with the NSW Department of Planning, Industry and Environment. The strategy includes taking actions to improve resource efficiency and deliver operational cost savings, for example reducing waste at health facilities statewide and reforming food services to reduce food waste while offering patients increased choice. Initiatives are underway to reduce waste in meal service delivery and preparation; reduce transport emissions via supply chain optimisation; and embed procurement measures and tools to drive sustainable industry practices.

## Driving value in procurement

NSW Health achieved an overall procurement financial savings of \$31.4 million during financial year 2020-21.

Key foundation work began for implementation of the NSW Health Procurement Reform Program during 2020-21, including strategies for medical consumables and pharmaceuticals. In addition, the NSW Health procurement model was refined to enhance governance, and facilitate improved cluster-wide coordination, contract management and procurement outcomes.

This included the following initiatives:

- a review of the procurement framework and organisational structure to improve and clarify roles and responsibilities across NSW Health, with implementation expected in 2021-22

- a review of pharmaceutical procurement to develop a strategy framework governing the usage of pharmaceuticals to deliver optimum clinical governance and better-value healthcare, with phased implementation expected in 2021-22
- initiated development of IT Systems and Data Strategy to enhance IT systems that support the end-to-end procurement process
- supply chain foundation work, including the identification of principles and objectives, with further enhancement of the business case and requirements in 2021-22.

### The DeliverEASE program

A pilot for the DeliverEASE program was effectively rolled out with South Eastern Sydney Local Health District in February 2021. DeliverEASE improves visibility of medical consumable stock and reduces the risk of nil stock situations. In doing so, it supports the seamless provision of clinical care to patients and drives value in procurement. Other benefits include improved availability of medical consumables and personal protective equipment through the right items being delivered in the right quantities to the right place at the right time, which reduces waste. South Eastern Sydney Local Health District staff were able to view a dashboard that provides visibility of estimated stock levels at ward level to determine the priorities for deliveries. This saved staff time and effort, and received positive staff feedback.

### Enhancing productivity through new ways of working

From mid-2020, 10 NSW Health organisations were relocated to new premises at 1 Reserve Road, St Leonards. eHealth NSW designed and provided technology solutions to prepare and support the office moves from various locations. The agencies involved have benefited from streamlined processes, and an activity-based agile working environment that has promoted diversity, flexibility and knowledge-sharing through centralised groups including the Young Professionals Network and Communities of Practice.

The co-location of health organisations has also enhanced opportunities for:

- standardised technical support with the eHealth NSW Connect IT hub
- simplified onboarding of new staff
- automated workflow solutions using AFM Online and SARA.

### Premier's Award for NSW Woman of the Year and the NSW Woman of Excellence Award

## Dr Kerry Chant PSM

### Chief Health Officer

The Chief Health Officer, Dr Kerry Chant PSM, won the Premier's Award for NSW Woman of the Year and the NSW Woman of Excellence Award announced 10 March 2021 at the NSW Women of the Year Awards. Kerry's achievements were highlighted during NSW Women's Week to celebrate the diverse contributions and achievements of women across the state.

Not only has Kerry led the state's public health strategy to keep the community safe since the COVID-19 outbreak began, but she has notably combined that role with being the public face for our hardworking NSW Health teams. Kerry would be the first to say that she has not done this alone; she has worked alongside our State Health Emergency Operations Centre, the Public Health Emergency Operations Centre, pathology, clinical and shared services teams and other key partners to deliver our health system response. In doing so, Kerry has epitomised our values of collaboration, openness, respect and empowerment, earning the community's trust and becoming a role model and inspiration to many.



Dr Kerry Chant PSM received two distinguished awards this year for leading the state's public health strategy during the COVID-19 pandemic.



## Elevating the Human Experience

NSW Health launched *Elevating the Human Experience: Our guide to action for patient, family, carer, volunteer and caregiver experiences* this year. The statewide blueprint emphasises the importance of people's experiences of using health services and the link between a good experience of care and positive health outcomes.

Seven enablers across the three key areas of people, process and place support NSW Health's aspiration to deliver positive experiences for patients, families, carers and staff, guiding priority initiatives on where the health system can be most effective.

Patient Experience Week recognised the incredible staff who positively impacted care provided in our hospitals and health settings.

To mark World Kindness Day, NSW Health participated in the #KindnessWorksHere campaign to celebrate the small acts of kindness. The campaign kickstarted a conversation on kindness, compassion and care, and the importance of continuing to build the culture of these values in elevating the human experience.



# Management and accountability

# 3

NSW Health is a world-class health system, delivering high-quality, safe care statewide each year. Our 170,000-strong (127,156 full-time equivalent) workforce provides important and essential services to the citizens of NSW.

Our governance structure, financial frameworks and approach to risk management drive us to lead and promote excellence in healthcare management and service delivery.

## Governance

NSW Health comprises the NSW Ministry of Health (a public service department under the *Government Sector Employment Act 2013*) and the various NSW Health organisations making up the NSW public health system, including local health districts and specialty health networks (see the NSW Health organisational chart on page 5). The Ministry is the system manager for NSW Health. NSW Health organisations are governed by an accountable authority – either a board or a chief executive, or both. The Corporate Governance and Accountability Compendium outlines the governance requirements that apply to the organisations that form part of NSW Health and sets out the roles, relationships and responsibilities of each organisation. A copy is available at [health.nsw.gov.au](http://health.nsw.gov.au).

### Clinical governance

NSW Health is committed to ensuring health services are needs-based and provide safe, high-quality, value based care for patients.

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

These activities include improved access to health services, greater efficiencies in providing care, reducing hospital acquired complications, and developing integrated governance systems that maintain and improve the reliability and quality of patient care.

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

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

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

In collaboration with the NSW Ministry of Health Patient Safety First Unit, the Clinical Excellence Commission is responsible for the quality and safety of the NSW public health system and for providing leadership in clinical governance. Local health districts and specialty health networks have primary responsibility for providing safe, high-quality care for patients.

To protect patients from harm and ensure the quality of health services, hospitals, dental services and oral health clinics within hospitals must be accredited. Accreditation is determined by assessment against the National Safety and Quality Health Service Standards, in accordance with the Australian Health Services Safety and Quality Accreditation Scheme.

The Clinical Excellence Commission produced 25 safety alert broadcasts relating to clinical issues, medicines and vaccinations in 2020-21. In collaboration with HealthShare NSW, the Commission also developed a governance and review process for COVID-19-related personal protection equipment. Details are included on page 257.

## Feedback and complaints

NSW Health is committed to value based, patient-centred care. We listen to feedback, and encourage patients, their families and carers to share feedback about their healthcare experiences.

The system transitioned from the Incident Information Management System (IIMS) to Information Management Software (ims+) in 2020-21, to manage feedback and complaints, with 8548 complaints received in 2020. In transitioning to ims+, data in relation to the classification or resolution of complaints is no longer published.

NSW Health has local and statewide processes in place to enable staff across NSW Health to manage complaints from patients, carers and the community. In 2016, NSW Health committed to improving complaints handling processes in line with the NSW Ombudsman's Complaints Handling Improvement Program (CHIP). As part of this commitment, NSW Health agreed to implement the six criteria for effective complaints handling:

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

Since then, NSW Health has implemented key improvements to complaints handling processes across the state, including:

- implementing the digital Feedback Assist widget on each local health district and specialty health network website. Feedback Assist is a simple and easily accessible tool that enables more consumers to provide feedback on our services
- transitioning from the previous Incident Information Management System (IIMS) to the enhanced system Information Management Software (ims+), which provides improved capabilities to manage consumer feedback and complaints
- revising statewide complaints handling policies to incorporate the six criteria and ensure NSW Health organisations present a consistent and consolidated approach to responding to complaints from consumers
- implementing local-led enhancements at the district and network level to improve workforce culture and consumer engagement.

NSW Health will continue to look for opportunities to improve our processes to ensure all complaints are managed fairly, efficiently and effectively.

## Finance and performance management

Helping people stay healthy and providing access to timely, high-quality, patient-centred healthcare are key goals of NSW Health. Achieving these goals requires clear priorities, supportive leadership and staff working together, underpinned by CORE values of collaboration, openness, respect and empowerment.

### NSW Health Performance Framework

The framework includes the performance expected of public sector health services and monitors performance against those expectations to achieve the required levels of health improvement, service delivery and financial performance.

The framework and associated key performance indicators listed in service agreements apply at both whole-of-health-service and facility or service levels, promoting and supporting a high-performance culture.

In 2020-21, a review of the framework was completed in response to recommendations from the Audit Office of NSW. The revised framework will be finalised and implemented in 2021-22. Having been informed by an external review and extensive stakeholder consultation, the revised framework will aim to provide greater visibility and accountability of the performance assessment process.

### Service agreements

Service agreements are a central component of the Performance Framework. By setting out service and performance expectations and funding, they support the devolution of decision making, responsibility and accountability for safe, high-quality, patient-centred care to local health districts, other health services and support organisations.

Annual service agreements between the NSW Ministry of Health and health services include budgets for the level and mix of services each local health district and network need for their communities. In activity based funding, the purchasing methodology has evolved to more clearly align with the Outcome Framework and strategic priorities. Funding decisions consider the outcomes for patients and the public health system, and funding adjusters are used to incentivise value based care.



## Audit and risk management

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

### Audit and risk management committees

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

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

## Internal auditing at the Ministry

Internal Audit provides an independent review and advisory service to the Secretary, NSW Health and the Risk Management and Audit Committee. It ensures the Ministry's financial and operational controls are designed to manage organisational risks and achieve agreed objectives, and continue to operate efficiently, effectively and ethically.

Internal Audit assists management to improve Ministry business performance, and advises on fraud, corruption risks and internal controls over business functions and processes.

## External agency oversight

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

## NSW Ombudsman

The NSW Ombudsman tabled one report involving NSW Health during 2020-21:

1. *NSW Child Death Review Team Annual Report 2019-20* – published 27 October 2020.

The tabled report including relevant data provided by NSW Health is available at [ombo.nsw.gov.au](http://ombo.nsw.gov.au).

## Audit Office of NSW

This Office fulfils the external audit function for NSW public health organisations and undertakes audits across finance, performance and compliance topic areas. In 2020-21, the Office tabled two performance audit reports in Parliament focusing specifically on NSW Health:

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

The Ministry, along with 39 other NSW Government agencies, was involved in the preparation of the Auditor-General's report: *Internal Controls and Governance 2020*, released 24 November 2020. All tabled reports, including the related response from NSW Health, are available at [audit.nsw.gov.au](http://audit.nsw.gov.au).

## Public Accounts Committee of the NSW Parliament

This Committee reviews performance audit reports tabled in Parliament as part of a 12-month follow-up, and requests reports on progress of implementation of agreed recommendations. In 2020-21, NSW Health made two submissions to the Committee regarding implementation of recommendations from previous performance audits:

1. *Mental Health Service Planning for Aboriginal People in New South Wales* (audit report originally tabled 29 August 2019)
2. *Ensuring Contract Management Capability in Government – HealthShare NSW* (audit report originally tabled 31 October 2019).

# Internal audit and risk management attestation



## Internal Audit and Risk Management Attestation for the 2020-2021 Financial Year for the NSW Ministry of Health

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
<b>Risk Management Framework</b>	
1.1 The agency head is ultimately responsible and accountable for risk management in the agency	<i>Compliant</i>
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	<i>Compliant</i>
<b>Internal Audit Function</b>	
2.1 An internal audit function has been established and maintained	<i>Compliant</i>
2.2 The operation of the internal audit function is consistent with the International Standards for the Professional Practice of Internal Auditing	<i>Compliant</i>
2.3 The agency has an Internal Audit Charter that is consistent with the content of the 'model charter'	<i>Compliant</i>
<b>Audit and Risk Committee</b>	
3.1 An independent Audit and Risk Committee with appropriate expertise has been established	<i>Compliant</i>
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	<i>Compliant</i>
3.3 The Audit and Risk Committee has a Charter that is consistent with the content of the 'model charter'	<i>Compliant</i>

### Membership

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

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

NSW Ministry of Health  
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 Website: [www.health.nsw.gov.au](http://www.health.nsw.gov.au)



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

#### **Departures from Local Policy**

I, Ms 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 policy requirements outlined below, as set out in the *Internal Audit* policy (PD2016\_051) for the NSW Health.

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

Departure from Policy/Procedure	Reason for departure and description of practicable alternative measures implemented / being implemented
<p><b>Core Requirement:</b></p> <p><b>2. Internal Audit</b></p> <p><b>Local Procedure:</b></p> <p><b>1.7 Internal Audit Quality Assurance and Improvement</b></p> <p>The Chief Executive must ensure that the Internal Audit function, whether in-house, co-sourced, or outsourced, is subject to a quality assurance review by an accredited provider or reviewer at least once every five (5) years, as required by the Institute of Internal Auditors.</p>	<p>Five Health Organisations attested to the Secretary that an independent quality assurance review was due in 2020/21 however was delayed due to unforeseen commitments.</p> <p>The reviews have been rescheduled and the departures are expected to be resolved in 2021/22.</p>





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

A handwritten signature in black ink, appearing to read "EKoff", written over a horizontal line.

Elizabeth Koff  
Secretary, NSW Health

Date: 17/10/21

A handwritten signature in black ink, appearing to read "R. Tyler", written over a horizontal line.

Ross Tyler  
Chief Audit Executive, Ministry of Health

Telephone: 9391 9640



# Public accountability

## Public Interest Disclosures

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

NSW Health organisations received 70 Public Interest Disclosures over the 2020-21 reporting period:

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

The majority of Public Interest Disclosures (54) primarily related to reports alleging corruption, with nine Public Interest Disclosure reports relating to allegations of maladministration. The remaining seven Public Interest Disclosures fall within other categories.

Across NSW Health, 19 Public Interest Disclosures were finalised during the 2020-21 period.

NSW Health has received a greater number (70) of Public Interest Disclosure reports in the 2020-21 financial year compared with the previous reporting period of 2019-20 (41).

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

## *Government Information (Public Access) Act 2009*

The Ministry regularly reviews information on its website and routinely uploads information that may be of interest to the public. This includes a wide range of publications and resources including reports, fact sheets, brochures and pamphlets. Information is also available in other languages from the NSW Multicultural Health Communication Service website.

During 2020-21, the Ministry received 146 formal access applications under the *Government Information (Public Access) Act 2009* (the GIPA Act) and of these, 43 applications were transferred to other agencies for completion. During the reporting period, 13 applications were invalid for not complying with the formal requirements of section 41 of the GIPA Act.

A total of 94 applications submitted to the Ministry were completed within the reporting period, including six originally received in the 2019-20 reporting period. There were 15 applications undecided as at 30 June 2021.

Four internal reviews were conducted in 2020-21, with three external reviews completed in this same period.

Of the 94 new formal access applications decided in 2020-21, the Ministry made two decisions to refuse access to information referred to in Schedule 1 of the GIPA Act, where there is a conclusive presumption of overriding public interest against disclosure. Five applications resulted in a full refusal of access and 16 applications involved a decision to refuse access to part of the information.

Statistical information regarding formal access applications received during 2020-21 is provided in the following tables.

**Table A. Number of applications by type of applicant and outcome\***

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/deny whether information is held	Application withdrawn
Media (30)	10	4	3	5	3	5	0	0
Members of Parliament (15)	3	2	0	0	0	8	0	2
Private sector business (1)	0	0	0	0	0	1	0	0
Not for profit organisations or community groups (4)	2	0	0	2	0	0	0	0
Members of the public (application by legal representative) (14)	0	4	1	5	0	3	0	1
Members of the public (other) (30)	4	4	1	13	0	7	0	1

\*More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to Table B. Total = 94.

**Table B. Number of applications by type of application and outcome**

	Access granted in full	Access granted in part	Access refused in full	Information not held	Information already available	Refuse to deal with application	Refuse to confirm/deny whether information is held	Application withdrawn
Personal information applications* (10)	1	1	0	8	0	0	0	0
Access applications (other than personal information applications) (76)	16	11	5	14	3	23	0	4
Access applications that are partly personal information applications and partly other (8)	2	2	0	3	0	0	0	1

\*A personal information application is an access application for personal information (as defined in clause 4 of Schedule 4 to the Act) about the applicant (the applicant being an individual). Total = 94. Please note: The total number of decisions in Table B should be the same as Table A.

**Table C. Invalid applications**

Reason for invalidity	Number of applications
Application does not comply with formal requirements (section 41 of the Act)	13
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	13
Invalid applications that subsequently became valid applications	3

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

	Number of times consideration used*
Overriding secrecy laws	0
Cabinet information	0
Executive Council information	0
Contempt	0
Legal professional privilege	2
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0

\*More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies in relation to Table E.

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

	Number of occasions when application not successful
Responsible and effective government	7
Law enforcement and security	0
Individual rights, judicial processes and natural justice	4
Business interests of agencies and other persons	2
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0

**Table F. Timeliness**

	Number of applications
Decided within the statutory timeframe (20 days plus any extensions)	74
Decided after 35 days (by agreement with applicant)	17
Not decided within time (deemed refusal)	3
Total	94

**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	3	1	4
Review by Information Commissioner*	1	0	1
Internal review following recommendation under section 93 of Act	1	0	1
Review by NCAT	1	1	2
Total	6	2	8

\*The Information Commissioner does not have the authority to vary decisions, but can make recommendation to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made.

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

	Number of applications for review
Applications by access applicants	8
Applications by persons to whom information the subject of access application relates (see section 54 of the Act)	0

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

	Number of applications transferred
Agency-initiated transfers	47
Applicant-initiated transfers	0

## Legal change

### Acts administered

*Abortion Law Reform Act 2019* No 11  
*Anatomy Act 1977* No 126  
*Assisted Reproductive Technology Act 2007* No 69  
*Cancer Institute (NSW) Act 2003* No 14  
*Centenary Institute of Cancer Medicine and Cell Biology Act 1985* No 192  
*Drug and Alcohol Treatment Act 2007* No 7  
*Drug Misuse and Trafficking Act 1985* No 226, Part 2A, jointly with the Minister for Police 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 Prevention of Domestic and Sexual 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 and Cognitive Impairment Forensic Provisions Act 2020* No 12, Parts 5 and 7, and Part 9 jointly with the Attorney General, and Minister for Prevention of Domestic and Sexual Violence and the Minister for Mental Health, Regional Youth and Women, remainder, the Attorney General, and Minister for Prevention of Domestic and Sexual Violence  
*Mental Health Commission Act 2012* No 13  
*Poisons and Therapeutic Goods Act 1966* No 31  
*Private Health Facilities Act 2007* No 9  
*Public Health Act 2010* No 127  
*Public Health (Tobacco) Act 2008* No 94  
*Research Involving Human Embryos (New South Wales) Act 2003* No 21

*Royal Society for the Welfare of Mothers and Babies' Incorporation Act 1919* No 52, jointly with the Minister for Mental Health, Regional Youth and Women

*Saint Vincent's Hospital Act 1912* No 5, jointly with the Minister for Mental Health, Regional Youth and Women  
*Smoke-free Environment Act 2000* No 69

### New Acts

Nil

### Amending Acts

Health Legislation (Miscellaneous Amendments) Bill 2020

### Repealed Acts

Nil

### Significant Orders

Under section 7 of the *Public Health Act 2010* (NSW), public health orders made by the Minister for Health and Medical Research included orders relating to:

- Public Health (COVID-19 Restrictions on Gathering and Movement) Order
- Public Health (COVID-19 Air Transportation Quarantine) Order
- Public Health (COVID-19 Maritime Quarantine) Order
- Public Health (COVID-19 Self-Isolation) Order
- Public Health (COVID-19 Spitting and Coughing) Order
- Public Health (COVID-19 Northern Beaches) Order
- Public Health (COVID-19 Interstate Travellers) Order
- Public Health (COVID-19 Mandatory Face Coverings) Order
- Public Health (COVID-19 Sydney New Year's Eve Arrangements) Order
- Public Health (COVID-19 Lord Howe Island) Order
- Public Health (COVID-19 Aged Care Facilities) Order
- Public Health (COVID-19 Border Control) Order
- Public Health (COVID-19 Western Australia) Order
- Public Health (COVID-19 Border Control—South Australia) Order
- Public Health (COVID-19 Sydney Gay and Lesbian Mardi Gras Arrangements) Order
- Public Health (COVID-19 Northern Rivers) Order
- Public Health (COVID-19 Self-Isolation) Order



## Subordinate Legislation

### Principal Regulations made

- Health Administration Regulation 2020
- Human Tissue Regulation 2020
- Mental Health and Cognitive Impairment Forensic Provisions Regulation 2021

### Significant Amending Regulations made

- Health Administration Amendment (Reportable Incidents) Regulation 2021
- Health Administration Amendment (Serious Adverse Event Reviews) Regulation 2020
- Poisons and Therapeutic Goods Amendment (COVID-19 Vaccine) Regulation 2021
- Poisons and Therapeutic Goods Amendment (Real Time Prescription Monitoring) Regulation 2021
- Poisons and Therapeutic Goods Amendment (Restricted Substances) Regulation 2021
- Private Health Facilities Amendment (Reportable Incidents) Regulation 2020
- Private Health Facilities Amendment (Cosmetic Surgery) Regulation 2020
- Private Health Facilities Amendment (COVID-19 Prescribed Period) Regulation 2021

### Repealed Regulations

- Health Administration Regulation 2015
- Human Tissue Regulation 2015

# Cybersecurity policy attestation

## ANNUAL ATTESTATION

### Cyber Security Annual Attestation Statement for the 2020-2021 Financial Year for NSW Health

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

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

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

The cyber incident response plan for NSW Health has been developed by eHealth NSW. The plan is being implemented and will be tested during the next reporting period.

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

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

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

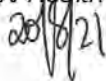
This attestation covers the following agencies:

1. Agency for Clinical Innovation
2. Bureau of Health Information
3. Cancer Institute NSW
4. Central Coast LHD
5. Clinical Excellence Commission
6. eHealth NSW
7. Far West LHD
8. Health Care Complaints Commission
9. Health Education and Training Institute
10. Health Infrastructure
11. Health Professional Councils Authority

13. HealthShare NSW
14. Hunter New England LHD
15. Illawarra Shoalhaven LHD
16. Justice Health & Forensic Mental Health Network
17. Mental Health Commission NSW
18. Mid North Coast LHD
19. Murrumbidgee LHD
20. Nepean Blue Mountains LHD
21. Northern NSW LHD
22. Northern Sydney LHD
23. NSW Ambulance
24. NSW Health Pathology
25. NSW Ministry of Health
26. South Eastern Sydney LHD
27. South Western Sydney LHD
28. Southern NSW LHD
29. St Vincent's Health Network
30. Sydney Children's Hospitals Network
31. Sydney LHD
32. Western NSW LHD
33. Western Sydney LHD



Elizabeth Koff  
Secretary  
NSW Health



# Information management

## Privacy management

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

In 2020-21, work has included:

- providing advice to the COVID-19 vaccination program on privacy notice obligations
- providing advice to the COVID-19 contact tracing team regarding the confidentiality of personal information
- assisting with the response to a cyber-attack. This included responding to affected patients' queries, complaints and privacy internal review applications
- participation in the Mandatory Notifiable Data Breach Scheme interagency working group to inform the drafting of the Exposure Bill to amend the *NSW Privacy and Personal Information Protection Act 1998*
- updating the online Privacy Training Module One for NSW Health staff and adapting the HealthShare NSW privacy animation for use by all NSW Health organisations
- participation in the Patient Privacy Auditing Working Group and the drafting of the Governance Framework for the Patient Privacy Audit tool
- participation in the Digital Consent Framework Working Group
- review of Privacy Impact Self-Assessment submissions for new Ministry projects and initiatives as part of the Privacy and Security Assurance Framework.

Support for Privacy Contact Officers included online meetings being organised to ensure officers remained up-to-date with statewide privacy law, policy and practice developments, and assistance with privacy enquiries and oversight of health privacy internal review matters.

Work also commenced on the update of the NSW Health Privacy Management Plan. The plan will incorporate developments in notification obligations of data breaches, including cyber breaches. It will also incorporate information for the management of digitised personal information of staff.

## Internal review

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

During 2020-21, the NSW Ministry of Health received no applications for internal review.



# Our people

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The Health Professionals Workforce Plan 2012-22 plays a central role to ensure NSW Health achieves a fit-for-purpose workforce to meet the current and future needs of the community. It sets out strategies to ensure NSW Health recruits, trains and retains health professionals to continue to provide a quality health service to the people of NSW.

Regular reporting by local health districts, networks, pillars and the NSW Ministry of Health has demonstrated the success of the plan. Significant evidence proved lead agencies and partners had met the intent of the plan and many initiatives have since been implemented into ongoing practice.

System leaders have continued to respond to new and emerging trends, increasing evidence for change and contemporary practices in workforce planning. Examples include the improved focus on mentoring programs, introduction of the new Diversity Inclusion Belonging Resource Hub, and enhanced workforce and corporate data analytics.

In contributing to the review of the Health Professionals Workforce Plan 2012-22, Aboriginal workforce and cultural safety elements were included and both the Good Health – Great Jobs: Aboriginal Workforce Strategic Framework 2016-2020 and Respecting the Difference Aboriginal Cultural Training Framework were cross-referenced.

## Building positive workforce 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 annually via the NSW Public Service Commission's People Matter Employee Survey. However, due to the COVID-19 pandemic response, NSW Health did not participate in the People Matter Employee Survey in 2020. Some NSW Health organisations instead opted to conduct pulse surveys to receive rapid feedback from staff.

## Responding to bullying and complaints

NSW Health organisations implemented local strategies to reduce the incidence 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 provided guidance and information to employees about the complaint resolution process.

NSW Health organisations' human resources departments report individual complaint data to the Ministry, while protecting complainants' identities. These individual complaints are initially assessed as potential bullying complaints.

The Ministry received 114 bullying complaints from 1 July 2020 to 30 June 2021, which increased from 85 complaints in 2019-20. This represents 0.09 per cent of the total full-time equivalent staff in the NSW Health system (based on full-time equivalent staff as at 30 June 2021).

The Ministry developed a web portal for managers on addressing grievances and concerns, including bullying. The purpose of the portal is to support managers across NSW Health to address workplace issues appropriately and as soon as they arise. The portal provides access to flowcharts, information sheets, checklists, videos and links to policies, processes and resources.

## Workforce diversity

NSW Health has a strong commitment to workforce diversity and recruits and employs staff based on merit. The Ministry has several plans to promote and support workforce diversity including the Disability Inclusion Action Plan, 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

Workforce diversity group	Benchmark/Target	2019	2020	2021
Women	50%	74.4%	74.5%	74.6%
Aboriginal and/or Torres Strait Islander People	3.3%	2.7%	2.8%	2.8%
People whose first language spoken as a child was not English	23.2%	25.8%	25.7%	25.2%
People with disability	5.6%	1.7%	1.8%	1.8%
People with disability requiring work-related adjustment	N/A	0.4%	0.4%	0.4%

Note 1: The benchmark of 50 per cent for representation of women across the sector is intended to reflect the gender composition of the NSW community. Note 2: The NSW Public Sector Aboriginal Employment Strategy 2019-2025 takes a career pathway approach in that it sets an ambitious target of three per cent Aboriginal employment at each non-executive grade of the public sector by 2025. Note 3: A benchmark from the Australian Bureau of Statistics (ABS) Census of Population and Housing has been included for People whose first language spoken as a child was not English. The ABS Census does not provide information about first language, but does provide information about country of birth. The benchmark of 23.2 per cent is the percentage of the NSW general population born in a country where English is not the predominant language. Note 4: In December 2017, the NSW Government announced the target of doubling the representation of people with disability in the NSW public sector from an estimated 2.7 per cent to 5.6 per cent by 2027. More information can be found at: <https://www.facs.nsw.gov.au/inclusion/disability/jobs>. The benchmark for 'People with disability requiring work-related adjustment' was not updated.

### Trends in the distribution of workforce diversity groups

Workforce diversity group	Benchmark	2019	2020	2021
Women	100	92	92	92
Aboriginal and/or Torres Strait Islander People	100	76	76	76
People whose first language spoken as a child was not English	100	99	99	99
People with a disability	100	92	88	88
People with disability requiring work-related adjustment	100	94	87	87

Note 1: A Distribution Index score of 100 indicates that the distribution of members of the workforce diversity group across salary bands is equivalent to that of the rest of the workforce. A score less than 100 means that members of the workforce diversity group tend to be more concentrated at lower salary bands than is the case for other staff. The more pronounced this tendency is, the lower the score will be. In some cases, the index may be more than 100, indicating that members of the workforce diversity group tend to be more concentrated at higher salary bands than is the case for other staff. Note 2: The Distribution Index is not calculated when the number of employees in the workforce diversity group is less than 20 or when the number of other employees is less than 20.

## Workplace health and safety

The Ministry is committed to maintaining the health, safety and welfare of staff and visitors, in accordance with the *Work Health and Safety Act 2011* (NSW) and the *Work Health and Safety Regulation 2017* (NSW). 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's Work Health Safety Mission Statement; and the promotion of healthy lifestyle campaigns educating staff about general health and wellbeing strategies.

## Workers compensation

This year, there was a total of eight workers compensation claims. These comprised six psychological claims and two body stress claims.

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 are supported, and factors linked to the injury are managed
- frequent claims reviews to monitor recovery and return-to-work strategies.

The Ministry promotes 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.

## Prosecutions under the *Work Health and Safety Act 2011*

*SafeWork NSW v Sydney Local Health District* – two charges commenced under s 32/19(1) and 32/19(2) of the *Work Health and Safety Act 2011* respectively. The charges were filed in the District Court of NSW on 30 April 2021. The District Court file number for the s 19(1)/32 charge is 2021/122630 and the number for the s 19(2)/32 charge is 2021/122646.

# Research and development

## Medical Research Support Program and associated programs

### Medical Research Support Program

The NSW Government established the Medical Research Support Program to provide infrastructure funding to health and medical research organisations. The 2020-24 round of funding granted funding to 13 institutions. The following grants were paid in 2020-21:

Organisation	Amount (\$)
Black Dog Institute	\$1,613,807
Centenary Institute of Cancer Medicine and Cell Biology	\$1,901,934
Children's Cancer Institute Australia	\$1,169,700
Children's Medical Research Institute	\$787,217
Garvan Institute of Medical Research	\$11,589,975
Hunter Medical Research Institute	\$17,390,409
Illawarra Health and Medical Research Institute	\$1,255,784
Ingham Institute for Applied Medical Research	\$2,015,594
Neuroscience Research Australia	\$6,962,128
The George Institute for Global Health	\$12,391,951
The Westmead Institute for Medical Research	\$3,899,011
Victor Chang Cardiac Research Institute	\$1,768,413
Woolcock Institute of Medical Research	\$1,198,767

## Cancer Proteogenomics Research Program

Funding was provided to the Children's Medical Research Institute 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	\$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 network to support statewide research collaboration.

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

## Genomics

### Australian Genomic Cancer Medicine Program

This investment supported and leveraged the national expansion of the Genomics Cancer Medicine Program.

Organisation	Amount (\$)
Garvan Institute of Medical Research	\$2,000,000

### Pathogen Genomics Partnership

This investment supported the application of genomics to the study of pathogenic bacteria and viruses.

Organisation	Amount (\$)
NSW Health Pathology	\$300,000

## Paediatric Precision Medicine

This investment in technology and staff advanced paediatric precision medicine to help treat childhood cancer and other genetic disorder.

Organisation	Amount (\$)
Paediatrico	\$5,000,000

## Biobanking

### Biospecimen Collection Grants

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

Organisation	Amount (\$)
Melanoma Institute Australia	\$100,000
The George Institute for Global Health	\$100,000
The Westmead Institute for Medical Research	\$100,000
University of Sydney	\$398,711

## Medical Devices and Commercialisation

### Medical Devices Fund

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

Organisation	Amount (\$)
All Vascular Pty Ltd	\$2,400,000
SDIP Innovations Pty Ltd	\$2,775,480

### Medical Devices Fund – COVID-19 Relief Grant

A COVID-19 relief grant was run for previous recipients of the Medical Devices Fund that could be used to cover gaps in operating expenses for those impacted by COVID-19. This stimulus was a one-off initiative provided on a needs basis due to the unforeseeable impact of COVID-19 on business operations.

Organisation	Amount (\$)
Kico Knee Innovation Co. Pty Ltd	\$1,000,000
Beyond 700 Pty Ltd	\$151,000
Lucky Health Pty Ltd	\$380,000
Tetratherix Technology Pty Ltd	\$481,381

### Medical Research Commercialisation Fund

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

Organisation	Amount (\$)
Medical Research Commercialisation Fund	\$450,000



## Early-Mid Career Fellowships and PhD program

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

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

Organisation	Amount (\$)
The Westmead Institute for Medical Research	\$790,000
University of Newcastle	\$535,278
University of New South Wales	\$160,000
University of Sydney	\$2,298,345
University of Technology Sydney	\$80,000

## Spinal Cord Injury Research Grants

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

Organisation	Amount (\$)
University of New South Wales	\$2,571,574
University of Sydney	\$2,574,416
University of Technology Sydney	\$781,381

## Translational Research Grants Scheme

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

Organisation	Amount (\$)
Hunter New England Local Health District	\$904,871
Illawarra Shoalhaven Local Health District	\$282,800
Nepean Blue Mountains Local Health District	\$317,603
Northern Sydney Local Health District	\$10,255
South Eastern Sydney Local Health District	\$102,322
Sydney Children's Hospitals Network	\$63,619
St Vincent's Health Network	\$256,070
Sydney Local Health District	\$1,023,506
Western NSW Local Health District	\$547,000
Western Sydney Local Health District	\$249,250

## COVID-19 Research Funding

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

## Population Health and Health Services Research Support

Through the Prevention Research Support Program, NSW Health supports research organisations that are conducting prevention and early intervention research aligned with NSW Health priorities.

In 2020-21, more than \$2.7 million in funding was provided to seven NSW research organisations to support research infrastructure, capability-building initiatives, and translation of research evidence to directly inform policy and practice across NSW. Round five of the program runs from July 2017 to June 2022.

Grants paid in 2020-21	Amount (\$)	Purpose
Hunter Medical Research Institute	\$400,000.00	Public Health Program Capacity Building Group
University of New South Wales	\$250,000.00	Centre for Primary Health Care and Equity
University of New South Wales	\$500,000.00	The Kirby Institute
University of Sydney	\$372,656.00	Women and Babies Research
University of Sydney	\$499,994.00	Prevention Research Collaboration
University of Wollongong	\$250,000.00	Early Start Research Institute
Western Sydney Local Health District	\$500,000.00	Centre for Infectious Diseases and Microbiology - Public Health
<b>TOTAL</b>	<b>\$2,772,650.00</b>	

# Environmental sustainability

NSW Health continued its strong commitment to resource efficiency and environmental sustainability by implementing key measures within the Health Resource Efficiency Strategy in alignment with Government Resource Efficiency Policy and remaining on track to exceed the 2024 solar installation target in the policy.

In 2020-21, NSW Health continued to lead the state and the country in energy efficiency projects, notably with the installation of solar energy generation systems on its hospitals. The recently completed John Hunter Hospital system at 2.4 megawatts power (MWp) is the largest solar panel system on a hospital in the world. NSW Health now has almost 20 MWp of solar installed or in progress across the network. When added together, NSW Health's total solar generation power would see it ranked within the state's top 25 solar farms. There are now large solar panel systems either installed or planned on most major hospitals including but not limited to John Hunter, Hornsby, Gosford, Port Macquarie, Canterbury, Blacktown, Parkes, Broken Hill, Fairfield and Coffs Harbour.

There are also about 150 small to medium-scale systems on all types of NSW Health facilities. Since its inception in 2016, the NSW Health Large-scale Solar Program has reduced the carbon emissions of the network by around 33,000 tonnes, the equivalent of removing about 15,000 cars from the road.

To facilitate the continued focus on energy-efficiency projects this year, NSW Health established the Health Fund for Energy Efficiency Projects. Managed by the NSW Ministry of Health's Financial Services and Asset Management Division, this fund has already provided \$2 million to Nepean Blue Mountains Local Health District for a lighting upgrade project across multiple hospitals with savings to the network in the order of \$500,000 per year. A multitude of other projects including lighting upgrades and solar panel systems are now moving through the approvals process.

NSW Health is also leading government in the battery energy storage system space, with Mid North Coast Local Health District signing a contract to have a large-scale battery installed at Port Macquarie Hospital, the first of its kind in Australia.

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

## Energy management

Electricity consumption decreased by 1.5 per cent from last year despite the addition of new assets. The electricity bill also decreased by three per cent due to falling prices, primarily in the cost of environmental certificates. The 2020-21 bill for natural gas was \$17.1 million and LPG was \$1.5 million. A combination of energy efficiency measures, managed by the local health districts, has seen NSW Health's building energy consumption remain stable.

### Energy contract use

YEAR	LPG (non-automotive) use KL	NATURAL GAS USE TJ	ELECTRICITY USE GWh	TOTAL ELECTRICITY BILL \$M*
2019-2020	6028	1356	787	\$139.650
2020-2021	4548	1260	775	\$135.951

\*Incl GST

# Equity and diversity

## Disability inclusion

The NSW Health Disability Inclusion Action Plan 2016-2019 has supported improved access to quality healthcare by people with disability. The plan addresses the barriers experienced by people with disability in accessing mainstream health services and supports improved accessibility and inclusion relating to employment and health services provided by NSW Health.

The plan is currently in review and will be informed by consultation across NSW Health and with key disability sector stakeholders to align with the Australian Disability Strategy 2021-2031. The plan will be guided by the NSW Disability Inclusion Plan Action Plan Framework 2021-2025.

The Disability Community of Practice, with more than 150 members including people with disability, peak non-government organisations, clinicians, program managers and key stakeholders, continued to provide a forum to share ideas, strategies, local solutions and concerns with respect to pandemic preparedness for people with disability.

Many issues addressed through this Community of Practice align with key actions in the Disability Inclusion Action Plan.

This fifth year of reporting on the plan highlights the progress NSW Health organisations have made. For example, we:

- introduced National Disability Insurance Scheme Hospital Liaison Officers in local health districts; implemented the new escalation pathways and an accommodation register to assist with safe patient discharge from hospitals; and provided disability-related public health messaging distributed via easy-read resources, webinars, websites, videos and virtual National Disability Insurance Scheme service provider forums

- responded to requests from the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. NSW Health representatives appeared as witnesses at three public hearings focusing on the provision of healthcare or services for people with cognitive disability; education and training of health professionals in relation to people with cognitive disability; and the experiences of people with cognitive disability in the criminal justice system
- invested almost \$6 million a year into the statewide Intellectual Disability Service. This service operates in every local health district, with six teams and nine specialised clinicians operational across NSW. The service also provided education, training and clinical support to general practitioners, NSW Health staff and disability practitioners
- in partnership with the NSW Health Education Centre Against Violence, developed a Sexual Assault and New Street Services Access Strategy for People with Disability. This is part of the NSW Government's response to the Royal Commission into Institutional Responses to Child Sexual Abuse
- launched Statewide Intellectual Disability Mental Health Hubs in 2021 to provide clinical consultation and assessment of people with intellectual disability and co-occurring mental health problems, and training to health and disability professionals
- continued the Safe and Supported at Home Program to support patients with disabilities to manage at home, having delivered 7400 packages in 2020-21.

## NSW Carers (Recognition) Act 2011

Carers play an important role in supporting patients in their recovery and everyday lives. NSW Health is committed to supporting carers, with a range of initiatives implemented to acknowledge and support them.

Upgrades to the Patient Administration System have now been completed at nearly all local health districts, to record at registration if a patient has a carer or is a carer. This change recognises that patients and their carers have a better experience when carers are acknowledged, and when carers can talk to and work with health professionals.

NSW Health-funded carer support services have continued to assist carers in accessing appropriate services, maintaining current information and raising awareness of carers and their needs. These services have also ensured that carers are involved in discussions about areas that affect them. Statewide Think Patient, Think Carer resources have been developed to improve visibility across health services.

The NSW Carers Strategy: Caring in New South Wales 2020-2030 was released by the Department of Communities and Justice, with NSW Health having many significant obligations under this plan. Alongside this, the NSW Health Recognition and Support for Carers Key Directions will be updated in 2021-22.

### **NSW Health strategy for people with diverse sexualities, gender identities and those with intersex variations**

The NSW Ministry of Health worked closely with the Strategy Advisory Committee to complete a needs assessment commissioned to inform NSW's first health strategy for people with diverse sexualities, diverse gender identities and intersex variations. The Ministry continued to work with the Strategy Advisory Committee to finalise the draft NSW LGBTIQ+ Strategy.

The strategy will provide direction to the NSW Health system to improve health outcomes for people who are LGBTIQ+, and also guide important partnership work with primary care and other community-based health services. It is expected to be released in 2021-22.

## 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.

In 2020-21, NSW Health continued to ensure the health system was accessible and responsive to the needs of culturally and linguistically diverse (CALD) people. The NSW Health Plan for Healthy Culturally and Linguistically Diverse Communities 2019-2023 aligns with the MPSP framework and is a statewide policy for meeting the health needs of CALD consumers in NSW over the medium term.

The plan focuses on outcomes in areas of access and quality of healthcare; health literacy; cultural responsiveness; and understanding community health needs. Examples of significant work across each of these outcomes in 2020-21 are provided below.

In 2021-22, NSW Health will publish the NSW Refugee Health Plan 2021-26, which will identify priorities to improve NSW Health's care for people from refugee backgrounds. NSW Health will also continue a project to inform and guide a consistent approach to future statewide service planning and delivery for healthcare interpreting services.



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

NSW Health organisation	Project or initiative
Cancer Institute NSW	The Institute developed <i>Staying Well and Preventing Cancer</i> flipcharts and facilitator manuals in 15 community languages to educate community members on reducing cancer risk through modifiable healthy living behaviours. A critical success factor was consultation with bilingual community educators and coordinators from local health districts. Community education sessions will be delivered in 2021-22.
Health Education and Training Institute (HETI)	HETI seeks culturally diverse inputs when developing services, programs and policies. This includes perspectives from health service consumers, clinicians, staff, higher education students, HETI and broader NSW Health staff. In 2020-21, the Institute reviewed and commenced redevelopment of the eLearning module <i>Working in a Culturally Diverse Context</i> . Course development included input from multicultural and refugee health service managers, as well as professional healthcare interpreters. The new module is expected to be completed and published in early 2022.
Hunter New England Local Health District	The Pacific Clinic of the Hunter New England Sexual Health Service offers a free, accessible service to everyone, including Medicare Ineligible Patients. In consultation with the Multicultural Health Service and consumers of their service, the Pacific Clinic created an online appointment registration form in Arabic, Chinese, Hindi, Korean, Thai and Vietnamese. This change immediately increased the appointments of people from these communities, as well as people requiring an interpreter, over the six months since the site went live.
Murrumbidgee Local Health District	The District took part in research on the value of combined breast and cervical cancer screening clinics with a focus on women with CALD backgrounds. Findings have informed development of a new screening model for CALD women, providing the opportunity to attend screening in groups, supported by a professional interpreter. The impact of this improvement is being monitored and the model is being rolled out across CALD communities at both fixed and visiting sites in the region.
Nepean Blue Mountains Local Health District	The District began a video interpreting project, which has increased access to interpreters in Lithgow, Blue Mountains Hospital, and Springwood and Nepean hospitals.
NSW Refugee Health Service	<p>The Service has sought to assist all clients in need while responding to the COVID-19 pandemic, with the asylum seeker and social work teams working via virtual platforms. The Bilingual Community Educator model has also proven successful in reaching into vulnerable communities, by supporting cross-cultural communication and providing critical intelligence about community needs. The Service has also used diverse strategies to deliver COVID-19 messaging by:</p> <ul style="list-style-type: none"> <li>• producing COVID-19 video messaging in key languages</li> <li>• hosting webinars for community members and other health services</li> <li>• engaging with community and faith leaders.</li> </ul>
Northern Sydney Local Health District	The Multicultural Health Service has implemented a new model of care together with BreastScreen Northern Sydney and Central Coast to improve the participation of Tibetan women in breast screening. Community consultations were conducted to identify culturally appropriate strategies for promoting screening in the local community. As a result, the model includes a personal invitation to participate from a bilingual community worker, in-language information on the benefits of screening and the screening process, assistance with way finding, in-language reminder calls, block booking of interpreters, and co-design of promotional material as well as care navigation and support. Critical success factors include working in partnership with the Tibetan community to inform all aspects of the model and implementation of strategies to address poor health literacy.
South Western Sydney Local Health District	The District's Natural helper project was piloted at three allied health services (Pain Clinic, Osteoarthritis Chronic Care Program and Outpatient Physiotherapy) to bridge cross-cultural and experiential divides between CALD patients and healthcare providers. Patients with a peer mentor achieved significantly higher Patient Activation Measure scores compared with those receiving usual care. CALD patients reported high levels of satisfaction with the program, with themes emphasising the legitimacy of the 'lived experience' and 'collectivist culture'. Healthcare providers appraised the model against an 'effort-reward balance' with all recognising the potential value of this model.
Sydney Children's Hospitals Network	The Network undertook a project to assess and support children's and families' need for technological devices for telehealth, including people from CALD backgrounds. Families who were experiencing difficulty accessing their healthcare appointments via video were identified. Together with the Sydney Children's Hospitals Foundation, the Network attracted National Australia Bank and Optus donations to give families computers and SIM cards pre-loaded with data. This proved highly effective and helped deliver more equitable healthcare services to those who otherwise may not have been able to attend their appointments, including refugees, asylum seekers and other CALD populations. Twelve local health districts and eight Aboriginal Community Controlled Health Services requested SIM cards from the Network, with over 1400 people receiving and activating SIM cards.
Sydney Local Health District	<p>The District has implemented multiple strategies to increase services available for CALD populations, including:</p> <ul style="list-style-type: none"> <li>• developing in-language resources and staff education to increase engagement of Mandarin-speakers with the Cancer Survivorship Program</li> <li>• piloting a program providing one-to-one, in-language support to patients recently diagnosed with breast cancer (Breast Cancer Concierge Program)</li> <li>• commencing a project addressing problem gambling in Nepalese and Vietnamese communities</li> <li>• commissioning a literature review to explore disparities in access to, and experience of, virtual care, which will include a focus on barriers to access for CALD communities.</li> </ul>

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

NSW Health organisation	Project or initiative
Agency for Clinical Innovation	myVirtualCare is NSW Health's custom-built web-based videoconferencing platform, designed to help patients, their family and carers, and healthcare providers to access and manage care. The Agency has translated the myVC user guide for patients and carers into 20 community languages, which are available on the ACI website.
Cancer Institute NSW	The Institute held a virtual Multicultural Women's Cancer summit in late 2020, which brought together non-government women's health centres across NSW. Representatives from regional and rural centres attended the summit to discuss the cultural safety of cancer services for local CALD populations and identify future strategies to improve cancer outcomes. Attendees included primary care providers, centre managers, health promotion officers and allied health professionals.
Illawarra Shoalhaven Local Health District	The Multicultural Health Service has played an important role in responding to COVID-19 by increasing health literacy and promoting COVID-safe measures and testing among CALD and refugee communities. High school students and seniors from CALD backgrounds were identified as the primary target audiences, recognising they often act as conduits of information to their families. The team co-designed the program with CALD consumers. About 880 people participated, ranging from 14 to 85 years, representing 21 language groups. Eighty-five per cent reported increased literacy and awareness of COVID-19 transmission plus improved measures of awareness in applying COVID-safe measures such as hand hygiene and social distancing. Eighty per cent of seniors reported a greater understanding of public health orders and increased confidence about accessing testing.
NSW Ambulance	The service developed a new fact sheet to provide information about NSW Ambulance, how to call for help in medical emergencies, and what to expect when you call Triple Zero, as well as important tips. The fact sheet was translated into 30 community languages available on the NSW Ambulance website. They were promoted to multicultural organisations, migrant resource centres and settlement services across the state. NSW Ambulance also engaged with CALD communities by attending preschools, primary schools, high schools, career days, nursing homes and community events in areas with high CALD populations.
NSW Refugee Health Service	The Chronic and Complex Care program has demonstrated success in supporting clients to access the National Disability Insurance Scheme (NDIS) and in managing urgent complex needs. The Service reaches out to clients through community sessions, clinical intervention and formalised support sessions such as carers groups. The team has been further expanded to include a part-time occupational therapist (OT). OT services play an important role to secure on arrival equipment and access. The model has been built on sustained clinical interventions and consumer engagement to address individual needs and break down systemic barriers to positive outcomes for clients.
South Western Sydney Local Health District	The District's Multicultural Services established and maintained a CALD COVID-19 Advisory Committee that has met weekly since August 2020. It acts as conduit between CALD community leaders, local organisations and the District. A survey of more than 700 CALD community members was undertaken in Greater Western Sydney in partnership with the University of Sydney, Sydney Health Literacy Hub, and Western Sydney, Nepean Blue Mountains and South Western Sydney local health districts between March and July 2021. The survey was conducted in 12 languages to understand people's knowledge, attitudes and behaviours regarding COVID-19 and to explore the impact of the pandemic on culturally and linguistically diverse communities.
Sydney Local Health District	<p>The District has responded to the COVID-19 pandemic by:</p> <ul style="list-style-type: none"> <li>• collaborating and consulting with CALD community leaders, faith-based leaders, bilingual community workers, health professionals and interpreters as well as local council members to ensure strategies meet the needs of local CALD communities</li> <li>• providing in-language contact tracing, welfare checks and health accommodation support</li> <li>• reviewing and analysing COVID-19 testing data to identify trends and develop targeted strategies for CALD communities</li> <li>• establishing mobile vaccination clinics in CALD communities and language support at all vaccination sites</li> <li>• providing more than 1000 hours of bilingual concierge and cultural liaison at testing clinics and vaccination centres, including NSW Mass Vaccination Centre at Sydney Olympic Park</li> <li>• developing over 800 COVID-19 assets into more than 20 priority languages, including videos of community leaders sharing COVID-19 safety messages.</li> </ul>

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

NSW Health organisation	Project or initiative
Agency for Clinical Innovation	The COVID-19 Critical Intelligence Unit has played a key role in the whole-of-government response to the Delta outbreak in NSW. The unit has worked with a range of stakeholders, including Multicultural NSW and the Behavioural Insights Unit of the Department of Customer Service, to develop datasets and insights about different CALD communities in local government areas with high case numbers of COVID-19. The goal of this work is to encourage vaccine uptake and other COVID-safe behaviours, creating tailored support packages and communications that are culturally appropriate and effective.
Hunter New England Local Health District	A key initiative to improve cultural responsiveness of staff in 2020-21 has been the publication of the <i>LanguageMatters</i> monthly newsletter, which began in September 2020. The newsletter is accessible online and contains links through the HNE intranet. The newsletters include key monthly updates around language, patient experiences, Multicultural Health Committee updates and information on Policy and Resources. With the development of the new HETI module for Working in Cultural Contexts, a continuing focus in 2021-22 will be on improving the cultural responsiveness of staff.
Mental Health Branch, NSW Ministry of Health	The Multicultural Health Service in South Eastern Sydney Local Health District, on behalf of NSW Health, has delivered training in Culturally Responsive Refugee Mental Health Care to district mental health staff in the seven districts where the Mental Health Community Living Supports for Refugees (MH-CLSR) program is being implemented. This includes the following local health districts: Sydney, South Western Sydney, Western Sydney, Hunter New England, Mid North Coast, Illawarra Shoalhaven and Murrumbidgee. Everymind in Hunter New England Local Health District was commissioned to develop and deliver Refugee Specific Suicide Prevention Training to staff from community-managed organisations delivering the MH-CLSR program and to local health district mental health staff. A total of 232 people participated in this training with 192 staff from the seven districts with MH-CLSR.
Nepean Blue Mountains Local Health District	The Multicultural Health Service was involved in the development of the new HETI training module Culturally Responsive End of Life Care for People from Culturally Diverse Communities as a member on the development committee, as well as being interviewed for the video resource.
South Eastern Sydney Local Health District	<p>The District implemented the Addressing Racism Strategy through the Racism Harms: Act on It project, which emphasises the health impacts of racism and encourages bystander intervention. Resources and training have been co-designed with staff from CALD backgrounds and Aboriginal staff. The project included:</p> <ul style="list-style-type: none"> <li>• panel discussions at Leadership Forums</li> <li>• development of a project video</li> <li>• manager training around addressing racist incidents led by People and Culture</li> <li>• the Chief Executive interviewing Professor Kevin Dunn from Western Sydney University on a livestream.</li> </ul> <p>The project is sponsored by the Chief Executive and is a joint initiative between Priority Populations (Multicultural Health), Aboriginal Health, People and Culture, and Media and Communications. Evaluation of the staff training module developed for the project is being carried out by Western Sydney University's Challenging Racism team.</p>
Sydney Children's Hospitals Network	The Network created a diversity health strategy and action plan with a focus on CALD populations, multicultural needs and refugees and asylum seekers. The Providing Enhanced Access to Health Services (PEACH) project will improve access for priority patients by establishing technological solutions and sustainable navigation pathways to strengthen paediatric patient health outcomes across NSW. Sydney Children's Hospitals Network is also implementing improved psychosocial screening in adolescents and young adults who attend the emergency department, which includes CALD patients, to improve early access to psychosocial supports.

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

NSW Health organisation	Project or initiative
Bureau of Health Information (BHI)	The NSW Patient Survey Program gathers information in all its surveys on demographics including language spoken at home, the need for an interpreter and if an interpreter was provided. Survey results are available on BHI's interactive data portal, Healthcare Observer, including the ability to look at differences by demographic group. This is an important source of information for hospitals about experiences of care for people who speak a language other than English at home. In 2020-21, the Bureau provided a bespoke report of results from the Adult Admitted Patient Survey (2015-2019) to the NSW Ministry of Health to support the NSW Health Care Interpreter Service Project. The data showed results for all performance questions for patients who reported speaking a language other than English, as well as results for patients who said they needed an interpreter.
Central Coast Local Health District	Data has been used to inform service responses to targeted communities in the COVID-19 response. The District regularly shares key information about multicultural communities with key stakeholder partners, for example Northern Settlement Services. A recent example was the development of a profile of Northern Central Coast suburbs during the lockdown, to identify at-risk communities and language groups in that region. This information was shared with the Central Coast Council to support targeted information for non-English speaking communities.
Centre for Population Health, NSW Ministry of Health	Epidemiology identified international students as a priority population for HIV and sexually transmissible infections (STI) prevention. A research project engaged the population to improve understanding of issues relating to sexual health knowledge, and barriers to service access. The NSW STI Programs Unit developed the International Student Health Hub in partnership with key non-government organisations to improve health literacy, and support navigation and access to services. Content for the site was developed with members of the international student community to ensure relevance, cultural appropriateness of materials, and engagement with the audience.
Illawarra Shoalhaven Local Health District	All multicultural and refugee health team activity is captured within eMR and non-admitted patient data systems. This informs the District of current activity and trends about service delivery, and is used to determine population priorities and resource allocation. CALD demographic data has supported recruitment of a CALD Healthy Ageing specialist within the Multicultural Health Service to build the District's capacity in responding appropriately to this cohort. Activity data of the Refugee Health team has demonstrated significant activity in addressing responses to clients requiring intervention for NDIS and My Aged Care packages.
Justice Health and Forensic Mental Health Network	The Network initiated a new Digital Family and Carer Hub project aimed at the families and carers of patients in the Forensic Hospital. The project has a strong co-design component and includes CALD families and carers who participate in consultation, development and review of the Hub. The Network has also implemented a code in the clinical applications system to identify all CALD patients. A dashboard is being developed so that data can be used for planning purposes to respond to health needs for CALD patients in correctional centres.
Southern NSW Local Health District	The District is undertaking work as part of its National Safety and Quality Health Service Standard 2 Action plan to improve relationships with its CALD communities and develop stronger ties prior to community members coming into the hospital system. Population Health has also used epidemiological advice to support targeted initiatives, such as the establishment of multicultural transition-to-school supported playgroups in Queanbeyan-Palerang LGA.
South Western Sydney Local Health District	The District has developed a two-year Multicultural Services Implementation Plan 2021-2023, which presents the District's vision for improving the health and wellbeing of its migrant communities and ensuring health services are responsive, consumer and carer/family centred, well integrated, equitable and accessible.



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Finances

4

# Acting Deputy Secretary, Finance and Asset Management and Chief Financial Officer's report

## Expenses

NSW Health is a provider of patient-centred health services. Approximately \$16.1 billion (62 per cent) of costs incurred during 2020-21 were labour related, including the costs of employee salaries and contracted Visiting Medical Officers. Other operating costs include approximately \$2 billion in pharmaceutical, medical and surgical supplies and \$740 million in maintenance-related expenses.

Grants and subsidies to third parties for the provision of public health-related services totalled approximately \$1.7 billion in 2020-21, including payments of \$1.1 billion 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 (\$936 million), the sales and recoveries of pharmaceutical supplies, mainly the recoup of costs from the Commonwealth through Medicare for highly specialist drugs (\$411 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 (\$170 million).

Commonwealth Payments as part of the National Health Reform Agreement are receipted under grants and contributions (\$8.2 billion).

NSW Health's full-year capital expenditure allocation for 2020-21 (excluding capital expensing) was \$2.9 billion for works in progress and completed works. The total capital allocation in 2020-21 represents 11 per cent of the total Property, Plant, Equipment and Intangibles asset base.

## Net assets

NSW Health's net assets at 30 June 2021 were \$21.9 billion. This is made up of total assets of \$29.5 billion, netted off by total liabilities of \$7.6 billion. The net assets are represented by accumulated funds of \$14.4 billion and an asset revaluation reserve of \$7.5 billion.

The audited financial statements for the NSW Ministry of Health are provided in the report. Audited financial statements have also been prepared in respect of each of the reporting entities controlled by the NSW Ministry of Health. These statements have been included in a separate volume of the 2020-21 annual report. The NSW Ministry of Health and all its controlled entities received an unqualified audit opinion.

## Further information

Variation to the initial budget result is included in the 2020-21 audited financial statements (Note 43) included in this annual report.

### Adjunct Professor Alfa D'Amato

Acting Deputy Secretary, Finance and Asset Management  
and Chief Financial Officer, NSW Health

# Financial management

## Implementation of price determination

The NSW State Efficient Price per national weighted activity unit (NWAU20) for 2020-21 was \$4727. NSW local health districts and specialty health networks were funded for their activity in 2020-21 at this single price, with exception for some specific contractual funding arrangements. The NSW State Efficient Price is not directly comparable year on year due to changes in NWAU versions and local health district and specialty health network costing results.

## Non-government funding

Each year, NSW Health allocates funding to non-government organisations (NGOs) to deliver community-based services supporting health and wellbeing, particularly for vulnerable or hard-to-reach populations. Aboriginal health, aged care, children, youth and families, chronic care and disability, community transport, drug and alcohol, mental health, palliative care, population health and women's health are among the services for which NSW Health provides funding.

## Partnerships for health funding allocated to non-government organisations by the NSW Ministry of Health in 2020-21

### Centre for Aboriginal Health

Grant recipient	Amount \$	Description
Aboriginal Health and Medical Research Council NSW	2,510,600	Peak body to build capacity and capability of Aboriginal Community Controlled Health Services in priority areas such as governance, financial management and business, contribute to policy development processes aimed at improving the health outcomes of Aboriginal people across NSW and be a formal partner with NSW Health on Aboriginal health issues. Funding is given for capacity and capability building, policy leadership and influence, chronic disease and health ethics.
Aboriginal Medical Service Co-Operative Ltd	678,600	Provision of population health and drug and alcohol services for the Aboriginal community in the Sydney region.
Albury Wodonga Aboriginal Health Service	222,700	Provision of population health services to the Aboriginal community in the Albury Wodonga area.
Armajun Health Service Aboriginal Corporation	295,800	Provision of population health services to the Aboriginal community in the Armidale, Glen Innes, Inverell, Tenterfield and Tingha regions.
Awabakal Ltd	671,000	Provision of population health, drug and alcohol, ear health and family health services for the Aboriginal community in the Newcastle area.
Biripi Aboriginal Corporation Medical Centre	432,900	Provision of population health, drug and alcohol and family health services for the Aboriginal community in the Taree area.
Bourke Aboriginal Health Service	375,800	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	629,900	Provision of population health and family health services in the Grafton area and population health services in the Casino area.
Bullinah Aboriginal Health Service Ltd	238,100	Provision of population health services to the Aboriginal community in the Ballina area.
CatholicCare Wilcannia-Forbes Ltd	196,600	Provision of family health services in Narromine and Bourke.
Condobolin Aboriginal Health Service Inc	238,100	Provision of population health services to the Aboriginal community in the Condobolin area.
Coomealla Health Aboriginal Corporation	131,600	Provision of population health services to the Aboriginal community in the Dareton area.
Coonamble Aboriginal Health Service	612,800	Provision of population health and family health services in the Coonamble area and provision of population health services to the Aboriginal community in the Dubbo area.
Cummeragunja Aboriginal Corporation	189,800	Provision of population health services for Aboriginal community in the Cummeragunja, Moama and surrounding areas.
Dubbo Neighbourhood Centre Inc	51,150	Provision of family health services for communities in the Dubbo area.



Grant recipient	Amount \$	Description
Durri Aboriginal Corporation Medical Service	568,900	Provision of population health, drug and alcohol services for the Aboriginal communities in the Kempsey and Nambucca Valley area.
Galambila Aboriginal Health Service Inc	328,300	Provision of population health services for Aboriginal communities in the Coffs Harbour area.
Griffith Aboriginal Medical Service Inc	238,100	Provision of population health services to the Aboriginal community in the Griffith and Hay region.
Illaroo Cooperative Aboriginal Corporation	66,100	Personal care worker for the Rose Mumbler Retirement Village.
Illawarra Aboriginal Medical Service	360,700	Provision of population health and drug and alcohol services for the Aboriginal community in the Illawarra area.
Intereach Ltd	119,600	Provision of family health services in the Deniliquin area.
Katungul Aboriginal Corporation Community & Medical Services	350,100	Provision of population health and ear health services for Aboriginal communities of the Far South Coast region and Bega.
Maari Ma Health Aboriginal Corporation	413,600	Provision of population health and family health services in Broken Hill and across Far West NSW.
Ngaimpe Aboriginal Corporation	218,200	Residential drug and alcohol treatment and referral program providing statewide services, located in the Central Coast area.
Orana Haven	181,100	Residential drug and alcohol treatment and referral program providing statewide services located near Brewarrina.
Orange Aboriginal Medical Service	295,800	Provision of population health services for Aboriginal communities in the Orange area.
Pius X Aboriginal Corporation	189,300	Provision of population health services to the Aboriginal community in the Moree area.
Riverina Medical & Dental Aboriginal Corporation	551,500	Provision of population health, drug and alcohol, ear health and family health services for the Aboriginal community in the Riverina region.
South Coast Medical Service Aboriginal Corporation	276,300	Provision of population health and drug and alcohol services for the Aboriginal community in the Nowra area.
South Coast Women's Health and Welfare Aboriginal Corporation (WAMINDA)	243,100	Provision of population health and family health services to Aboriginal women and their families in the South Coast region.
Tamworth Aboriginal Medical Service Inc	269,800	Provision of population health services to the Aboriginal community in the Tamworth area.
Tharawal Aboriginal Corporation	378,300	Provision of population health and drug and alcohol services for the Aboriginal community in the Campbelltown area.
The Oolong Aboriginal Corporation	243,700	Residential drug and alcohol treatment and referral program providing statewide services located in the Nowra area.
Tobwabba Aboriginal Medical Service	276,300	Provision of population health and family health services for the Aboriginal community in Forster and surrounding areas.
Ungooroo Aboriginal Corporation	238,100	Provision of population health services to the Aboriginal community in the Singleton and Muswellbrook areas.
Walgett Aboriginal Medical Service	461,500	Provision of population health, family health and drug and alcohol services for the Aboriginal community in the Walgett, Brewarrina and surrounding areas.
Weigelli Centre Aboriginal Corporation	91,400	Residential drug and alcohol treatment and referral program providing statewide services located in the Cowra area.
Wellington Aboriginal Corporation Health Service	1,272,400	Provision of population health, drug and alcohol and family health services for the Aboriginal communities around Wellington and Western Sydney.
Werin Aboriginal Corporation	238,100	Provision of population health services to the Aboriginal community in the Port Macquarie area.
Yerin Aboriginal Health Services Inc	430,300	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	441,300	Provision of population health and family health services for the Aboriginal community in Forbes and surrounding areas.
<b>Total</b>	<b>16,217,350</b>	

## Aboriginal maternal and infant health

Grant recipient	Amount \$	Description
Durri Aboriginal Corporation Medical Service	227,800	Employment of a community midwife to provide antenatal care to improve the health outcomes of Aboriginal mothers and their babies.
Maari Ma Health Aboriginal Corporation	341,300	Employment of a community midwife to provide antenatal care to improve the health outcomes of Aboriginal mothers and their babies.
Walgett Aboriginal Medical Service	227,800	Employment of a community midwife to provide antenatal care to improve the health outcomes of Aboriginal mothers and their babies. Fundamental goal of the funded program is to improve the health of Aboriginal women and their babies.
<b>Total</b>	<b>796,900</b>	

## Aged care, disability and community care

Grant recipient	Amount \$	Description
Cystic Fibrosis New South Wales	298,400	Cystic Fibrosis NSW provides counselling, support and assistance to people with Cystic Fibrosis and their families. It also delivers community outreach and works to improve equitable delivery of services and multidisciplinary engagement.
Palliative Care NSW Inc	99,300	Palliative Care NSW provides information and education to healthcare professionals and the general public to raise awareness and enable informed choices about quality palliative and end of life care. The organisation designs and delivers strategies and policies to support the growth and uptake of palliative care in NSW, and assists primary and specialist health professionals who provide palliative care in the community.
Parkinson's NSW Ltd	29,100	This organisation supports the provision of expert knowledge to consumers and health professionals about Parkinson's disease through the Parkinson's NSW InfoLine.
<b>Total</b>	<b>426,800</b>	

## Community services

Grant recipient	Amount \$	Description
Albury Wodonga Aboriginal Health Service	258,300	Mental health project for Aboriginal community.
Association for the Wellbeing of Children in Healthcare	211,000	AWCH is a national not-for-profit organisation that provides information, advocacy and support to ensure healthcare systems address the emotional and psychosocial needs of children, young people and their families.
Centre For Disability Studies Ltd	224,700	Provision of specialised medical, dental and psychological services for adolescents and adults with intellectual or developmental disability.
NSW Council of Social Service (NCOSS)	286,300	This organisation provides capacity building activities that increase sustainability in health related activities that promote the development of health policies, strategies, service design and delivery to better address the health needs of disadvantaged people.
Health Consumers NSW Inc	423,500	The organisation delivers activities that support health consumer representation and engagement in the development of health policies, strategies and programs. Key activities include support for consumer representative networks, and training and education for consumers and NSW Health staff.
United Hospital Auxiliaries of NSW Inc	217,500	Funding supports delivery of administrative and communications support to the affiliated hospital auxiliaries and UHA Volunteers located in public hospitals, multi-purpose services, community health centres, day care services and other public health facilities across NSW.
Women's Health NSW Inc	243,500	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.
<b>Total</b>	<b>1,864,800</b>	

## Community services – NSW children, youth and families

Grant recipient	Amount \$	Description
Australian Breastfeeding Association (NSW Branch)	167,800	The Association promotes, protects and supports breastfeeding by advocating for and creating an awareness, in the community, of the importance of human milk. It provides peer support to women and families and supports health professionals with resources, workshops and seminars.
Australian Red Cross Society	363,000	Residential program that builds the capacity of young pregnant women over 20 weeks gestation with complex needs, and newly parenting young men and women aged 12 to 25 to live and parent independently and respond appropriately to the needs of their children.
CatholicCare Sydney Trust	93,000	This organisation recruits personnel to deliver Family Life Education (FLE) services. The organisation also supports ongoing learning and professional development of FLE and Natural Fertility Planning (NFP) educators.
Red Nose Saving Little Lives (formerly SIDS and Kids NSW)	183,600	Red Nose provides bereavement support to NSW families who experience the death of their baby or child during pregnancy, birth and infancy, including miscarriage, ectopic pregnancy, termination of pregnancy, stillbirth, neonatal and infant death and death of a child up to six years.
Royal Far West Children's Health Scheme	4,064,500	The Paediatric Developmental Program at Royal Far West provides specialist comprehensive multidisciplinary assessment, diagnosis, planning, review and treatment for rural and remote children up to age 12 with complex developmental and behavioural issues. The Program includes support for parents and carers. The service targets the needs of families residing north of Taree, west of Lithgow and south of Nowra, who cannot access the services they need locally.
Youthsafe	199,500	Youthsafe works with schools, workplaces and community organisations to provide information, build capacity and deliver programs to prevent youth injury on the road, at work, while playing sport and when out socialising with friends.
Youth Action	134,100	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 12 to 24 years old through promoting their health literacy and access to healthcare.
<b>Total</b>	<b>5,205,500</b>	

## Drug and alcohol

Grant recipient	Amount \$	Description
Aboriginal Health and Medical Research Council of NSW	185,800	Develop capacity of NSW Aboriginal Community Controlled Health Services to identify and respond to alcohol and other drug related harm.
Aboriginal Medical Service Co-Operative Ltd	321,800	Alcohol and other drug treatment and support services, including opioid substitution prescribing and dosing for Aboriginal people, at the Redfern location.
Drug and Alcohol Multicultural Education Centre (DAMEC)	790,000	Works with people from a range of culturally and linguistically diverse (CALD) communities, primarily in Western and South Western Sydney. Provides alcohol and other drug (AOD) prevention, harm minimisation and treatment services. Conducts community development activities, and conducts and disseminates AOD research for CALD clients and communities.
Network of Alcohol and Other Drugs Agencies Inc	1,524,700	As the NSW peak body for non-government alcohol and other drug service providers, represent and build organisation and service delivery capacity of members, and contribute AOD policy and practice.
The Oolong Aboriginal Corporation	353,200	Alcohol and other drug residential rehabilitation in Nowra primarily for Aboriginal men, with priority access for Magistrates Early Referral Into Treatment program participants.
Uniting (NSW ACT)	4,106,900	Medically supervised injecting centre.
<b>Total</b>	<b>7,282,400</b>	

## Health promotion

Grant recipient	Amount \$	Description
Asthma Australia Ltd	536,300	Asthma Australia aims to build the capacity of the health workforce to provide evidence-based care to people with asthma, develop and implement programs and services that support people with asthma to proactively self manage their disease and help develop policies and systems to create safer environments for people with asthma.
Family Drug Support	382,500	Provides a 24-hour 7 days telephone service, information, support and referral to families affected by alcohol and other drug issues.
Healthy Kids Association Inc	449,600	Delivery of key activities in relation to the NSW Healthy School Canteen Strategy, and activities associated with the Centre for Population Health -HEAL in schools portfolio.
Kidsafe NSW Inc	259,600	Kidsafe NSW undertakes public awareness campaigns and provides information, training and advice on child injury prevention to key stakeholders and the community.
Life Education NSW Limited	2,233,800	Delivers alcohol and other drugs and healthy lifestyle related education to primary school children across NSW.
<b>Total</b>	<b>3,861,800</b>	

## HIV, blood-borne viruses and STI

Grant recipient	Amount \$	Description
Aboriginal Health and Medical Research Council NSW	128,500	Delivery of education and training in Primary Health Care (Sexual Health) and specialised short courses and skill set training covering HIV, hepatitis C and B, and sexually transmissible infections (STI) to support Aboriginal health workers in Aboriginal Community Controlled Health Services and local health districts to implement the NSW HIV, STI, hepatitis C and hepatitis B strategies.
ACON Health Ltd	11,768,000	ACON is a statewide community-based organisation providing HIV prevention, education, and support services to gay and other homosexually active men at risk of and living with HIV. Services and programs include: HIV prevention, health promotion, education and community engagement programs for gay and homosexually active men to increase access to HIV testing, treatment and prevention.
Australasian Society For HIV, Viral Hepatitis and Sexual Health Medicine	665,500	ASHM provides: <ul style="list-style-type: none"> <li>• general practitioner (GP) engagement and delivery of training for authorisation as required for prescribing of drugs used in the treatment of HIV and hepatitis B</li> <li>• training that supports GPs involved with patients who have HIV and STIs</li> <li>• sexual health and viral hepatitis training for nurses</li> <li>• HIV, STI and viral hepatitis training content and materials for GPs and other healthcare providers.</li> </ul>
Bobby Goldsmith Foundation	1,867,400	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	3,135,690	Provision of syringes and pen needles at no cost to NSW registrants of the National Diabetic Services Scheme and the promotion and education for safe sharps disposal.
Hepatitis NSW Inc	2,078,500	A statewide community-based organisation that provides information, support, referral, education and advocacy services for people in NSW affected by hepatitis C.
NSW Users and Aids Association Inc	1,571,500	Statewide community-based organisation that provides HIV and hepatitis C prevention education, harm reduction, access to testing and treatment, advocacy and resources, referral and support services for people who inject drugs.
Positive Life NSW Inc	1,011,700	Statewide community-based health promotion and education, advocacy, and implementation of policy and programs which affect people living with HIV.
Sex Workers Outreach Project Inc	1,394,400	Statewide peer-based health education and outreach services to sex industry workers to prevent the transmission of HIV, viral hepatitis and sexually transmissible infections.
<b>Total</b>	<b>23,621,190</b>	



## Mental health

Grant recipient	Amount \$	Description
Aboriginal Health and Medical Research Council NSW	198,200	Mental Health statewide coordination to support and develop the capacity of Aboriginal health services to deliver mental health services and provide advice to NSW Health on Aboriginal mental health issues.
Aboriginal Medical Service Co-Operative Ltd	328,100	Mental Health project and mental health youth project for Aboriginal community in the Sydney inner city area.
Albury Wodonga Aboriginal Health Service	100,000	Mental Health project for Aboriginal community.
Awabakal Ltd	112,400	Mental Health project for Aboriginal community in the Newcastle area.
Black Dog Institute	1,609,600	Education and training programs for health professionals, schools and community. Online clinic offering mental health screening and assessment. Depression Clinic offering face-to-face and telepsychiatry, psychiatry, psychology and exercise physiology. Neurostimulation clinic offering novel treatments to patients and training to psychiatrists.
Bulgarr Ngaru Medical Aboriginal Corporation	114,900	Mental Health project for Aboriginal community.
CatholicCare Wilcannia-Forbes Ltd	864,100	NSW Family and Carer Mental Health Program – supports families and carers of people with a mental illness through individual support, support groups, advocacy and training and education. Also includes One Door Mental Health Core Grant to support statewide services.
Coomealla Health Aboriginal Corporation	112,400	Mental Health project for Aboriginal community.
Cummeragunja Aboriginal Corporation	112,400	Mental Health project for Aboriginal community.
Galambila Aboriginal Health Service Inc	100,000	Mental Health project for Aboriginal community.
Katungul Aboriginal Corporation Community & Medical Services	105,900	Mental Health project for Aboriginal community.
Lifeline Australia	3,388,800	Crisis support telephone service.
Mental Health Co-Ordinating Council Inc	630,600	NSW Mental Health peak organisation funded to support the non-government organisation sector efforts to provide efficient and effective delivery of mental health services.
Mission Australia	856,600	NSW Family and Carer Mental Health Program – supports families and carers of people with a mental illness through individual support, support groups, advocacy and training and education.
Peer Support Australia	292,900	Peer-led mentoring program supporting the mental, social and emotional wellbeing of children and young people.
Riverina Medical & Dental Aboriginal Corporation	100,000	Mental Health project for Aboriginal community.
Schizophrenia Fellowship of NSW Ltd	3,167,200	NSW Family and Carer Mental Health Program – supports families and carers of people with a mental illness through individual support, support groups, advocacy and training and education. Also includes One Door Mental Health Core Grant to support statewide services.
South Coast Medical Service Aboriginal Corporation	215,600	Mental Health project for Aboriginal community.
South Coast Women's Health and Welfare Aboriginal Corporation (WAMINDA)	108,400	Mental Health project for Aboriginal community.
St Vincent De Paul Society	224,800	Frederic House is a residential aged care facility that targets older men with mental health and/or substance use issues. This top up funding supports the facility and services provided, particularly the provision of specialist staffing.
Stride Mental Health Ltd	846,400	NSW Family and Carer Mental Health Program – supports families and carers of people with a mental illness through individual support, support groups, advocacy and training and education.
Tharawal Aboriginal Corporation	100,000	Mental Health project for Aboriginal community.
UCA – Parramatta Mission	1,716,700	NSW Family and Carer Mental Health Program – supports families and carers of people with a mental illness through individual support, support groups, advocacy and training and education.
Walgett Aboriginal Medical Service	199,800	Mental Health project for Aboriginal community.

Grant recipient	Amount \$	Description
Weigelli Centre Aboriginal Corporation	100,000	Mental Health project for Aboriginal community.
Wellington Aboriginal Corporation Health Service	209,600	Mental Health project for Aboriginal community.
Yerin Aboriginal Health Services Inc	100,000	Mental Health project for Aboriginal community.
WayAhead – Mental Health Association NSW Ltd	99,900	WayAhead is the peak body for mental health promotion in NSW. WayAhead promotes mental health and wellbeing, supports the people of NSW to access mental health services and delivers mental health projects across NSW.
BEING – Mental Health Consumers Incorporated	62,043	BEING – Mental Health Consumers Inc is the peak body for mental health consumers in NSW. BEING represent the interest of mental health consumers in NSW and advocate on behalf of consumers for changes in policy, legislation and service provision. BEING also deliver projects that support the expansion and growth of the lived experience workforce.
Mental Health Carers ARAFMI NSW Inc	35,663	Mental Health Carers NSW (MHCN) is the peak body for mental health carers in NSW. MHCN represent the interest of mental health carers in NSW and information they gather from carers is used to advocate for changes in policy, legislation and service provision to better recognise and support carers.
<b>Total</b>	<b>16,213,006</b>	

## Oral health

Grant recipient	Amount \$	Description
Aboriginal Medical Service Co-Operative Ltd	391,100	Aboriginal oral health services.
Albury Wodonga Aboriginal Health Service	557,200	Aboriginal oral health services.
Armajun Health Service Aboriginal Corporation	531,200	Aboriginal oral health services.
Awabakal Ltd	351,700	Aboriginal oral health services.
Biripi Aboriginal Corporation Medical Centre	199,100	Aboriginal oral health services.
Bourke Aboriginal Health Service	383,600	Aboriginal oral health services.
Bulgarr Ngaru Medical Aboriginal Corporation	482,300	Aboriginal oral health services.
Durri Aboriginal Corporation Medical Service	482,300	Aboriginal oral health services.
Illawarra Aboriginal Medical Service	449,600	Aboriginal oral health services.
Katungul Aboriginal Corporation Community & Medical Services	362,600	Aboriginal oral health services.
Maari Ma Health Aboriginal Corporation	218,600	Aboriginal oral health services.
Orange Aboriginal Medical Service	483,000	Aboriginal oral health services.
Pius X Aboriginal Corporation	198,500	Aboriginal oral health services.
Riverina Medical & Dental Aboriginal Corporation	525,100	Aboriginal oral health services.
South Coast Medical Service Aboriginal Corporation	301,800	Aboriginal oral health services.
Tharawal Aboriginal Corporation	398,800	Aboriginal oral health services.
Tobwabba Aboriginal Medical Service	383,600	Aboriginal oral health services.
University of Sydney	668,400	Aboriginal oral health services.
Walgett Aboriginal Medical Service	197,000	Aboriginal oral health services.
Yerin Aboriginal Health Services Inc	381,300	Aboriginal oral health services.
<b>Total</b>	<b>7,946,800</b>	

## Rural doctors services

Grant recipient	Amount \$	Description
NSW Rural Doctors Network Ltd	1,691,900	The Rural Doctors Network core funding supports a range of programs aimed at ensuring sufficient numbers of suitably trained and experienced general practitioners are available to meet the healthcare needs of rural NSW communities. Funding is also provided for the NSW Rural Medical Undergraduates Initiatives Program, which provides financial assistance to medical students undertaking rural NSW placements; and the NSW Rural Resident Medical Officer Cadetship Program, which supports selected medical students in their final two years of study who commit to completing two of their first three postgraduate years in a NSW regional hospital.
<b>Total</b>	<b>1,691,900</b>	

## External health services

Grant recipient	Amount \$	Description
Royal Flying Doctor Service of Australia (South Eastern Section)	1,709,800	Provision of Rural Aerial Health Service.
<b>Total</b>	<b>1,709,800</b>	

## Community services – transport

Grant recipient	Amount \$	Description
Access Sydney Community Transport Inc	44,800	Community transport services.
Great Community Transport Inc	153,200	Community transport services.
Holdsworth Community Ltd	29,600	Community transport services.
Hornsby Kuring-Gai Community Aged/Disabled Transport Inc	20,900	Community transport services.
Inverell HACC Services Inc	19,100	Community transport services.
Lake Cargelligo Community Transport	9,500	Community transport services.
Manning Valley and Area Community Transport Group	29,100	Community transport services.
Mid-Western Regional Council	28,200	Community transport services.
Home Assistance & Regional Transport Services Inc	45,400	Community transport services.
Ourcare Services Ltd	22,500	Community transport services.
Transcare Hunter Ltd	9,500	Community transport services.
Tweed Byron and Ballina Community Transport Inc	41,300	Community transport services.
Warrumbungle Shire Council	9,400	Community transport services.
Wee Waa Community Care Services	33,400	Community transport services.
Activus Transport Inc	24,400	Community transport services.
Australian Unity Home Care Services Pty Ltd	46,900	Community transport services.
Bankstown Canterbury Community Transport Inc	23,200	Community transport services.
Cabonne Shire Council	18,500	Community transport services.
Clarence Community Transport Inc	75,300	Community transport services.
Community Transport Central Coast Ltd	48,300	Community transport services.
Linked Community Services	29,400	Community transport services.
Neighbourhood Centre	31,700	Community transport services.
Peppercorn Services Inc	28,600	Community transport services.
Stryder	41,700	Community transport services.
<b>Total</b>	<b>863,900</b>	

## Other funding grants in 2020-21

Grant recipient	Amount \$	Description
2Connect Youth & Community Inc	135,773	Alcohol and Other Drugs Youth Treatment Services.
Aboriginal Drug and Alcohol Residential Rehabilitation Network Ltd	100,000	Aboriginal Drug and Alcohol Residential Rehabilitation Organisation and Service Development.
Aboriginal Health and Medical Research Council NSW	150,000	Building on Resilience in Aboriginal Communities initiative.
ACON Health Ltd	88,557	Alcohol and other Drug Psychosocial Counselling and Support.
ACON Health Ltd	181,818	Feasibility study for LGBTIQ+ Health Centre in Sydney Inner West FY18-19.
ACON Health Ltd	410,414	Mental Health Suicide Prevention Fund.
ACON Health Ltd	30,000	Palliative care carers.
Albury Northside Chamber Of Commerce	25,000	Support the mental health initiative 'The Well-Being of Business in Albury'.
Albury Wodonga Aboriginal Health Service	200,000	Emergency Drought Relief Mental Health Package: Aboriginal SEWB initiatives.
Albury Wodonga Health	28,008	Nolan House Clinical Service Planning.
Alcohol And Drug Foundation Inc	709,083	Community Engagement and Action Program 2019-20.
All Vascular Pty Ltd	2,400,000	Medical Devices Fund.
Anglican Community Services	1,027,815	Community Living Supports.
Anglican Community Services	81,000	Mental Health Suicide Prevention Fund.
Anglican Community Services	2,377	NSW Mental Health Community Living Programs to provide staff training.
Anzics	373,382	Bi-national Intensive Care Databases.
Arcs Australia	20,000	2020 ARCS Virtual Summit: Learn Share Connect.
Arcs Australia	80,000	Support the 2021 ARCS Conference.
Arcs Australia	20,000	NSW Health and Medical Research Sponsorship Program.
Armajun Health Service Aboriginal Corporation	240,000	Building on Aboriginal Communities' Resilience initiative.
Armajun Health Service Aboriginal Corporation	84,000	Oral Health Grant for Aboriginal Community Controlled Health Services.
Associated Media Group Pty Ltd	6,000	Water and pool safety for children: Child Safety Handbook.
Association of Drug Referral Centres Ltd	204,346	Alcohol and Other Drugs Youth Treatment Services.
Australian Breastfeeding Association	5,000	Seminar Series 2021 sponsorship.
Australian Commission On Safety And Quality In Health Care	2,665,702	Tranche Contribution for the Australian Commission on Safety and Quality in Health Care.
Australian Clinical Trials Alliance Ltd	20,000	NSW Health and Medical Research Sponsorship Program.
Australian Dental Association (NSW Branch) Ltd	140,000	Filling the Gap Dental Program.
Australian Festivals Association Inc	18,241	Harm Reduction Training Module.
Australian Healthcare & Hospitals Association	5,000	NSW Health and Medical Research Sponsorship Program.
Australian Red Cross Society	571,008	Community Living Supports.
Australian Red Cross Society	1,443	NSW Mental Health Community Living Programs to provide staff training.
Australian Red Cross Society	2,025	Funding for Children, Youth and Families Partnerships.
Australian Society for Medical Research	40,000	NSW Health and Medical Research Sponsorship Program.
Awabakal Ltd	300,000	Capital Works Contribution.
Awards Australia Pty Ltd	15,000	Contribution towards Young Achiever Awards Program.
Barnardos Australia	2,081,714	Family Referral Services.
BEING – Mental Health Consumers Inc	120,000	BEING Consumer Worker Forum 2020-21.
BEING – Mental Health Consumers Inc	822,058	BEING Core Funding 2020-21.
BEING – Mental Health Consumers Inc	110,000	BEING Peer Workforce Project Officer 2020-21.
BEING – Mental Health Consumers Inc	46,670	Information resources for consumers regarding NSW mental health legislation.



Grant recipient	Amount \$	Description
Benevolent Society	1,383,998	Family Referral Services.
Beyond 700 Pty Ltd	151,000	Medical Devices Fund.
Beyond Blue Ltd	1,200,000	Beyond Blue core grant.
Biripi Aboriginal Corporation Medical Centre	200,000	Emergency Drought Relief Mental Health Package: Aboriginal initiatives.
Black Dog Institute	1,613,807	Medical Research Support Program.
Black Dog Institute	247,250	Mental Health Suicide Prevention Fund.
Brain Injury Australia (BIA) Inc	11,000	Sponsorship of the National Brain Injury Conference 2021.
Branded Products	1,210	Contribution towards the Mental Health event 'i4Give Day'.
BTU (Building Trades Group Of Unions)	5,893	Alcohol and Other Drugs Early Intervention Innovation Fund.
Bulgarr Ngaru Medical Aboriginal Corporation	300,000	Emergency Drought Relief Mental Health Package: Aboriginal SEWB initiatives.
Bullinah Aboriginal Health Service Ltd	240,000	Building on Aboriginal Communities' Resilience initiative.
Camp Quality Ltd	112,500	NSW primary school cancer education program.
Cancer Council NSW	40,000	Aboriginal Young People and Vaping Research.
Cancer Council NSW	80,000	Cancer Council – Electronic Cigarette Use Among Young People in NSW.
Cancer Council NSW	16,171	Maintenance and updates of the Tobacco in Australia: Facts and Issues website in 2020-2023.
Careflight Pty Ltd	3,600,000	To operate CareFlight Rapid Response Helicopter.
Carers NSW Ltd	30,000	Palliative care carers.
Caring for Our Port Stephens Youth (COPSY) Inc	94,500	Jupiter counselling service for the youth of Port Stephens.
Catholic Healthcare Ltd	328,740	Charles O'Neill Mental Health Aged Care Partnership Initiative.
Centacare New England North West	302,342	Alcohol and Other Drugs Youth Treatment Services.
Centenary Institute of Cancer Medicine and Cell Biology	1,901,934	Medical Research Support Program.
Charlie Teo Foundation	25,000	Support the objectives of Charlie Teo Foundation.
Childhood Dementia Initiative Ltd	10,000	To establish research governance framework.
Children's Cancer Institute Australia	1,169,700	Medical Research Support Program.
Children's Cancer Institute Australia	10,000	NSW Health and Medical Research Sponsorship Program.
Children's Medical Research Institute	787,217	Medical Research Support Program.
Children's Medical Research Institute	340,000	NSW Cancer Moonshot Grant.
Children's Tumour Foundation of Australia	100,000	Support the objectives of the Children's Tumour Foundation.
Clinical Excellence Commission	20,000	Perinatal Safety Program.
Community Life Batemans Bay Inc	2,000	Donation towards purchase of defibrillator for Hope House.
Community Life Batemans Bay Inc	30,000	Support to Hope House.
Community Northern Beaches Inc	90,000	Contribution towards refurbishment works at community services centre.
Community Restorative Centre	11,240	Alcohol and Other Drugs Early Intervention Innovation Fund – Evaluation Grants Scheme.
Community Restorative Centre	136,168	Drug and Alcohol Treatment Services Grant.
Community Transport Central Coast Ltd	40,000	To support Shirley Shuttle's operational services and activities.
Condobolin Aboriginal Health Service Inc	149,298	Aboriginal Community Controlled Health Services for dental and service upgrades.
Condobolin Aboriginal Health Service Inc	100,000	Aboriginal Mental Health and Wellbeing services.
Condobolin Aboriginal Health Service Inc	16,681	Suicide Prevention Community Gatekeeper Training 2019-20.
Consumer Health Forum Of Australia Ltd	5,000	Sponsorship for the Consumer Health Forum Summit 2021: Shifting Gears.
Coomealla Health Aboriginal Corporation	240,000	Building on Aboriginal Communities' Resilience initiative.
Coonamble Aboriginal Health Service	50,000	Aboriginal Community Controlled Health Services for dental and service upgrades.

Grant recipient	Amount \$	Description
Coonamble Aboriginal Health Service	240,000	Building on Aboriginal Communities' Resilience initiative.
Country Women's Association of NSW	3,380	Donation towards purchase of defibrillator for the Ilford/Running Stream CWA Branch.
Crestani Scholarships	2,215	Donation towards purchase of defibrillator.
DAMEC	338,758	Drug and Alcohol Treatment Services Grant.
Department of Communities and Justice	60,455	Contributions for National Redress Scheme.
Department of Communities and Justice	29,272	National Coronial Information System Contribution.
Department of Communities and Justice	437,000	Specialist Victims Support Service grant.
Department of Education	52,355	Obesity Prevention Initiatives in Primary and Secondary Schools.
Department of Health and Human Services	64,486	Mental Health Professional Online Development.
Department of Health and Human Services	1,000,000	NSW Health contribution towards the new Cancer and Wellness Centre planned at Echuca.
Department of Premier and Cabinet	25,000	Male Champions of Change.
Department of Health and Ageing	1,582,924	Contribution for National Cord Blood Collection Network and Australasian Bone Marrow Donor Registry.
Department of Health and Ageing	175,333	Health Star Rating system.
Directions Health Services	728,280	Counselling for people using methamphetamines.
Down Syndrome Association of NSW Inc	10,000	Virtual conference 'Understanding the challenges of obesity for people with Down Syndrome'.
Durri Aboriginal Corporation Medical Service	240,000	Building on Aboriginal Communities' Resilience initiative.
Edmund Barton Centre Inc	1,667	Donation to Port Macquarie Dementia Friendly Community Alliance.
EIS Health Ltd	339,282	Aftercare grant: Way Back Support Service.
Endeavour Mental Health Recovery Clubhouse	250,000	Mental Health Support Programs for Port Macquarie areas.
Endeavour Mental Health Recovery Clubhouse	3,000	Support to The good human factory for mental health workshop.
Family Drug Support	5,000	Support the International Family Drug Support Day.
Family Planning NSW	114,110	NSW Pregnancy Choices Helpdesk.
Family Planning NSW	162,500	To utilise a private Procedural healthcare facility.
FND Australia Support Services Inc	41,000	To develop resources for consumers, carers and service providers.
Galambila Aboriginal Health Service Inc	200,000	Emergency Drought Relief Mental Health Package: Aboriginal SEWB initiatives.
Gandangara LALC	9,994	COVID-19 expenses.
Garah Community Fundraiser	20,000	Contribution towards support for medical patients.
Garvan Institute of Medical Research	2,000,000	Australian Genomic Cancer Medicine Program.
Garvan Institute of Medical Research	11,589,975	Medical Research Support Program.
Garvan Institute of Medical Research	50,000	NSW Early Phase Clinical Trials Alliance Funding.
Gidget Foundation Australia	750,000	Funding to expand support services for families suffering emotional distress during pregnancy and early parenting.
Gotcha 4 Life Foundation Ltd	342,600	Building mental resilience in NSW communities.
Grand Pacific Health Ltd	656,660	Community Living Supports.
Grand Pacific Health Ltd	1,718,643	Housing and Accommodation Support Initiative.
Grand Pacific Health Ltd	772,464	Mental Health Suicide Prevention Fund.
Grand Pacific Health Ltd	6,041	NSW Mental Health Community Living Programs to provide staff training.
Griefline Community And Family Services Inc	250,000	To enhance the bereavement support services.
Griffith Aboriginal Medical Service Inc	110,000	Aboriginal Community Controlled Health Services for dental and service upgrades.
Griffith Aboriginal Medical Service Inc	2,469	COVID-19 expenses.
Griffith Aboriginal Medical Service Inc	300,000	Emergency Drought Relief Mental Health Package: Aboriginal SEWB initiatives.

Grant recipient	Amount \$	Description
Hammondcare	1,353,036	Mental Health Aged Care Partnership Initiative transition unit.
Headspace National Youth Mental Health Foundation Ltd	583,926	Parenting and Community Information Sessions FY20-22.
Headspace National Youth Mental Health Foundation Ltd	2,826,516	Suicide Prevention Collaboratives initiative.
Health Education and Training Institute	100,000	Older People's Mental Health scholarship.
Healthdirect Australia	13,178,225	Health Information and Advice Service.
Healthdirect Australia	779,932	National Health Service Directory Funding.
Healthdirect Australia	382,769	NSW Palliative Care After Hours Helpline.
Healthdirect Australia	8,191	Pregnancy Options Helpline.
Healthwise New England North West	487,813	Mental Health Suicide Prevention Fund.
Healthy North Coast Ltd	339,282	The Way Back Support Service – Aftercare Grant.
HNECC Ltd	678,564	The Way Back Support Service – Aftercare Grant.
Human Genetics Society of Australasia Inc	5,000	NSW Health and Medical Research Sponsorship Program.
Humpty Dumpty Foundation Ltd	210,000	To purchase medical equipment.
Hunter Medical Research Institute	220,560	COVID-19 Research Funding.
Hunter Medical Research Institute	17,390,409	Medical Research Support Program.
Hunter Medical Research Institute	470,500	NSW Prevention Research Support Program.
Hunter Primary Care Ltd	178,566	Alcohol and Other Drugs Youth Treatment Services.
Illawarra Health and Medical Research Institute Ltd	1,255,784	Medical Research Support Program.
Illawarra Health and Medical Research Institute Ltd	10,000	NSW Health and Medical Research Sponsorship Program.
Illawarra Women's Health Centre	3,000	Contribution to the Illawarra Women's Health Centre.
Illawarra Women's Health Centre	300,000	Support for service provision at the Centre.
Independent Community Living Australia Ltd	382,695	Project Embark.
Ingham Institute For Applied Medical Research	994,696	COVID-19 Research Funding.
Ingham Institute For Applied Medical Research	2,015,594	Medical Research Support Program.
Karitane	362,500	Virtual Residential Parenting Service.
Karralika Programs Inc	547,830	Alcohol and Other Drugs Youth Treatment Services.
Katungul Aboriginal Corporation Community & Medical Services	200,000	Emergency Drought Relief Mental Health Package: Aboriginal SEWB initiatives.
Kedesh Rehabilitation Services Ltd	317,624	Drug and Alcohol Treatment Services Grant.
Kico Knee Innovation Co. Pty Ltd	1,000,000	Medical Devices Fund.
Kids of Macarthur Health Foundation Trust	50,000	Contribution towards annual fundraiser to purchase medical equipment.
Koori Kids Pty Ltd	6,000	NAIDOC Week 2021 School Initiative competitions.
KYDS Youth Development Service Incorporated	150,000	Mental health support for children, young people and their families during COVID-19.
KYDS Youth Development Service Incorporated	40,909	Support the urgent need for youth counselling services in Northern Sydney.
Lifeline Australia	1,500,000	Lifeline Text Service.
Lifeline Central West Inc	200,000	Rapid community support program.
Lifeline South Coast (NSW) Wollongong Mission	57,570	Suicide Prevention Community Gatekeeper Training.
Lions Club of Wyoming-East Gosford Centennial Inc	15,000	Wyoming Elsie's Retreat Project.

Grant recipient	Amount \$	Description
Lives Lived Well Ltd	7,407	Alcohol and Other Drugs Early Intervention Innovation Fund.
Lives Lived Well Ltd	364,140	Counselling for people using methamphetamines.
Lives Lived Well Ltd	1,933,400	Drug and Alcohol package Women and Children residential rehabilitation.
Lives Lived Well Ltd	65,916	Drug and Alcohol Treatment Services.
Living Works Education (Australia) Pty Ltd	394,000	Mental Health Suicide Prevention Fund.
Living Works Education (Australia) Pty Ltd	102,595	Suicide Prevention Community Gatekeeper Training.
Lucky Health Pty Ltd	380,000	Medical Devices Fund.
Lung Foundation Australia	5,000	Lung disease and lung cancer research.
Maari Ma Health Aboriginal Corporation	240,000	Building on Aboriginal Communities' Resilience initiative.
Maari Ma Health Aboriginal Corporation	332,606	Drug and Alcohol Treatment Services Grant.
Mackillop Family Services	354,706	Family Referral Services.
Macquarie University	200,000	National Health and Medical Research Council Partnership.
Manilla Local Health Committee	3,200	Donation towards purchase of devices to support residents in the aged care wing at the Manilla Multi-Purpose Service.
Maranguka Community Hub	231,000	Service provision arrangements relating to paediatric allied health service in Bourke.
Master Builders Association	35,948	Suicide Prevention Community Gatekeeper Training.
McGrath Foundation Ltd	925,000	Funding to support McGrath Breast Care Nurses.
McGrath Foundation Ltd	100,000	Support NSW McGrath Breast Care Nurses with professional development.
Melanoma Institute Australia	100,000	Biospecimen Collection Grants.
Mental Health Association NSW Inc	1,585,847	WayAhead core funding.
Mental Health Carers ARAFMI NSW Inc	29,035	Information resources for carers regarding NSW mental health legislation.
Mental Health Carers ARAFMI NSW Inc	536,321	Mental Health Carers NSW Core Funding.
Mental Health Commission Of NSW	1,737,572	Health Literacy Initiative Project.
Mental Health Co-Ordinating Council Inc	86,680	Community Housing Provider training.
Mental Health Co-Ordinating Council Inc	190,500	Digital Skills for Living Program.
Mental Health Co-Ordinating Council Inc	210,627	Funding to support 100 Certificate IV Peer Work Scholarships Program.
Mental Health Co-Ordinating Council Inc	245,000	Learning and Development Unit.
Michelago Region Community Association	1,800	Donation towards purchase of defibrillator.
Mission Australia	498,464	Alcohol and Other Drugs Continuing Care Sector Development.
Mission Australia	799,420	Alcohol and Other Drugs Youth Treatment Services.
Mission Australia	213,675	Annie Green Court Specialist Residential Aged Care Facility in Sydney LHD.
Mission Australia	224,492	Benjamin Short Grove.
Mission Australia	2,098,998	Community Living Supports.
Mission Australia	5,291,330	Housing and Accommodation Support Initiative.
Mission Australia	18,776	NSW Mental Health Community Living Programs to provide staff training.
MRCF Pty Ltd	450,000	Operational Grant for Medical Research Commercialisation Fund.
Murrumbidgee Primary Health Network	290,479	Aftercare grant: Way Back Support Service.
National Association for Loss and Grief NSW Inc	8,353	Support to implement telehealth related technology costs.
National Association for Loss and Grief NSW Inc	558,540	To improve the quality and safety of the service.
National Health Foundation of Australia	250,000	Cardiovascular Research Network.
National Rugby League Ltd	280,000	State of Mind Program.
Neami Ltd	3,705,800	Community Living Supports.
Neami Ltd	8,742,972	Housing and Accommodation Support Initiative.



Grant recipient	Amount \$	Description
Neami Ltd	31,601	NSW Mental Health Community Living Programs to provide staff training.
NELUNE Foundation	400,000	Support the objectives of the NELUNE Foundation.
Network of Alcohol and Other Drugs Agencies Inc	150,150	Alcohol and Other Drugs Continuing Care Sector Development.
Network of Alcohol and Other Drugs Agencies Inc	4,750	Alcohol and Other Drugs Service Development Grant Program.
Network of Alcohol and Other Drugs Agencies Inc	5,000	Alcohol and Other Drugs Service Development Grant Program.
Network of Alcohol and Other Drugs Agencies Inc	185,000	Non-Government Organisations Advisory Committee Strategic Plan.
Neuroscience Research Australia	1,000,000	Funds for NSW Chair of Schizophrenia Research.
Neuroscience Research Australia	6,962,128	Medical Research Support Program.
Neuroscience Research Australia	73,000	y-QUIT and Keeping Quitting in Mind (KQIM) Smoking Cessation Program.
New Horizons Enterprises Ltd	2,625,000	Aftercare Grant: Youth Aftercare Pilot.
New Horizons Enterprises Ltd	9,373,747	Community Living Supports.
New Horizons Enterprises Ltd	11,293,586	Housing and Accommodation Support Initiative.
New Horizons Enterprises Ltd	52,451	NSW Mental Health Community Living Programs to provide staff training.
New Horizons Enterprises Ltd	1,600,000	Youth Aftercare Pilot Additional Site.
Northern Beaches Council	96,217	Suicide Prevention Community Gatekeeper Training.
NSW Department of Industry	5,300,000	Building stronger communities.
NSW Federation of Housing Associations Inc	135,820	Program Grant to extend Mental Health Training for Community Housing.
NSW Users and Aids Association Inc	185,000	Alcohol and Other drugs funding.
NSW Users and Aids Association Inc	315,984	DanceWize Program in NSW.
NSW Users and Aids Association Inc	61,352	Peer support scale up.
NSW Users and Aids Association Inc	35,000	Virtual and Postal Take Home Naloxone pilot and evaluation.
Obesity Australia Pty Ltd	75,000	Action on obesity in Australia.
Odyssey House NSW	915,375	Community Drug Action Program.
Odyssey House NSW	750,000	Parents & Children Program Capital Grant.
Open Minds Australia Ltd	1,750,659	Community Living Supports.
Open Minds Australia Ltd	1,257,420	Housing and Accommodation Support Initiative.
Open Minds Australia Ltd	7,641	NSW Mental Health Community Living Programs to provide staff training.
Orange Aboriginal Medical Service	50,000	Aboriginal Community Controlled Health Services for dental and service upgrades.
Orange Aboriginal Medical Service	100,000	Aboriginal Mental Health and Wellbeing services.
Orange Aboriginal Medical Service	84,000	Oral Health Grant for Aboriginal Community Controlled Health Services.
Paediatric Ltd	5,000,000	Paediatric Precision Medicine Funding.
Palliative Care NSW Inc	280,000	Palliative Care Support Program.
Parkinson's NSW Ltd	5,000	Donation to Goulburn Parkinson's support group.
Pathfinders Ltd	1,362,115	Family Referral Services.
Pharmaceutical Society of Australia Ltd	14,000	Prescription Medicine Safety.
Pharmacy Guild of Australia NSW Branch	3,284,564	Pharmacy Incentive Scheme.
Pharmacy Guild of Australia NSW Branch	230,117	Pharmacy Needle and Syringe Program Fitpack Scheme.
Pius X Aboriginal Corporation	84,000	Oral Health Grant for Aboriginal Community Controlled Health Services.
Police and Community Youth Clubs NSW Ltd	96,325	GRIT Program (Growth mindset, Resilience, Intervention for teenagers).
Quest for Life Foundation	100,000	Quest for Life Programs.
Red Frogs Australia	5,000	Peer based harm reduction services at music festivals.

Grant recipient	Amount \$	Description
Relationships Australia Canberra and Region Inc	746,991	Family Referral Services.
Relationships Australia (NSW)	1,324,800	Family Referral Services.
Research Australia	20,000	NSW Health and Medical Research Sponsorship Program.
Respite Care for QBN Inc	250,000	Support people suffering from terminal and chronic illness.
RichmondPRA Limited	2,505,439	Community Living Supports.
RichmondPRA Limited	13,828,042	Housing and Accommodation Support Initiative.
RichmondPRA Limited	1,000	Housing and Accommodation Support Initiative Plus consumers.
RichmondPRA Limited	1,201,500	National Disability Insurance Scheme Mental Health Officers Program.
RichmondPRA Limited	41,474	NSW Mental Health Community Living Programs to provide staff training.
RichmondPRA Limited	1,332,387	Youth Community Living Supports.
Ride Dungog	20,000	Mental Health first aid training and a wellbeing pilot program.
Riverina Medical & Dental Aboriginal Corporation	200,000	Emergency Drought Relief Mental Health Package: Aboriginal SEWB initiatives.
Rotary Club Of Lavington Inc	2,000	Donation towards purchase of specialist equipment for sensory room.
Rotary Club Of Wingham	9,091	Funding to establish regional development and support for people with post traumatic stress disorder by using art as therapy.
Royal Australian and New Zealand College of Psychiatrists	200,000	Rural psychiatry project.
Royal Australian College of General Practitioners	535,200	GP Education and Training.
Royal Far West	20,000	Providing specialist paediatric services for children in the Parkes region.
Royal Flying Doctor Service of Australia (South Eastern Section)	810,000	COVID-19 preparedness purposes.
Royal Flying Doctor Service of Australia (South Eastern Section)	460,000	Telehealth mental health enhancement.
Royal Society for the Welfare of Mothers and Babies	240,000	Tresillian Grant.
Royal Society for the Welfare of Mothers and Babies	2,239,463	Tresillian Regional Family Care Centre Hubs Funding.
Royal Society for the Welfare of Mothers and Babies	362,500	Virtual Residential Parenting Service Project.
RSL Lifecare Ltd	630,413	Mental Health Aged Care Partnership Initiative transition unit.
RSL of Australia Lithgow Sub Branch	1,799	Donation towards purchase of defibrillator for Lithgow city sub-branch RSL.
RSPCA NSW	32,800	NSW Petspace Program.
Rural and Remote Medical Services Ltd	7,500	Donation towards purchase vaccine storage.
S & Z Fencing Pty Ltd	50,000	Equine Therapy Program.
Samaritans Foundation Diocese of Newcastle	365,093	Drug and Alcohol Treatment Services Grant.
Schizophrenia Fellowship of NSW Ltd	184,166	Forensic Reintegration Program.
SDIP Innovations Pty Ltd	2,775,480	Medical Devices Fund.
Service NSW	3,767,040	Pre-IVF Fertility Testing Rebate.
Service NSW	116,152	Pre-IVF Rebate Service.
Shoalhaven Neighbourhood Services Inc	7,000	Donation to Happy Sounds.
Snowy Monaro Regional Council	1,000	Donation towards purchase of defibrillator for Cooma Swim Centre.
SNPHN Ltd	339,282	Aftercare grant: Way Back Support Service.
Social Futures Ltd	603,951	Family Referral Services.
South Coast Medical Service Aboriginal Corporation	240,000	Building on Aboriginal Communities' Resilience initiative.

Grant recipient	Amount \$	Description
South Coast Women's Health and Welfare Aboriginal Corporation	240,000	Building on Aboriginal Communities' Resilience initiative.
South Coast Women's Health and Welfare Aboriginal Corporation	100,000	Emergency Drought Relief Mental Health Package: Aboriginal SEWB initiatives.
South Western Sydney Primary Health Network Ltd	339,282	Aftercare grant: Way Back Support Service.
South Western Sydney Primary Health Network Ltd	60,000	To develop statewide violence, abuse and neglect (VAN) HealthPathway.
Southern Cross Care NSW and ACT	652,563	Specialist Residential Aged Care Facility.
Spark Up Pty Ltd	876	Funding for hand sanitiser for winter flu campaign.
St Agnes' Care and Lifestyle	5,000,000	Contribution to Emmaus Memory Support Centre.
St John Ambulance Australia (NSW)	16,900,000	COVID-19 Community Medical Support.
St Vincent De Paul Society NSW	867,112	Alcohol and Other Drugs Continuing Care Sector Development.
St Vincent De Paul Society NSW	85,001	Drug and Alcohol Treatment Services Grant.
St Vincent's Hospital Sydney Ltd	22,000	Improve Oral Health for disadvantaged community.
Stand Tall Australia Ltd	130,000	Stand Tall Event Live Stream.
State Library Of New South Wales	178,302	Drug Info Service.
Street Side Medics Limited	130,000	Support the mobile clinic which provides primary healthcare to people experiencing homelessness in NSW.
Street Side Medics Limited	200,000	Support the objectives of Street Side Medics Limited.
Stride Mental Health Ltd	1,800,000	LikeMind services.
Suicide Prevention Australia	81,000	Mental Health Suicide Prevention Fund.
Sunflower House Inc	24,000	Support mental health services during the height of the COVID-19 lockdowns.
Surf Life Saving NSW Inc	60,000	Donation for Beach Safe app.
Survivors & Mates Support Network Limited	250,000	Provide trauma-informed groupwork to adult male survivors of child sexual abuse.
Sydney Water	46,000	COVID-19 Sewage Surveillance Program.
Tetratherix Technology Pty Ltd	481,381	Medical Devices Fund.
Tharawal Aboriginal Corporation	240,000	Building on Aboriginal Communities' Resilience initiative.
Tharawal Aboriginal Corporation	84,000	Oral Health Grant for Aboriginal Community Controlled Health Services.
The Baggy Blues Members Club Ltd	72,645	Baggy Blues Tour 2020 campaign.
The Buttery Ltd	289,279	Alcohol and Other Drugs Continuing Care Sector Development.
The Buttery Ltd	88,686	Alcohol and Other Drugs Youth Treatment Services.
The Buttery Ltd	371,080	Drug and Alcohol Treatment Services Grant.
The Buttery Ltd	1,276,556	Housing and Accommodation Support Initiative.
The Buttery Ltd	3,246	NSW Mental Health Community Living Programs to provide staff training.
The Cessnock Community Healthcare Trust	10,000	Fit Out Contribution.
The George Institute For Global Health	100,000	Biospecimen Collection Grants.
The George Institute For Global Health	12,391,951	Medical Research Support Program.
The Good Human Factory Pty Ltd	3,000	Mental Health workshops.
The Groundswell Project Inc	75,000	Groundswell aged care initiative.
The Heart Research Institute Ltd	20,000	NSW Health and Medical Research Sponsorship Program.
The Marmalade Foundation Limited	13,636	Funding for Lou's Place to conduct Mental Health First Aid Training.
The Men's Table Ltd	30,000	Support men's mental health and prevent suicide risk.
The Rotary Club Of Gosford North	130,625	Mental Health Suicide Prevention Fund.
The Salvation Army (NSW) Property Trust	92,825	Alcohol and Other Drugs Early Intervention Innovation Fund.

Grant recipient	Amount \$	Description
The Salvation Army (NSW) Property Trust	227,435	Drug and Alcohol Treatment Services Grant.
The Sax Institute	1,481,930	COVID-19 Research Funding.
The Sax Institute	1,000,000	Research Grant.
The Sax Institute	350,000	The Australian Prevention Partnership Centre (TAPPC) funding.
The Ted Noffs Foundation	175,504	Alcohol and Other Drugs Youth Treatment Services.
The Twenty Ten Association Inc	265,000	LGBTIQA+ training and education.
The Twenty Ten Association Inc	40,700	Suicide Prevention Community Gatekeeper Training.
The Westmead Institute For Medical Research	100,000	Biospecimen Collection Grants.
The Westmead Institute For Medical Research	5,626,067	COVID-19 Research Funding.
The Westmead Institute For Medical Research	3,899,011	Medical Research Support Program.
The Westmead Institute For Medical Research	10,000	NSW Health and Medical Research Sponsorship Program.
The Westmead Institute For Medical Research	790,000	PhD and Early-Mid Career Grant Funding.
The Westmead Institute For Medical Research	10,000	Support the Cell Therapy in Transplantation: DC vs Treg.
The Westmead Institute For Medical Research	200,000	Ovarian cancer research.
Tobwabba Aboriginal Medical Service	200,000	Emergency Drought Relief Mental Health Package: Aboriginal SEWB initiatives.
UCA – Parramatta Mission	2,512,258	Community Living Supports.
UCA – Parramatta Mission	6,760,186	Housing and Accommodation Support Initiative.
UCA – Parramatta Mission	1,800,000	LikeMind services.
UCA – Parramatta Mission	23,554	NSW Mental Health Community Living Programs to provide staff training.
Ungooroo Aboriginal Corporation	240,000	Building on Aboriginal Communities' Resilience initiative.
UNICEF Australia	15,455	UNICEF Drought Youth Summit.
Uniting (NSW ACT)	2,196,665	Family Referral Services.
Uniting Church in Australia Kincumber Congregation	2,286	Donation towards purchase of defibrillator for Kincumber Uniting Church.
University of Melbourne	70,000	National Health and Medical Research Council Partnership Grant – Chlamydia Case Management in GP.
University of Melbourne	68,195	Evidence to support Safe & Together Implementation and Evaluation (ESTIE) project.
University of New England	335,680	COVID-19 Research Funding.
University of Newcastle	459,046	COVID-19 Research Funding.
University of Newcastle	535,278	PhD and Early-Mid Career Grant Funding.
University of Newcastle	3,202,210	Centre for Rural and Remote Mental Health.
University of Newcastle	188,509	New Fathers Pilot Project.
University of Newcastle	1,015,561	Rural Adversity Mental Health.
University of NSW	30,000	Australia's adolescent HPV vaccination program.
University of NSW	5,472,286	COVID-19 Research Funding.
University of NSW	148,346	NSW point of care HCV RNA testing pilot program.
University of NSW	250,000	NSW Prevention Research Support Program for Centre for Primary Health Care and Equity.
University of NSW	500,000	NSW Prevention Research Support Program for The Kirby Institute.
University of NSW	190,000	PhD and Early-Mid Career Grant Funding.
University of NSW	2,571,574	Spinal Cord Injury Research Grants.
University of NSW	500,000	Translational Research Grant Scheme.

Grant recipient	Amount \$	Description
University of NSW	50,000	Follow-up study on HIV and STI screening practices.
University of NSW	500,000	Intellectual Disability Mental Health Chair.
University of NSW	200,000	Minister's Brain Cancer Research Award.
University of NSW	80,000	National Health and Medical Research Council Partnership for Standing Tall.
University of NSW	100,000	NSW HIV Prevention Partnership project.
University of NSW	338,972	Support evaluation of Collaborative Commissioning.
University of Sydney	398,711	Biospecimen Collection Grants.
University of Sydney	1,196,036	Cardiovascular Research Capacity Program.
University of Sydney	14,401	Co-creating Evidence from High Value Public Health Data.
University of Sydney	6,766,145	COVID-19 Research Funding.
University of Sydney	372,656	NSW Prevention Research Support Program for Women & Babies Research.
University of Sydney	624,993	NSW Prevention Research Support Program for Prevention Research Collaboration.
University of Sydney	2,306,455	PhD and Early-Mid Career Grant Funding.
University of Sydney	2,574,416	Spinal Cord Injury Research Grants.
University of Sydney	2,000	Support for the Western NSW Health Research Network Symposium.
University of Sydney	50,000	Sydney Health Partners (SHP) Consumer Awareness and Participation Project.
University of Sydney	70,000	Donation for Chair Medical Physics to develop education materials and deliver training.
University of Sydney	21,000	Indigenous Pathways into the BOH and DMD Programs.
University of Sydney	45,000	Midwives and Obstetricians Helping Mothers to Quit research trial.
University of Sydney	60,000	National Health and Medical Research Council Partnership for FirstCPR.
University of Sydney	50,000	National Health and Medical Research Council Partnership for Maximising Organ Donor offer Utility System-wide (MODUS).
University of Sydney	352,649	NSW Health Chair of Population Oral Health.
University of Sydney	37,500	Support Biostatistics Collaboration of Australia to deliver the NSW Biostatistics Training Program.
University of Technology Sydney	80,000	PhD and Early-Mid Career Grant Funding.
University of Technology Sydney	781,381	Spinal Cord Injury Research Grants.
University of Wollongong	793,125	COVID-19 Research Funding.
University of Wollongong	250,000	NSW Prevention Research Support Program.
University of Wollongong	1,144,803	Project Air.
University of Wollongong	116,738	Suicide Prevention Community Gatekeeper Training.
Upper Hunter Where There's a Will	70,000	Where There's a Will Foundation.
Victor Chang Cardiac Research Institute Ltd	1,768,413	Medical Research Support Program.
Victor Chang Cardiac Research Institute Ltd	10,000	NSW Health and Medical Research Sponsorship Program.
Walgett Aboriginal Medical Service	10,000	Walgett Aboriginal Medical Service Health Promotion Activities.
Watershed Drug And Alcohol Rehabilitation & Education Services Ltd	131,832	Drug and Alcohol Treatment Services Grant.
We Help Ourselves	761,560	Drug and Alcohol Treatment Services Grant.
Weave Youth & Community Services Inc	57,340	Alcohol and Other Drugs Early Intervention Innovation Fund.
Weigelli Centre Aboriginal Corporation	200,000	Delivering Aboriginal Mental Health and Wellbeing Services in Central Western NSW.
Weigelli Centre Aboriginal Corporation	100,000	Emergency Drought Relief Mental Health Package: Aboriginal SEWB initiatives.
Weigelli Centre Aboriginal Corporation	9,540	Funding to contribute to gas heater, hot water system and removal of dead trees.
Weigelli Centre Aboriginal Corporation	465,000	Live Life Well @ School funding.
Wellways Australia Ltd	3,064,331	Community Living Supports.
Wellways Australia Ltd	11,329,719	Housing and Accommodation Support Initiative.
Wellways Australia Ltd	81,000	Mental Health Suicide Prevention Fund.



Grant recipient	Amount \$	Description
Wellways Australia Ltd	36,560	NSW Mental Health Community Living Programs to provide staff training.
Wellways Australia Ltd	144,052	Suicide Prevention Community Gatekeeper Training.
Wellways Australia Ltd	903,801	Youth Community Living Supports.
Wentwest Ltd	339,282	Aftercare grant: Way Back Support Service.
Werin Aboriginal Corporation	20,966	COVID-19 expenses.
Wesley Community Services Ltd	909	Mums and Kids Matter Discretionary Fund.
Wesley Community Services Ltd	3,387,258	Mums and Kids Matter Program.
Western Health Alliance Ltd	290,479	Aftercare grant: Way Back Support Service.
Western NSW Health Research Network Inc	5,000	NSW Health and Medical Research Sponsorship Program.
Western Sydney University	23,344	Development and evaluation of an evidence-based Diabetes oral health (DIOH) training program for Diabetes Educators.
Wildlme Marketing & Events Pty Ltd	2,682	Donation for Mental Health exercise and wellbeing videos.
Wilma Women's Health Centre	20,000	Facility maintenance and repair.
Women's Alcohol and Drug Advisory Centre Inc	209,502	Drug and Alcohol Treatment Services Grant.
Women's Health NSW Inc	5,000	To upgrade Women's Health NSW Database.
Woolcock Institute of Medical Research Ltd	1,198,767	Medical Research Support Program.
Yacaaba Centre Information and Counselling Service Port Stephens Inc	118,000	Yacaaba Centre Information and Counselling Service.
Yerin Aboriginal Health Services Inc	36,808	Aboriginal Community Controlled Health Services for dental and service upgrades.
Yerin Aboriginal Health Services Inc	240,000	Building on Aboriginal Communities' Resilience initiative.
Yerin Aboriginal Health Services Inc	275,000	Capital improvements at the new location site.
Yerin Aboriginal Health Services Inc	300,000	Capital Works Contribution.
Yfoundations Incorporated	282,000	Youth Sexual Health Program Grant 2018-20.
Yoorana Gunya Family Healing Centre Aboriginal Corporation	100,000	Aboriginal Mental Health and Wellbeing services.
Yoorana Gunya Family Healing Centre Aboriginal Corporation	240,000	Building on Aboriginal Communities' Resilience initiative.
Yoorana Gunya Family Healing Centre Aboriginal Corporation	1,842	COVID-19 expenses.
Yourtown	1,375,000	Kids Help Line Satellite site.
Youth Insearch Foundation (Aust) Inc	346,304	Supporting Healthy Transitions Project.
Youturn Ltd	2,490,000	Post Suicide Support initiative.
Dubbo Neighbourhood Centre Inc	127,807	Women's Safety Package.
Rotary Club of Kiama	8,000	Youth Mental Health First Aid course.
Transport for NSW	32,722	Community Health Innovations.
Wellington Aboriginal Corporation Health Service	127,807	Women's Safety Package.
<b>Total</b>	<b>363,206,988</b>	

## NSW Ministry of Health operating consultants 2020-21

### Consultancies equal to or more than \$50,000

Consultant	Cost \$	Description
<b>Management Services</b>		
Accenture Australia Pty Ltd	203,000	Statewide patient billing transformation.
Belay Pty Ltd	200,140	Consultancy services for Service and Capital Planning Unit and Strategic Analysis and Investment Unit's NSW Health major capital projects.
Deloitte Access Economics Pty Ltd	73,844	Economic cost of suicide study.
Deloitte Touche Tohmatsu	278,429	Security assessment and project management support for the security risk assessment on NSW Ministry of Health systems.
Delta HR	74,972	Specialist support service for implementation of organisational change management process.
Ernst & Young	151,500	Strategic consulting support for development of the future strategic direction and priorities for NSW Health in the context of the current and evolving response to COVID-19.
H4 Consulting	86,250	Functional Analysis for Tobacco Control Unit & Review the delivery of Tobacco Strategy Work Plan.
HR Connections Pty Ltd	68,744	Review of new and adapted systems and processes for COVID-19 response.
Inside Out & Associates Australia Pty Ltd	132,078	Co-design of Suicide Prevention Outreach Teams.
KPMG	146,900	Engagement to assist NSW Ministry of Health with Outcome based framework.
Nous Group Pty Ltd	61,635	Scoping dispatching strategies for Suicide Prevention Outreach Teams.
PricewaterhouseCoopers	79,569	Assessment of the compliance of grants registers implemented for AASB 15 and AASB1058.
Roses in the Ocean Ltd	691,834	Co-design of Alternatives to Emergency Department Presentations.
Roses in the Ocean Ltd	436,175	Train and develop local lived experience advisory groups across NSW.
Sapere Research Group Ltd	98,330	Evaluation of COVID-19 Vulnerable Populations Enhancement.
Synergia Consulting Pty Ltd	126,000	Evaluation of Suicide Prevention Fund.
Uncharted Leadership Institute Pty Ltd	109,778	Co-designing and facilitating the Good to Great program.
University of Wollongong	139,646	Qualitative research into the experiences of consumers of services for children and young people with problematic and harmful sexual behaviours and develop resources to communicate the findings.
<b>Subtotal</b>	<b>3,158,824</b>	
<b>Training</b>		
4 Mental Health Ltd	669,200	Connecting with People training modules.
Abstarr Consulting Pty Ltd	99,125	Development of diversity training.
ACON Health Ltd	150,000	Trans and Gender Diverse Community Suicide Prevention Program training.
Community Activities Lake Macquarie Inc	92,192	Suicide Prevention Community Gatekeeper Training.
Compass Housing Services	97,544	Suicide Prevention Community Gatekeeper Training.
Feel The Magic Ltd	148,336	Online Healthy Grieving Program for children bereaved by suicide.
Katungul Aboriginal Corporation Community & Medical Services	69,780	Suicide Prevention Community Gatekeeper Training.
Lifeline Central West Inc	93,000	Suicide Prevention Community Gatekeeper Training.
Roses in the Ocean Ltd	333,244	Developing suicide prevention peer workforce training curriculum and suicide prevention community gatekeeper training.
<b>Subtotal</b>	<b>1,752,421</b>	

Consultant	Cost \$	Description
<b>Legal services</b>		
Herbert Smith Freehills	348,182	Legal support to NSW Health in its engagement with private hospital operators as part of its COVID-19 response.
HWL Ebsworth Lawyers	122,083	Review, development and implementation of the NSW Health Procurement Policy and Procurement Procedures.
King & Wood Mallesons	55,382	Negotiation and contract finalisation for Westmead Managed Equipment Services.
Norton Rose Fulbright Australia	83,546	Legal documentation to enable retail tenants for Café and Childcare for 1 Reserve Road.
<b>Subtotal</b>	<b>609,193</b>	
<b>Consultancies equal to or more than \$50,000</b>	<b>5,520,438</b>	

## Consultancies less than \$50,000

Consultant	Cost \$
<b>During the year, 45 other consultancies were engaged in the following areas:</b>	
Management services	467,150
Organisational review	30,627
Training	197,482
Legal services	155,423
IT	1,250
<b>Consultancies less than \$50,000</b>	<b>851,932</b>
<b>Total consultancies</b>	<b>6,372,369</b>

## Payment of accounts

The following tables provide payment performance information for the NSW Ministry of Health for 2020-21.

2020-21 Aged analysis at the end of each quarter	Current not yet due \$'000	Overdue 1-30 days \$'000	Overdue 31-60 days \$'000	Overdue 61 and over \$'000
<b>ALL SUPPLIERS<sup>1</sup></b>				
September	-	3,720	72	431
December	-	4,569	1,749	760
March	-	7,143	869	137
June	176	5,618	524	246
<b>SMALL BUSINESS SUPPLIERS<sup>1</sup></b>				
September	-	418	0	0
December	-	646	19	0
March	-	225	0	21
June	-	80	0	8

Accounts due or paid within each quarter	September	December	March	June
<b>ALL SUPPLIERS<sup>1</sup></b>				
Number of accounts due for payment	4,649	6,817	8,043	8,399
Number of accounts paid on time	4,596	6,772	7,951	8,228
Actual percentage of accounts paid on time (based on number of accounts)	98.9%	99.3%	98.9%	98.0%
Dollar amount of accounts due for payment	444,914	499,373	433,453	482,099
Dollar amount of accounts paid on time	444,593	499,093	432,645	481,463
Actual percentage of accounts paid on time (based on \$)	99.9%	99.9%	99.8%	99.9%
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts (\$)	0	0	0	0
<b>SMALL BUSINESS SUPPLIERS<sup>2</sup></b>				
Number of accounts due for payment to small business	1,424	3,470	4,539	4,460
Number of accounts due to small businesses paid on time	1,395	3,463	4,508	4,360
Actual percentage of small business accounts paid on time (based on number of accounts)	98.0%	99.8%	99.3%	97.8%
Dollar amount of accounts due for payment to small businesses	8,565	12,415	13,972	13,113
Dollar amount of accounts due to small businesses paid on time	8,384	12,392	13,839	12,717
Actual percentage of small business accounts paid on time (based on \$)	97.9%	99.8%	99.0%	97.0%
Number of payments to small business for interest on overdue accounts	0	0	0	0
Interest paid to small businesses on overdue accounts	0	0	0	0

**Notes:** 1. The reporting of all suppliers excludes payments between NSW Health entities. 2. The reporting of small business suppliers is in accordance with the definitions and requirements for small business as prescribed in the NSW Treasury Circular 11/21 Payment of Accounts.

**Commentary:** Time for payment of accounts for the NSW Ministry of Health showed a consistent performance over the year. During the year, measures have been taken to ensure Ministry staff are aware of NSW Treasury Circular 11/21 including conducting training sessions to educate relevant personnel about invoice approval processes. Actions are taken to monitor and promptly follow up invoice payments. The NSW Ministry of Health was not required to make any payment of interest on overdue accounts related to small business suppliers in the 2020-21 financial year.

## NSW Treasury Managed Fund

Insurable risks are covered by the NSW Treasury Managed Fund (TMF), of which the NSW Ministry of Health (and its controlled organisations) is a member agency. The Health portfolio is a significant proportion of the TMF Fund and is identified as an independent pool within the TMF Scheme.

NSW Treasury provides funding to NSW Health via a benchmark process. NSW Health pays deposit contributions to icare for workers compensation, motor vehicle, liability, property, and miscellaneous lines of business.

Workers compensation and motor vehicle contributions are actuarially determined and include an experience factor. The aim of the deposit contribution funding is to allocate deposit contributions across the TMF with reference to benchmark expectations of relative claims costs for the agencies in the TMF, and to provide a financial incentive to improve injury and claims management outcomes.

In September 2020, the NSW Ministry of Health held a series of workshops aimed at identifying opportunities to improve claims management efficiency in all areas of the TMF cover: motor vehicle, property, miscellaneous, VMOs and medical negligence. The NSW Ministry of Health and local health district representatives attended the facilitated workshops with icare claims managers and technical experts. The workshops highlighted accessible improvements to coordinated claims management and established productive forums for ongoing collaboration.

The NSW Ministry of Health streamlined the process for issuing a certificate of currency for specific activities. Previously, the Ministry had reviewed applications accompanied by a risk management plan.

Since the change was introduced in May 2021, Health organisations have approved their own activities by assessing risk exposure and developing risk management plans, accounting for safety, inherent hazards and policy requirements.

## NSW Treasury Managed Fund

2020-21	Contributions paid to iCare (\$000)	Funding from NSW Treasury (\$000)	Variance (\$000)
Workers Compensation	215,332	212,733	(2,598)
Motor Vehicle	8,696	8,696	0.00
Property	15,896	15,896	0.00
Liability	261,664	261,664	0.00
Miscellaneous	476	476	0.00
<b>Total TMF</b>	<b>502,065</b>	<b>499,466</b>	<b>(2,598)</b>
VMO	43,152	43,152	0.00
<b>Total</b>	<b>545,217</b>	<b>542,619</b>	<b>(2,598)</b>

## Asset management

### Key achievements

The NSW Ministry of Health supported by Health Infrastructure continues to lead the implementation of the NSW Health Asset Management Framework with a focus in 2020-21 on developing awareness of the current systems and asset management operations across Health organisations, while continuing to embed and strengthen NSW Health asset management governance to facilitate improved and informed asset management decision making.

NSW Health developed the inaugural NSW Health Strategic Asset Management Plan (SAMP) and Asset Management Plan (AMP) aligned to the whole-of-government Asset Management Policy for the NSW Public Sector and completed the first attestation rotation. These documents determine NSW Health's approach to managing all class of assets and to ensure investment priorities are identified to support safe, sustainable and high-quality care for NSW citizens. Health entities also completed their own SAMPs and AMPs, highlighting asset management investment priorities as well as current business-as-usual practices. This information will be used by NSW Health to identify gaps and trends across the system to focus future resources and develop the next statewide SAMP and AMP for submission to NSW Treasury and Infrastructure NSW.

The first round of agency asset management maturity assessment was conducted to enable development of a NSW Health Asset Management Implementation Plan. The plan has been initiated to manage the integration of the NSW Health asset management frameworks and build on existing asset management capability to drive future initiatives.



## Land disposals

The 15 properties sold in 2020-21 realised gross proceeds of \$8.3 million. These figures represent an 11.8 per cent decrease in the number of properties sold over the previous financial year (17 sold) and an 80.6 per cent decrease in realised gross proceeds (\$42.5 million in 2019-20). 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 2021	Revenue (\$000's)
Bathurst, 32-36 William Street (Lot 3/DP47260; Lot 1 & 2/DP 1126067), (RAIR)	Contract Settled	0
Bathurst Part 8 Gormans Hill Road Transfers of Lots A, B C, and D (boundary adjustment)	Contract Settled	0
Busby, 97-99 Cartwright St (SAMIS)	Contract Settled	1,750
Dapto, Kalparrin, 67 Fowlers Road	Contract Settled	750
Griffith, Banna Avenue and Railway Street (Lot 1/DP758476), (RAIR)	Contract Settled	960
Harden, 113 Albury Street (Lot712/753624), (RAIR)	Contract Settled	183
Jindabyne, Community Health Centre, 7 Bent Street	Contract Settled	355
Kempsey, Unit 3, Lindsay Place	Contract Settled	220
Macksville	Contract Settled	1,650
Nowra, 5-7 Plunkett Street	Contract Settled	960
Sofala, 16 Upper Turon Road	Contract Settled	260
Ulladulla, 100 St Vincent Street	Contract Settled	380
Warren, 202 Dubbo Street	Contract Settled	110
Warwick Farm, Unit 19, 29-31 Scrivener Street	Contract Settled	400
Warwick Farm, Unit 20, 29-31 Scrivener Street	Contract Settled	275
<b>Total gross</b>		<b>\$8,253</b>
<b>Total net (Approximately, less 10% sales costs)</b>		<b>\$7,428</b>

## Capital works

The Capital Works Program allocation for NSW Health in 2020-21 was \$3.0 billion, inclusive of capital expensing. The program is jointly delivered by local health districts and other NSW Health organisations for projects valued at less than \$10 million, and by Health Infrastructure for those projects valued at \$10 million or more.

### Capital projects completed in 2020-21

Project	Total cost
<b>NSW Ambulance</b>	
Ambulance Equipment Purchases and Upgrades – COVID 19	\$17,391,336
<b>Central Coast Local Health District</b>	
Central Coast Clinical School and Research Institute (CCCSR)	\$39,601,000
COVID-19 Clinics Security Enhancements	\$240,000
Palliative Care Refurbishment	\$400,000
Statewide Dental Van Program	\$100,000
Statewide Virtual Mental Health Expansion	\$500,000
<b>Far West Local Health District</b>	
Broken Hill Health Service (BHHS) Medical Imaging Breast Screen Refurbishment	\$764,519
Broken Hill Mobility Aids, PAPD and Oxygen Delivery Service	\$80,000
Palliative Care Refurbishment	\$395,430
Tibooburra & White Cliffs Building Accessibility Project	\$82,623
Wilcannia Accommodation Security Upgrade	\$75,000
Wilcannia Staff Accommodation	\$215,000
<b>Hunter New England Local Health District</b>	
Belmont Operating Theatre and CSD	\$10,000,000
Bingara MPS Residential Aged Care	\$297,200
Chillers at John Hunter Hospital	\$2,100,000
Chillers at Muswellbrook Hospital	\$956,804
COVID-19 Clinics Security Enhancements	\$320,000
EEGP- Design and Install of large scale solar PV generation system at various locations	\$3,681,356
EEGP- Design and Install solar PV system at John Hunter Hospital	\$3,214,986
Inverell Hospital Redevelopment	\$60,000,000
Paediatric Allergy Clinics	\$200,000
Rural Health Infrastructure Program includes Tenterfield, Scone, Gloucester, Dungog – HI	\$10,000,000
Statewide Virtual Mental Health Expansion	\$320,000
Wallsend Dental Clinic Cabinetry Replacement	\$148,908

Project	Total cost
<b>Illawarra Shoalhaven Local Health District</b>	
Aboriginal Maternal Infant Child Health Facility Upgrade	\$36,341
Dapto HealthOne Dental Equipment Purchase	\$200,000
Paediatric Allergy Clinics	\$100,000
Paediatric Amenity Upgrade – Wollongong & Nowra Hospital	\$500,000
Palliative Care Refurbishment	\$300,000
Statewide Cataract Surgeries Equipment Purchases	\$48,987
Surface guided radiotherapy (SGRT)	\$1,539,755
Wollongong Hospital Birthing Unit Refurbishment	\$2,200,000
Wollongong Hospital Paediatric Ward Refurbishment	\$1,000,001
Wollongong Hospital Replacement of Linear Accelerator	\$3,945,405
<b>Murrumbidgee Local Health District</b>	
Building Strong Aboriginal Families	\$63,540
Cootamundra Emergency Department Relocation	\$473,036
Cootamundra Medical Imaging Upgrade	\$250,000
COVID-19 Clinics Security Enhancements	\$127,823
Deniliquin ED Upgrade	\$1,400,000
EEGP Efficiency Upgrade	\$861,618
Statewide Cataract Surgeries Equipment Purchases	\$63,145
Wagga Wagga District Office Consolidation	\$2,456,165
Wagga Wagga Health Service Redevelopment	\$431,360,000
Young Medical Imaging Upgrade & Refurbishment	\$375,000
<b>Mid North Coast Local Health District</b>	
Bellinger River District Hospital Car park Upgrade and Extension	\$713,000
Coffs Harbour Cone Beam	\$182,336
Coffs Harbour Linac	\$4,792,456
Kempsey Hospital Maternity/Birthing Suite Remodelling	\$592,814
Port Macquarie Base Hospital- Aboriginal Cultural & Family Wellbeing Centre (MNCLHD)	\$527,217
Port Macquarie Linac	\$2,959,466
Statewide Cataract Surgeries Equipment Purchases	\$70,884
Statewide Dental Van Program	\$100,000
Statewide Virtual Mental Health Expansion	\$625,000
Surface Guided Radiotherapy (SGRT) Implementation – Coffs Harbour Hospital	\$549,267
Surface Guided Radiotherapy (SGRT) Implementation – Port Macquarie Hospital	\$549,267

Project	Total cost
<b>Nepean Blue Mountains Local Health District</b>	
COVID-19 Clinics Security Enhancements	\$130,000
Medical Accommodation Refurbishment – 50 Lurline St Katoomba	\$453,091
Statewide Dental Van Program	\$40,840
<b>Northern NSW Local Health District</b>	
Ballina Hospital Emergency Department and Physio Roof	\$450,000
Ballina Hospital Emergency Department Short Stay Unit	\$490,598
Expansion of Jubullum Aboriginal Health Post (Tabulam)	\$490,966
Statewide Virtual Mental Health Expansion	\$320,000
<b>Northern Sydney Local Health District</b>	
Paediatric Amenity Upgrade Hornsby Hospital	\$256,783
EEGP – Design and Install solar PV system at Hornsby Ku-ring-gai Hospital	\$1,446,602
Microscope Royal North Shore Hand Surgery Department	\$279,817
Royal North Shore Hospital Cardiac Catheter Lab Replacement	\$1,571,217
Royal North Shore Linear Accelerator Equipment	\$3,347,720
<b>Sydney Children's Hospitals Network</b>	
EOS scanner & capital works	\$1,070,402
Interventional Radiology Equipment & Capital Works	\$1,914,053
Kids Research Institute Bio-storage Unit	\$396,695
SCHN Non-emergency Neonatal Transport Service (NETS)	\$788,921
Staff Hub Capital Works	\$2,298,963
The Children's Hospital at Westmead Redevelopment Stage 1	\$95,000,000
<b>South Eastern Sydney Local Health District</b>	
COVID-19 Clinics Security Enhancements	\$178,599
Establishment of New Oral Health Hub at Belgrave St, Kogarah	\$361,297
Kogarah Multidisciplinary Dental Clinic Fitout	\$2,202,479
St George Linear Accelerator Replacement	\$3,759,328
Statewide Virtual Mental Health Expansion	\$114,766
Sutherland Hospital Medical Imaging Department Expansion	\$1,766,998

Project	Total cost
<b>Sydney Local Health District</b>	
Biograph Vision Quadra – RPAH	\$8,906,688
Canterbury Hospital Emergency Department Expansion	\$6,500,000
Cranial Navigation System Upgrade	\$2,090,276
CRGH ED Monitoring System Upgrade – Concord Hospital	\$777,838
Forest Lodge Level 1 Refurbishment	\$830,000
Fussell House – Concord Repatriation General Hospital (CRGH)	\$6,721,000
IVF Facility Enhancements at RPA Hospitals	\$712,300
Paediatric Allergy Clinics	\$100,000
Pharmacy Manufacturing Facility	\$1,220,000
Redesign ICU at Royal Prince Alfred Hospital	\$1,290,000
RPA Energy Efficiency Government Program (EEGP)	\$6,992,173
RPA Renal Dialysis Relocation to PMBC	\$3,923,741
RPAH Mammography Unit Replacement	\$815,290
Statewide Virtual Mental Health Expansion	\$300,000
<b>Southern NSW Local Health District</b>	
Emergency Departments Security and Duress Alarms Upgrade	\$1,798,605
Goulburn Chisholm Ross Centre Courtyard Boundary Wall	\$114,866
Pambula Hospital Community Health Refurbishment	\$2,637,765
Statewide Cataract Surgeries Equipment Purchases	\$60,000
<b>South Western Sydney Local Health District</b>	
Bowral & District Hospital Redevelopment Stage 1	\$68,663,473
Bankstown-Lidcombe Emergency Department	\$25,000,000
10 Murphy Ave Community Health	\$256,250
Fairfield Hospital Dental Chairs Expansion 5 Dental Chairs	\$844,930
MOSAIQ Hardware & Application Upgrade	\$695,723
Palliative Care Refurbishment	\$150,973
Statewide Dental Van Program	\$49,333
Statewide Virtual Mental Health Expansion	\$293,286
<b>Western NSW Local Health District</b>	
Dubbo Hospital -Third X-RAY Machine	\$246,188
Gundaymarra – Dubbo Mental Health Unit Reconfiguration	\$725,761
Orange Mental Health – Relocate Canobolas Inpatients	\$252,500
Orange Mental Health – Relocate Pinelodge Youth Day Program	\$250,000
<b>Western Sydney Local Health District</b>	
Blacktown EEGP Solar Generator Unit	\$1,293,675
Statewide Dental Van Program	\$49,875

## Milestones

In 2020-21, Health Infrastructure achieved its biggest year to date, delivering more than \$2.1 billion in infrastructure planning and construction, including the completion of 23 projects across NSW\* with highlights including:

### Regional:

- Bowral and District Hospital Redevelopment Stage 1 (Dec 2020)
- Central Coast Clinical School and Research Institute (June 2021)
- Grafton Ambulatory Care (July 2020)
- Inverell Hospital Redevelopment Stage 1B (April 2021)
- Manning Hospital Redevelopment Stage 1 (official opening Sept 2020)
- Wagga Wagga Base Hospital Redevelopment (April 2021)

### Metropolitan:

- Bankstown-Lidcombe Emergency Department Expansion (May 2021)
- Mona Vale Hospital Redevelopment – Geriatric Evaluation and Management Unit and Palliative Care Unit (Sept 2020)
- St George Hospital Birthing Suite and Theatre Refurbishment (Aug 2020)

Nine new projects as part of the \$297 million Multipurpose Service Program Stage 5 and \$100 million as part of the HealthOne Strategy, delivering contemporary facilities and services in areas including:

- Braidwood (April 2021)
- Murrumburrah-Harden (July 2020)
- Murrurundi (Nov 2020)
- Yass (Oct 2020)
- Lightning Ridge (Aug 2020)
- Nambucca (Jan 2021)
- Dapto (May 2021)
- Ulladulla (Nov 2020)
- Merrylands (Jan 2021)

The largest transformation of NSW Ambulance infrastructure through the \$132 million Rural Ambulance Infrastructure Reconfiguration Program and \$184 million Sydney Metropolitan Infrastructure Strategy, including a Paramedic Response Point at Holroyd and new ambulance stations at:

- Cootamundra (Oct 2020)
- Sawtell (April 2021)
- Randwick (Dec 2020)
- Mona Vale (April 2021).

**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.

# Financial report

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## INDEPENDENT AUDITOR'S REPORT

### Ministry of Health (the Ministry) and the Consolidated Entity

To the Members of the New South Wales Parliament

#### Opinion

I have audited the accompanying financial statements of the Ministry of Health (the Ministry) and the Consolidated Entity, which comprise the Statement by the Accountable Authority, the Statements of Comprehensive Income for the year ended 30 June 2021, the Statements of Financial Position as at 30 June 2021, 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 regarding the Ministry and the Consolidated Entity. The Consolidated Entity comprises the Ministry and the entities it controlled at the year's end or from time to time during the financial year.

In my opinion, the financial statements:

- have been prepared in accordance with Australian Accounting Standards and the applicable financial reporting requirements of the *Government Sector Finance Act 2018* (GSF Act), the *Government Sector Finance Regulation 2018* (GSF Regulation) and the Treasurer's Directions
- presents fairly the financial position, financial performance and cash flows of the Ministry and the Consolidated Entity

My opinion should be read in conjunction with the rest of this report.

#### Basis for Opinion

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under the standards are described in the 'Auditor's Responsibilities for the Audit of the Financial Statements' section of my report.

I am independent of the Ministry and the Consolidated Entity in accordance with the requirements of the:

- Australian Auditing Standards
- Accounting Professional and Ethical Standards Board's APES 110 'Code of Ethics for Professional Accountants (including Independence Standards)' (APES 110).

I have fulfilled my other ethical responsibilities in accordance with APES 110.

Parliament promotes independence by ensuring the Auditor-General and the Audit Office of New South Wales are not compromised in their roles by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General
- mandating the Auditor-General as auditor of public sector agencies
- precluding the Auditor-General from providing non-audit services.

I believe the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.



## Key Audit Matters

Key audit matters are those matters that, in my professional judgement, were of most significance in my audit of the financial statements for the year ended 30 June 2021. These matters were addressed in the context of my audit of the financial statements as a whole, and in forming my opinion thereon, I do not provide a separate opinion on these matters.

Key Audit Matter	How my audit addressed the matter
<b>Valuation of Property, plant and equipment</b>	
<p><i>Refer to Note 25 Property, plant and equipment</i></p> <p>At 30 June 2021, the Consolidated Entity reported \$23.5 billion in infrastructure, property, plant and equipment measured at fair value. This is comprised of \$21.5 billion (land and buildings), \$1.4 billion (Plant and Equipment) and \$0.6 billion (Infrastructure Systems)</p> <p>I considered this area a key audit matter due to the:</p> <ul style="list-style-type: none"> <li>financial significance, geographical distribution and specialised or unique nature of health and health infrastructure assets;</li> <li>high degree of management judgement required in respect of classifying project costs as capital or expense; and</li> <li>complexities associated with the application of AASB 13 <i>Fair Value Measurement</i> being dependent on assumptions that require significant judgement in areas such as: <ul style="list-style-type: none"> <li>identifying components of buildings and determining their current replacement cost</li> <li>forecasting remaining useful lives</li> <li>application of discount rates</li> <li>assessment of the conditions of the assets</li> <li>assessment of the financial impact of indicators of impairment.</li> </ul> </li> </ul>	<p>To address the key audit matter, I:</p> <ul style="list-style-type: none"> <li>assessed the adequacy of management's review of the valuation process;</li> <li>assessed the competence, capabilities and objectivity of management's valuers;</li> <li>reviewed the scope and instructions provided to valuers and obtained an understanding of the methodology used and its appropriateness with reference to relevant Australian Accounting Standards and Treasurer's Directions;</li> <li>assessed the appropriateness of the components of buildings used for measuring gross replacement cost with reference to common industry practice;</li> <li>tested a sample of costs allocated to work in progress to assess the appropriateness of capitalisation in accordance with the Australian Accounting Standards;</li> <li>evaluated whether the useful lives applied to the various asset classes were consistent with management's planned usage of those assets;</li> <li>assessed the reasonableness and appropriateness of judgement used by management to assess non-financial assets for impairment. This included the process employed to monitor impairment indicators; and</li> <li>assessed the adequacy of the financial statement disclosures against the requirements of applicable Australian Accounting Standards and Treasurer's Directions.</li> </ul>
<b>Existence and valuation of COVID-19 vaccine inventories</b>	
<p><i>Refer to Note 22 Inventories</i></p> <p>At 30 June 2021 the Consolidated Entity reported COVID-19 vaccines received from the Commonwealth and distributed to the public for no consideration at \$22.3 million and \$17.1 million, respectively.</p> <p>As part of the COVID-19 Vaccine National Roll-out Strategy, the Australian Government assumes responsibility for procuring and distributing vaccine supplies to states and territories. Vaccines are received for nil consideration and are provided to the public free of charge.</p>	<p>To address the key audit matter, I:</p> <ul style="list-style-type: none"> <li>obtained an understanding of the systems and processes introduced to manage vaccine flows;</li> <li>reviewed and verified the key components of management's approach to valuing the two key inventory lines relevant for 2021 financial reporting period; and</li> <li>tested a sample of transactions verifying quantities back to source documentation.</li> </ul>

**Key Audit Matter****How my audit addressed the matter**

I considered this area a key audit matter due to the:

- complexities of the procurement and distribution processes with the Commonwealth;
- complexities associated in obtaining a reliable measurement basis for the vaccines; and
- evolving nature of the systems and processes in place to manage, track and account for physical inventory movements across a variety of distribution centres spread around NSW.

**Existence and valuation of general inventories**

*Refer to Note 22 Inventories*

At 30 June 2021, the Consolidated Entity reported \$635.8 million in inventories, of which, \$337.7 million was related to COVID-19.

I considered this area a key audit matter due to the:

- significance of the balance relative to the consolidated entity's Statement of Financial Position;
- variety and number of inventory items managed across several locations; and
- subjectivity and high degree of judgement required in respect of the calculations and modelling supporting management's assessment of impairment, particularly with regards to COVID-19 inventory balances.

To address the key audit matter, I

- observed the performance of management's stocktaking procedures at a selection of warehouses;
- obtained an understanding of management's impairment calculator by seeking to test the:
  - mathematical accuracy of the model; and
  - robustness of the model's key inputs, which relied on "best before dates" and "consumption data"; and
- substantiated a sample of transactions to verify "best before dates" and "consumption data".

**Recognition and measurement of Commonwealth grants and contributions revenue**

*Refer to Note 11 Grants and Other Contributions*

During the year, over \$8 billion was received in Commonwealth grants and contributions through the National Health Reform Agreement (NHRA) and the National Partnership Agreement (NPA) in 2020–21.

I considered this area a key audit matter due to the:

- significance of the balance relative to the consolidated entity's Statement of Comprehensive Income;
- different types of performance obligations attached to each revenue stream;
- continuous funding received over more than one financial reporting period; and
- evolving nature of the funding arrangements in response to the emerging COVID-19 pandemic.

To address the key audit matter, I:

- documented and understood the nature of the key revenue streams relating to the Hospital Service and State Public Health Payments; Private Hospital Capacity and Viability Payments; and Payments for the Co-ordination and Delivery of a Safe and Effective COVID-19 vaccine;
- reviewed the terms and conditions contained within the key funding agreements entered with the Commonwealth;
- assessed the key accounting treatments applied to each type of grant funding stream.

**Valuation of Hotel Quarantine receivables**

*Refer to Note 20 Receivables*

At 30 June 2021, the Consolidated Entity reported a gross receivables balance of \$107 million with an associated expected credit loss (ECL) of \$10 million, relating to returning travellers processed through the NSW Hotel Quarantine system. Returning travellers are charged a fixed fee for their stay, with fees being effective since 18 July 2020.

To address the key audit matter, I

- assessed the adequacy of management's methodology and the underlying assumptions in calculating the ECL;
- reviewed the movements in the receivables profile and analysed collection rates

Key Audit Matter	How my audit addressed the matter
<p>I considered this area a key audit matter due to the:</p> <ul style="list-style-type: none"> <li>• significance of the balance relative to the Consolidated Entity's total receivables balance;</li> <li>• high level of estimation uncertainties and complexities around inputs used in calculating the expected credit loss (ECL); and</li> <li>• evolving nature of the processes and controls involved in managing the balance in response to the COVID-19 pandemic.</li> </ul>	<p>from July 2020 to post year end to understand potential patterns of collectability; and</p> <ul style="list-style-type: none"> <li>• performed testing, on a sample basis, of subsequent receipts post year end.</li> </ul>

## Secretary's Responsibilities for the Financial Statements

The Secretary is responsible for the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards and the GSF Act, GSF Regulations and Treasurer's Directions. The Secretary's responsibility also includes such internal control as the Secretary determines what is necessary to enable the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Secretary is responsible for assessing the ability of the Ministry and the consolidated entity to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting.

## Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to:

- obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error
- issue an Independent Auditor's Report including my opinion.

Reasonable assurance is a high level of assurance, but does not guarantee an audit conducted in accordance with Australian Auditing Standards will always detect material misstatements. Misstatements can arise from fraud or error. Misstatements are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions users take based on the financial statements.

A description of my responsibilities for the audit of the financial statements is located at the Auditing and Assurance Standards Board website at: [www.auasb.gov.au/auditors\\_responsibilities/ar5.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar5.pdf). The description forms part of my auditor's report.

The scope of my audit does not include, nor provide assurance:

- that the Ministry or the consolidated entity carried out their activities effectively, efficiently and economically
- about the assumptions used in formulating the budget figures disclosed in the financial statements
- about the security and controls over the electronic publication of the audited financial statements on any website where they may be presented
- about any other information which may have been hyperlinked to/from the financial statements.



Margaret Crawford  
Auditor-General for NSW

29 October 2021  
SYDNEY

Ministry of Health  
Statement by the Accountable Authority  
for the year ended 30 June 2021

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We state, pursuant to section 7.6(4) of the *Government Sector Finance Act 2018* ('the Act'):

1. The financial statements of the Ministry of Health for the year ended 30 June 2021 have been prepared in accordance with:
  - a. Australian Accounting Standards (AAS) (which include Australian Accounting Interpretations);
  - b. applicable requirements of the Act, the *Government Sector Finance Regulation 2018*; and
  - c. Treasurer's Directions issued under the Act.
2. The financial statements present fairly the Ministry of Health's financial position as at 30 June 2021 and the financial performance and cash flows for the year then ended.
3. We are not aware of any circumstances which would render any particulars in the financial statements to be misleading or inaccurate.

A handwritten signature in black ink, appearing to read "EKoff".

Elizabeth Koff  
Secretary, NSW Health

26 October 2021

A handwritten signature in black ink, appearing to read "Alfa".

Alfa D'Amato  
Acting Deputy Secretary, Finance and Asset Management and  
Chief Financial Officer, NSW Health

26 October 2021

## Ministry of Health

## Statement of Comprehensive Income for the year ended 30 June 2021

		Consolidated Actual 2021 \$000	Consolidated Budget 2021 \$000	Consolidated Actual Restated 2020 \$000	Parent Actual 2021 \$000	Parent Actual Restated 2020 \$000
	Notes					
Continuing operations						
Expenses excluding losses						
Employee related expenses	2	15,101,149	15,755,185	14,999,553	222,660	178,639
Operating expenses	3	7,765,807	7,864,659	7,096,439	1,057,458	1,131,180
Depreciation and amortisation	4	1,139,883	1,113,980	1,082,031	29,497	13,790
Grants and subsidies	5	1,671,671	1,559,661	1,508,525	22,933,804	21,009,065
Finance costs	6	124,208	131,584	120,734	12,352	2,275
Total expenses excluding losses		25,802,718	26,425,069	24,807,282	24,255,771	22,334,949
Revenue						
Appropriations	8	15,016,407	15,740,003	14,926,529	15,016,407	14,926,529
Acceptance by the Crown <sup>1</sup> of employee benefits and other liabilities	12	(1,527)	466,061	680,534	2,008	8,374
Sale of goods and services from contracts with customers	9	2,806,080	2,692,286	2,676,702	129,783	173,430
Investment revenue	10	22,430	33,097	21,337	1,220	2,214
Grants and other contributions	11	9,148,196	8,902,749	9,526,742	8,451,322	7,902,630
Other income	13	103,897	155,170	166,777	13,838	42,815
Total revenue		27,095,483	27,989,366	27,998,621	23,614,578	23,055,992
Operating result		1,292,765	1,564,297	3,191,339	(641,193)	721,043
Gains / (losses) on disposal	14	(33,815)	-	(13,891)	(94)	(5)
Impairment losses on financial assets	20	(85,973)	-	(41,251)	-	-
Other gains / (losses)	15	(867,163)	(10,283)	(2,012)	(93,105)	9,956
Net result from continuing operations		305,814	1,554,014	3,134,185	(734,392)	730,994
Net result from discontinued operations		-	-	-	-	-
Net result		305,814	1,554,014	3,134,185	(734,392)	730,994



## Ministry of Health

## Statement of Comprehensive Income for the year ended 30 June 2021 (continued)

		Consolidated Actual	Consolidated Budget	Consolidated Actual Restated	Parent Actual	Parent Actual
		2021	2021	2020	2021	2020
	Notes	\$000	\$000	\$000	\$000	\$000
Other comprehensive income						
<i>Items that will not be reclassified to net result in subsequent periods</i>						
Changes in revaluation surplus of property, plant and equipment	25	307,817	-	302,848	(1,202)	-
Changes in revaluation surplus of other assets		-	-	(9)	-	-
Total other comprehensive income		307,817	-	302,839	(1,202)	-
TOTAL COMPREHENSIVE INCOME		613,631	1,554,014	3,437,024	(735,594)	730,994

<sup>1</sup>Crown represents 'The Crown in right of the State of New South Wales'.

See Note 1(h) and Note 17 for details regarding restated prior year balances for the consolidated and parent entity.

The accompanying notes form part of these financial statements.

## Ministry of Health

## Statement of Financial Position as at 30 June 2021

		Consolidated Actual 2021 \$'000	Consolidated Budget 2021 \$'000	Consolidated Actual Restated 2020 \$'000	Consolidated Actual Restated 1 July 2019 \$'000
	Notes				
<b>ASSETS</b>					
Current assets					
Cash and cash equivalents	19	2,031,071	2,565,696	2,658,959	1,316,849
Receivables	20	1,249,015	1,295,716	1,270,638	888,069
Contract assets	21	1,794	2,031	2,031	-
Inventories	22	635,787	880,404	921,933	177,646
Financial assets at fair value	23	161,750	113,191	157,609	121,328
Other financial assets	24	3,073	100,592	100,592	265,192
		4,082,490	4,957,630	5,111,762	2,769,084
Non-current assets held for sale	28	2,835	9,087	9,087	55,578
Total current assets		4,085,325	4,966,717	5,120,849	2,824,662
Non-current assets					
Receivables	20	35,441	113,793	113,792	22,808
Financial assets at fair value	23	32,122	28,870	32,005	32,088
Other financial assets	24	84,369	-	82,178	70,694
Property, plant and equipment					
- Land and buildings	25	21,521,208	21,774,490	19,918,431	18,301,168
- Plant and equipment	25	1,377,023	1,536,769	1,268,147	1,234,970
- Infrastructure systems	25	617,435	484,187	510,076	463,797
Total property, plant and equipment		23,515,666	23,795,446	21,696,654	19,999,935
Right-of-use assets	26	1,086,934	1,090,120	1,186,464	758,884
Intangible assets	27	689,554	765,564	715,886	704,238
Other non-current assets		-	83,950	-	222
Total non-current assets		25,444,086	25,877,743	23,826,979	21,588,869
Total assets		29,529,411	30,844,460	28,947,828	24,413,531

## Ministry of Health

## Statement of Financial Position as at 30 June 2021 (continued)

		Consolidated Actual 2021 \$000	Consolidated Budget 2021 \$000	Consolidated Actual Restated 2020 \$000	Consolidated Actual Restated 1 July 2019 \$000
	Notes				
<b>LIABILITIES</b>					
Current liabilities					
Payables	31	1,881,948	1,916,557	1,844,106	1,810,245
Contract liabilities	32	70,587	364,469	398,726	28,936
Borrowings	33	174,090	211,033	173,754	146,516
Provisions	34	2,851,737	2,562,296	2,560,496	2,309,387
Other current liabilities	35	136,045	122,299	95,381	97,839
Total current liabilities		5,114,407	5,176,654	5,072,463	4,392,923
Non-current liabilities					
Contract liabilities	32	-	97	97	7
Borrowings	33	2,108,230	1,977,379	2,101,234	1,690,052
Provisions	34	62,674	44,780	44,025	41,817
Other non-current liabilities	35	334,547	313,427	332,968	305,415
Total non-current liabilities		2,505,451	2,335,683	2,478,324	2,037,291
Total liabilities		7,619,858	7,512,337	7,550,787	6,430,214
Net assets		21,909,553	23,332,123	21,397,041	17,983,317
<b>EQUITY</b>					
Reserves		7,544,820	7,668,737	7,256,629	6,927,042
Accumulated funds		14,364,733	15,663,386	14,140,412	11,056,275
Total equity		21,909,553	23,332,123	21,397,041	17,983,317

See Note 1(h) and Note 17 for details regarding restated prior year balances for the consolidated entity.

The accompanying notes form part of these financial statements.

## Ministry of Health

## Statement of Financial Position as at 30 June 2021

	Notes	Parent Actual 2021 \$000	Parent Actual Restated 2020 \$000	Parent Actual 1 July 2019 \$000
<b>ASSETS</b>				
Current assets				
Cash and cash equivalents	19	160,068	728,371	334,204
Receivables	20	443,849	297,845	349,550
Contract assets	21	276	-	-
Inventories	22	31,777	25,803	32,873
Other financial assets	24	308,232	744,176	16,041
Total current assets		944,202	1,796,195	732,668
Non-current assets				
Other financial assets	24	7,205	11,072	14,651
Property, plant and equipment				
- Land and buildings	25	179,658	186,497	132,577
- Plant and equipment	25	3,922	4,697	2,077
- Infrastructure systems	25	864	961	1,067
Total property, plant and equipment		184,444	192,155	135,721
Right-of-use assets	26	460,340	511,160	-
Intangible assets	27	3,129	1,756	877
Total non-current assets		655,118	716,143	151,249
Total assets		1,599,320	2,512,338	883,917

## Ministry of Health

## Statement of Financial Position as at 30 June 2021 (continued)

	Notes	Parent Actual 2021 \$000	Parent Actual Restated 2020 \$000	Parent Actual 1 July 2019 \$000
<b>LIABILITIES</b>				
Current liabilities				
Payables	31	526,108	449,170	397,797
Contract liabilities	32	24,100	345,968	-
Borrowings	33	8,424	11,853	-
Provisions	34	25,694	22,831	18,869
Other current liabilities	35	-	-	54,442
Total current liabilities		584,326	829,822	471,108
Non-current liabilities				
Borrowings	33	556,257	499,673	-
Provisions	34	713	534	713
Other non-current liabilities	35	-	-	43,694
Total non-current liabilities		556,970	500,207	44,407
Total liabilities		1,141,296	1,330,029	515,515
Net assets		458,024	1,182,309	368,402
<b>EQUITY</b>				
Reserves		132,542	133,744	133,744
Accumulated funds		325,482	1,048,565	234,658
Total equity		458,024	1,182,309	368,402

See Note 17 for details regarding restated prior year balances for the parent entity.

The accompanying notes form part of these financial statements.



## Ministry of Health

## Statement of Changes in Equity for the year ended 30 June 2021

CONSOLIDATED	Notes	Accumulated Funds \$000	Asset Revaluation Surplus \$000	Total \$000
Balance at 1 July 2020		14,113,375	7,256,629	21,370,004
Correction of errors - National Partnership Agreement on COVID-19	17	27,037	-	27,037
Restated balance at 1 July 2020		14,140,412	7,256,629	21,397,041
Net result for the year		305,814	-	305,814
Other comprehensive income:				
Net changes in revaluation surplus of property, plant and equipment	25	-	307,817	307,817
Reclassification of revaluation increments / (decrements) to accumulated funds on disposal of assets		19,626	(19,626)	-
Total other comprehensive income		19,626	288,191	307,817
Total comprehensive income for the year		325,440	288,191	613,631
Transactions with owners in their capacity as owners				
Increase / (decrease) in net assets from equity transfers	36	(101,119)	-	(101,119)
Balance at 30 June 2021		14,364,733	7,544,820	21,909,553
Balance at 1 July 2019		11,022,163	6,937,950	17,960,113
Changes in accounting policy - initial application of AASB 1059	1(h)(i)	21,876	427	22,303
Changes in accounting policy - withdrawal of TPP 06-8	1(h)(i)	64,970	(2,358)	62,612
Changes in accounting policy - initial application of AASB 1058		(61,711)	-	(61,711)
Changes in accounting policy - initial application of AASB 16		8,977	(8,977)	-
Restated balance at 1 July 2019		11,056,275	6,927,042	17,983,317
Restated net result for the year		3,134,185	-	3,134,185
Other comprehensive income:				
Net changes in revaluation surplus of property, plant and equipment	25	-	302,848	302,848
Net changes in revaluation surplus of other assets		-	(9)	(9)
Reclassification of revaluation increments / (decrements) to accumulated funds on disposal of assets		(26,748)	26,748	-
Total other comprehensive income		(26,748)	329,587	302,839
Total comprehensive income for the year		3,107,437	329,587	3,437,024
Transactions with owners in their capacity as owners				
Increase / (decrease) in net assets from equity transfers	36	(23,300)	-	(23,300)
Balance at 30 June 2020		14,140,412	7,256,629	21,397,041

See Note 1(h) and Note 17 for details regarding restated prior year balances for the consolidated entity.

The accompanying notes form part of these financial statements.

## Ministry of Health

## Statement of Changes in Equity for the year ended 30 June 2021 (continued)

PARENT	Notes	Accumulated Funds \$000	Asset Revaluation Surplus \$000	Total \$000
Balance at 1 July 2020		1,021,528	133,744	1,155,272
Correction of errors - National Partnership Agreement on COVID-19	17	27,037	-	27,037
Restated balance at 1 July 2020		1,048,565	133,744	1,182,309
Net result for the year		(734,392)	-	(734,392)
Other Comprehensive Income				
Net changes in revaluation surplus of property, plant and equipment	25	-	(1,202)	(1,202)
Total other comprehensive income		-	(1,202)	(1,202)
Total comprehensive income for the year		(734,392)	(1,202)	(735,594)
Transactions with owners in their capacity as owners				
Increase / (decrease) in net assets from equity transfers	36	11,309	-	11,309
Balance at 30 June 2021		325,482	132,542	458,024
Balance at 1 July 2019		234,658	133,744	368,402
Restated net result for the year		730,994	-	730,994
Total comprehensive income for the year		730,994	-	730,994
Transactions with owners in their capacity as owners				
Increase / (decrease) in net assets from equity transfers	36	82,913	-	82,913
Balance at 30 June 2020		1,048,565	133,744	1,182,309

See Note 17 for details regarding restated prior year balances for the parent entity.

The accompanying notes form part of these financial statements.

## Ministry of Health

## Statement of Cash Flows for the year ended 30 June 2021

	Notes	Consolidated Actual 2021 \$000	Consolidated Budget 2021 \$000	Consolidated Actual Restated 2020 \$000	Parent Actual 2021 \$000	Parent Actual 2020 \$000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>						
Payments						
Employee related		(15,210,590)	(15,286,570)	(14,247,884)	(226,352)	(174,869)
Suppliers for goods and services		(8,701,798)	(9,237,973)	(9,204,652)	(1,125,094)	(1,124,963)
Grants and subsidies		(1,870,469)	(1,559,661)	(1,697,255)	(23,043,024)	(21,098,850)
Finance costs		(120,905)	(131,584)	(115,217)	(12,342)	(303)
Total payments		(25,903,762)	(26,215,788)	(25,265,008)	(24,406,812)	(22,398,985)
Receipts						
Appropriations		15,016,407	15,740,003	14,926,529	15,016,407	14,926,529
Reimbursements from the Crown <sup>1</sup>		209,925	-	238,728	4,413	5,618
Sale of goods and services		2,824,371	2,702,425	2,710,567	122,934	119,352
Interest received		12,201	31,325	20,816	1,220	2,214
Grants and other contributions		8,865,522	8,887,998	10,119,385	8,014,767	8,217,880
Other		891,014	1,658,998	912,710	245,367	280,199
Total receipts		27,819,440	29,020,749	28,928,735	23,405,108	23,551,792
NET CASH FLOWS FROM OPERATING ACTIVITIES	41	1,915,678	2,804,961	3,663,727	(1,001,704)	1,152,807

## Ministry of Health

## Statement of Cash Flows for the year ended 30 June 2021 (continued)

	Consolidated Actual 2021 \$000	Consolidated Budget 2021 \$000	Consolidated Actual Restated 2020 \$000	Parent Actual 2021 \$000	Parent Actual 2020 \$000
Notes					
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>					
Proceeds from sale of property, plant and equipment and intangibles	28,244	99,000	49,071	11,336	36,792
Proceeds from sale of financial assets	127,763	3,492	356,350	-	-
Purchases of property, plant and equipment and intangibles	(2,505,356)	(2,658,516)	(2,342,689)	(6,110)	(62,304)
Purchases of financial assets	(26,071)	-	(237,805)	-	-
Other	18	(120,861)	-	439,811	(724,556)
<b>NET CASH FLOWS FROM INVESTING ACTIVITIES</b>	<b>(2,375,402)</b>	<b>(2,676,885)</b>	<b>(2,175,073)</b>	<b>445,037</b>	<b>(750,068)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>					
Proceeds from borrowings and advances	14,500	14,499	8,080	-	-
Repayment of borrowings and advances	(18,857)	(180,148)	(11,119)	-	-
Payment of principal portion of service concession financial liability	(1,274)	-	(1,191)	-	-
Payment of principal portion of lease liabilities	(161,979)	-	(142,181)	(11,057)	(8,439)
<b>NET CASH FLOWS FROM FINANCING ACTIVITIES</b>	<b>(167,610)</b>	<b>(165,649)</b>	<b>(146,411)</b>	<b>(11,057)</b>	<b>(8,439)</b>
<b>NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	<b>(627,334)</b>	<b>(37,573)</b>	<b>1,342,243</b>	<b>(567,724)</b>	<b>394,300</b>
Opening cash and cash equivalents	2,658,959	2,603,269	1,316,849	728,371	334,204
Effects of exchange rate changes on cash and cash equivalents	(554)	-	(133)	(579)	(133)
<b>CLOSING CASH AND CASH EQUIVALENTS</b>	<b>2,031,071</b>	<b>2,565,696</b>	<b>2,658,959</b>	<b>160,068</b>	<b>728,371</b>

<sup>1</sup>Crown represents 'The Crown in right of the State of New South Wales'.

The accompanying notes form part of these financial statements.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

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### 1. Statement of Significant Accounting Policies

#### (a) Reporting entity

The Ministry of Health (the Ministry or Parent) is a NSW government entity and is controlled by the State of New South Wales, which is the immediate and ultimate parent. The Ministry is a not-for-profit entity (as profit is not its principal objective) and it has no cash generating units. The Ministry and its controlled entities are consolidated as part of the NSW Total State Sector Accounts.

The Ministry and its controlled entities are collectively referred to as the consolidated entity.

The Ministry controls the Local Health Districts established from 1 January 2011, as well as other controlled entities constituted under the *Health Services Act 1997* which include:

- Agency for Clinical Innovation
- Albury Base Hospital
- Albury Wodonga Health Employment Division
- Bureau of Health Information
- Cancer Institute NSW
- Central Coast Local Health District
- Clinical Excellence Commission
- Far West Local Health District
- Graythwaite Charitable Trust (per Supreme Court order)
- Health Administration Corporation
- Health Education and Training Institute
- Hunter New England Local Health District
- Illawarra Shoalhaven Local Health District
- Justice Health and Forensic Mental Health Network
- Mid North Coast Local Health District
- Murrumbidgee Local Health District
- Nepean Blue Mountains Local Health District
- Northern NSW Local Health District
- Northern Sydney Local Health District
- South Eastern Sydney Local Health District
- South Western Sydney Local Health District
- Southern NSW Local Health District
- Sydney Local Health District
- The Sydney Children's Hospitals Network
- Western NSW Local Health District
- Western Sydney Local Health District

The Health Administration Corporation includes the operations of:

- Ambulance Service of NSW
- eHealth NSW
- Health Infrastructure
- Health System Support Group
- HealthShare NSW
- NSW Health Pathology

The consolidated financial statements also include results for the parent entity thereby capturing the central administrative function of the Ministry.

These consolidated financial statements for the year ended 30 June 2021 have been authorised for issue by the Secretary, NSW Health on the date the accompanying statement was signed.

#### (b) Principles of consolidation

The consolidated financial statements comprise the financial statements of the parent entity and its controlled entities, after elimination of all inter-entity transactions and balances. The controlled entities are consolidated from the date the parent entity obtained control and until such time as control passes.

The financial statements of the controlled entities are prepared for the same reporting period as the parent entity using uniform accounting policies for like transactions and other events in similar circumstances. As a result, no adjustments were required for any dissimilar accounting policies.



## Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2021

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### 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);
- applicable requirements of the *Government Sector Finance Regulation 2018 ('the Act')*; and
- Treasurer's Directions issued under the Act.

Property, plant and equipment and financial assets at fair value are measured using the fair value basis. Other financial statement items are prepared in accordance with the historical cost convention except where specified otherwise.

Judgements, key assumptions and estimations management has made are disclosed in the relevant notes to the consolidated financial statements.

The Novel Coronavirus (COVID-19) pandemic in late February 2020 saw a decline in expected hospital activities. The Australian Government imposed restrictions on health systems, including a suspension of non-urgent elective surgeries, to ensure increased public hospital capacity would be available. Ongoing critical resources in 2021 have been reassigned to treat, test and manage for surges of COVID-19 cases. A free COVID-19 vaccination program for all Australian citizens, permanent residents, and most visa-holders has commenced during 2021.

The Commonwealth has entered a National Partnership Agreement (NPA), in response to the COVID-19 pandemic, with States and Territories, including NSW. The Agreement delivers funding to public hospitals and provides stability and certainty of funding while ensuring access to health services in public hospitals.

Since March 2020, the NSW Government has committed more than \$4.0 billion to support NSW Health to increase its capacity and to manage the ongoing impacts of COVID-19. The 2021-22 NSW Budget included over \$30 billion for the NSW Health Cluster. This was enshrined in legislation on 28 June 2021 in Division 3 of the Appropriation Act 2021 No 18.

Despite the impact of COVID-19, these statements have been prepared on a going concern basis.

All amounts are rounded to the nearest one thousand dollars (unless otherwise stated) and are expressed in Australian currency, which is the consolidated entity's presentation and functional currency.

#### (d) Statement of Compliance

The consolidated financial statements and notes comply with Australian Accounting Standards which include Australian Accounting Interpretations.

#### (e) Accounting for the Goods & Services tax (GST)

Income, expenses and assets are recognised net of the amount of GST, except that the:

- amount of GST incurred by the consolidated 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 are recoverable from, or payable to, the Australian Taxation Office are classified as operating cash flows.

## Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2021

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### 1. Statement of Significant Accounting Policies (continued)

#### (f) Foreign currency translation

Transactions in foreign currencies are recorded using the spot rate at the date the transaction first qualifies for recognition.

Monetary assets and liabilities denominated in foreign currencies are translated at the functional currency spot rates of exchange at the end of the reporting date.

Differences arising on settlement or translation of monetary items are recognised in net result.

Non-monetary items that are measured in terms of historical cost in a foreign currency are translated using the exchange rates at the dates of the initial transactions. Non-monetary items measured at fair value in a foreign currency are translated using the exchange rates at the date when the fair value is determined. The gain or loss arising on translation of non-monetary items measured at fair value is treated in line with the recognition of the gain or loss on the change in fair value of the item (i.e. translation differences on items whose fair value gain or loss is recognised in other comprehensive income or net results are also recognised in other comprehensive income or net results, respectively).

#### (g) Comparative information

Except when an Australian Accounting Standard permits or requires otherwise, comparative information is presented in respect of the previous period for all amounts reported in the financial statements.

Certain comparative information has been reclassified to ensure alignment with current year presentation.

#### (h) Changes in accounting policy, including new or revised Australian Accounting Standards

##### (i) *Effective for the first time in FY2020-21*

The accounting policies applied in 2020-21 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 applied AASB 1059 *Service Concession Arrangements: Grantors* (AASB 1059) for the first time. Upon introduction of AASB 1059, TPP 06-8 *Accounting for Privately Financed Projects* (TPP 06-8) was withdrawn. The nature and effect of the changes as a result of adoption of this new accounting standard and withdrawal of TPP 06-8 are described below.

Several other amendments and interpretations apply for the first time in 2020-21, but do not have an impact on the financial statements of the consolidated entity.

##### AASB 1059 Service Concession Arrangements: Grantors (AASB 1059)

AASB 1059 is effective for the consolidated entity from 1 July 2020. At the same time NSW Treasury Policy and Guideline Paper TPP 06-8: *Accounting for Privately Financed Projects* (TPP 06-8) was withdrawn effective from 1 July 2020.

Service Concession Arrangements are contracts between an operator and a grantor, where the operator provides public services related to a service concession asset on behalf of the grantor for a specified period of time and manages at least some of those services.

Where AASB 1059 applies, the grantor recognises the service concession asset when the grantor obtains control of the asset and measures the service concession asset at current replacement cost. At the same time the grantor recognises a corresponding financial liability or unearned revenue liability or a combination of both.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 1. Statement of Significant Accounting Policies (continued)

#### (h) Changes in accounting policy, including new or revised Australian Accounting Standards (continued)

##### (i) Effective for the first time in FY2020-21 (continued)

##### AASB 1059 Service Concession Arrangements: Grantors (AASB 1059) (continued)

The consolidated entity has adopted the modified retrospective approach permitted under AASB 1059 by recognising and measuring service concession assets and related liabilities at the date of initial application of 1 July 2019, with any net adjustments to the amounts of assets and liabilities recognised in accumulated funds at that date.

The effect of adopting AASB 1059 is as follows:

##### CONSOLIDATED

Impact on the Statement of Comprehensive Income (increase/(decrease)) for the year ended 30 June 2020 is as follows:

		30 June 2020 AASB 1059	30 June 2020 Without adoption of AASB 1059	30 June 2020 Impact of AASB 1059
	Notes	\$000	\$000	\$000
Revenue				
Sale of goods and services from contracts with customers	(a)	2,673,440	2,674,358	(918)
Other income	(a)	172,682	168,888	3,794
Total revenue		27,972,368	27,969,492	2,876
Expenses				
Other expenses	(a)	7,101,444	7,102,385	(941)
Depreciation and amortisation	(a)	1,082,030	1,075,955	6,075
Finance costs	(a)	120,734	121,694	(960)
Total expenses		24,807,282	24,803,108	4,174
Operating result		3,165,086	3,166,384	(1,298)
Net Result		3,165,086	3,166,384	(1,298)
Changes in revaluation surplus of property, plant and equipment	(a)	300,410	330,929	(30,519)
Total other comprehensive income		303,017	333,536	(30,519)
Total comprehensive income		3,410,949	3,442,766	(31,817)

Note: The above table is an extract only, showing only those financial statement line items affected by the introduction of AASB 1059.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 1. Statement of Significant Accounting Policies (continued)

## (h) Changes in accounting policy, including new or revised Australian Accounting Standards (continued)

## (i) Effective for the first time in FY2020-21 (continued)

AASB 1059 Service Concession Arrangements: Grantors (AASB 1059) (continued)

CONSOLIDATED

Impact on the Statement of Financial Position (increase/(decrease)) as at 1 July 2019:

		01 July 2019 AASB 1059	01 July 2019 Without adoption of AASB 1059	01 July 2019 Impact of AASB 1059
	Notes	\$000	\$000	\$000
Assets				
Property, plant and equipment	(a)	20,037,494	19,873,847	163,647
Other assets	(a)	18,161	67,302	(49,141)
Total assets		23,629,595	23,515,089	114,506
Liabilities				
Borrowings	(a)	1,115,340	1,102,092	13,248
Other liabilities	(a)	370,487	291,532	78,955
Total liabilities		5,647,179	5,554,976	92,203
Net assets		17,982,416	17,960,113	22,303
Equity				
Asset revaluation surplus	(a)	6,938,377	6,937,950	427
Accumulated funds	(a)	11,044,039	11,022,163	21,876
Total adjustments to equity		17,982,416	17,960,113	22,303

Note: The above table is an extract only, showing only those financial statement line items affected by the introduction of AASB 1059.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 1. Statement of Significant Accounting Policies (continued)

## (h) Changes in accounting policy, including new or revised Australian Accounting Standards (continued)

## (i) Effective for the first time in FY2020-21 (continued)

AASB 1059 Service Concession Arrangements: Grantors (AASB 1059) (continued)

CONSOLIDATED

Impact on the Statement of Financial Position (increase/(decrease)) as at 30 June 2020:

		30 June 2020 AASB 1059	30 June 2020 Without adoption of AASB 1059	30 June 2020 Impact of AASB 1059
	Notes	\$000	\$000	\$000
<b>Assets</b>				
Property, plant and equipment	(a)	21,696,652	21,568,659	127,993
Other assets	(a)	10,773	62,037	(51,264)
Total assets		28,886,177	28,809,448	76,729
<b>Liabilities</b>				
Borrowings	(a)	2,274,988	2,262,699	12,289
Other liabilities	(a)	428,349	354,394	73,955
Total liabilities		7,577,824	7,491,580	86,244
Net assets		21,308,353	21,317,868	(9,515)
<b>Equity</b>				
Asset revaluation surplus	(a)	7,259,164	7,289,257	(30,093)
Accumulated funds	(a)	14,049,189	14,028,611	20,578
Total adjustments to equity		21,308,353	21,317,868	(9,515)

Note: The above table is an extract only, showing only those financial statement line items affected by the introduction of AASB 1059.

The adoption of AASB 1059 did not have a material impact on the Statement of Cash Flows for the consolidated entity.

The nature of these adjustments on the consolidated entity is described below:

(a) A number of existing arrangements are now accounted for as per the requirements of AASB 1059. The adoption of AASB 1059 has led to the following material impacts:

- New assets were recognised as service concession assets under property, plant and equipment with a corresponding 'grant of a right to operate liability' recorded under other liabilities;
- Existing emerging asset balances under other assets were derecognised;
- Financial liabilities were remeasured at fair value at the date of transition impacting the borrowing amounts;
- Statement of Comprehensive Income was respectively impacted with increased revenue and expenses arising from higher assets and liabilities; and
- Other comprehensive income was mainly impacted with the revaluation movements for the new service concession assets.



## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

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### 1. Statement of Significant Accounting Policies (continued)

#### (h) Changes in accounting policy, including new or revised Australian Accounting Standards (continued)

##### (i) *Effective for the first time in FY2020-21 (continued)*

##### AASB 1059 Service Concession Arrangements: Grantors (AASB 1059) (continued)

##### PARENT

The adoption of AASB 1059 did not have an impact on the Statement of Comprehensive Income, Statement of Financial Position and the Statement of Cash Flows for the parent entity for the financial year.

##### Withdrawal of TPP 06-8 Accounting for Privately Financed Projects (TPP 06-8)

The Chris O'Brien Lifehouse, Sydney Eye Hospital Carpark, Royal North Shore Hospital Public Private Partnership, Newcastle Mater Hospital Public Private Partnership, Long Bay Prison and Forensic Hospital Public Private Partnership and Orange and Associated Health Services Public Private Partnership were previously accounted for under TPP 06-8 *Accounting for Privately Financed Projects* (TPP 06-8). TPP 06-8 has been withdrawn from 1 July 2020 following the introduction of AASB 1059 *Service Concession Arrangements* (AASB 1059). This is because many arrangements to which TPP 06-8 applied, now fall within the scope of AASB 1059. However, based on the consolidated entity's assessment, these arrangements are outside the scope of AASB 1059.

Upon the withdrawal of TPP 06-8, management has used its judgement and determined that Chris O'Brien Lifehouse and Sydney Eye Hospital Carpark arrangements should now be accounted for under AASB 16 *Leases* and the remaining arrangements accounted for under AASB 116 *Property, Plant and Equipment* and AASB 9 *Financial Instruments* as a change in accounting policy. This is because management has determined that adopting AASB 16, AASB 116 and AASB 9 best reflects the economic substance of the arrangement and provides the most reliable and relevant information about the effects of the arrangement on the consolidated entity's Statement of Comprehensive Income, Statement of Financial Position and Statement of Cash Flows.

Under AASB 16 lessor accounting, a lease receivable has been recognised at an amount equal to the net investment in the lease. For both arrangements, the amount recognised is the discounted value of the unguaranteed residual value accruing to the lessor where the leased assets are handed over to the consolidated entity at the end of the lease term.

For the other arrangements, the consolidated entity has previously recognised finance lease assets and liabilities in accordance with TPP 06-8 and AASB 117 *Leases*. Upon withdrawal of TPP 06-8, the finance lease assets were reclassified to property, plant and equipment and the finance lease liability was reclassified as external borrowings. The reclassification did not change the asset or liability values or the presentation in the Statement of Comprehensive Income, Statement of Financial Position and Statement of Cash Flows.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 1. Statement of Significant Accounting Policies (continued)

#### (h) Changes in accounting policy, including new or revised Australian Accounting Standards (continued)

##### (i) Effective for the first time in FY2020-21 (continued)

Withdrawal of TPP 06-8 Accounting for Privately Financed Projects (TPP 06-8) (continued)

The entity has adopted AASB 16 retrospectively. The effect of the change in accounting policy is as follows:

#### CONSOLIDATED

Impact on the Statement of Comprehensive Income (increase/(decrease)) for the year ended 30 June 2020 is as follows:

		30 June 2020 Adoption of AASB 16	30 June 2020 TPP 06-8	30 June 2020 Impact of change in accounting policy
	Notes	\$000	\$000	\$000
Revenue				
Investment revenue	(a)	21,337	19,478	1,859
Other income	(a)	166,245	168,888	(2,643)
Total revenue		27,968,708	27,969,492	(784)
Total expenses		24,803,108	24,803,108	-
Operating result		3,165,600	3,166,384	(784)
Net Result		3,108,446	3,109,230	(784)
Changes in revaluation surplus of property, plant and equipment	(a)	333,367	330,929	2,438
Changes in revaluation surplus of other assets	(a)	(9)	2,607	(2,616)
Total other comprehensive income		333,358	333,536	(178)
Total comprehensive income		3,441,804	3,442,766	(962)

Note: The above table is an extract only, showing only those financial statement line items affected by the withdrawal of TPP 06-8.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 1. Statement of Significant Accounting Policies (continued)

## (h) Changes in accounting policy, including new or revised Australian Accounting Standards (continued)

## (i) Effective for the first time in FY2020-21 (continued)

Withdrawal of TPP 06-8 Accounting for Privately Financed Projects (TPP 06-8) (continued)

## CONSOLIDATED

Impact on the Statement of Financial Position (increase/(decrease)) as at 1 July 2019:

		01 July 2019 Adoption of AASB 16	01 July 2019 TPP 06-8	01 July 2019 Impact of change in accounting policy
	Notes	\$000	\$000	\$000
Assets				
Other financial assets	(a)	335,887	255,336	80,551
Other assets	(a)	49,363	67,302	(17,939)
Total assets		23,577,701	23,515,089	62,612
Net assets		18,022,725	17,960,113	62,612
Equity				
Asset revaluation surplus	(a)	6,935,592	6,937,950	(2,358)
Accumulated funds	(a)	11,087,133	11,022,163	64,970
Total adjustments to equity		18,022,725	17,960,113	62,612

Note: The above table is an extract only, showing only those financial statement line items affected by the withdrawal of TPP 06-8.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 1. Statement of Significant Accounting Policies (continued)

## (h) Changes in accounting policy, including new or revised Australian Accounting Standards (continued)

## (i) Effective for the first time in FY2020-21 (continued)

Withdrawal of TPP 06-8 Accounting for Privately Financed Projects (TPP 06-8) (continued)

## CONSOLIDATED

Impact on the Statement of Financial Position (increase/(decrease)) as at 30 June 2020:

		30 June 2020 Adoption of AASB 16	30 June 2020 TPP 06-8	30 June 2020 Impact of change in accounting policy
	Notes	\$000	\$000	\$000
Assets				
Other financial assets	(a)	173,016	100,592	72,424
Other assets	(a)	51,264	62,037	(10,773)
Total assets		28,871,099	28,809,448	61,651
Total liabilities		7,491,580	7,491,580	-
Net assets		21,379,519	21,317,868	61,651
Equity				
Asset revaluation surplus	(a)	7,286,722	7,289,257	(2,535)
Accumulated funds	(a)	14,092,797	14,028,611	64,186
Total adjustments to equity		21,379,519	21,317,868	61,651

Note: The above table is an extract only, showing only those financial statement line items affected by the withdrawal of TPP 06-8.

The change in accounting policy did not have an impact on the Statement of Cash Flows for the consolidated entity.

The nature of these adjustments on the consolidated entity is described below:

(a) A number of existing arrangements previously accounted under TPP 06-8 are now recognised as lease receivable or owned property, plant and equipment. The main impacts are:

- New lease receivable balances have been recognised under other financial assets;
- Existing emerging asset balances under other assets were derecognised;
- Revenue decreased due to derecognition of emerging assets; and
- Other comprehensive income was impacted due to reversal of revaluation movements for emerging assets recognised in the comparative year.

## PARENT

The change in accounting policy did not have an impact on the Statement of Comprehensive Income, Statement of Financial Position and the Statement of Cash Flows for the parent entity for the financial year.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

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### 1. Statement of Significant Accounting Policies (continued)

#### (h) 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 consolidated entity has assessed the potential impact of the new standards and interpretations issued but not yet effective and have determined they are unlikely to have a material impact on the financial statements of the consolidated entity.

#### (i) Impact of COVID-19 on Financial Reporting for 2020-21

The COVID-19 pandemic has resulted in significant changes in the consolidated entity's activity and in the way the services are being delivered. The COVID-19 pandemic has also impacted financial reporting in 2020-21 and increased disclosures are presented in the following notes:

- Note 1(c) Basis of preparation
- Note 3 Operating expenses
- Note 9 Sale of goods and services from contracts with customers
- Note 20 Receivables
- Note 22 Inventories
- Note 26 Leases
- Note 29 Fair value measurement of non-financial assets
- Note 34 Provisions
- Note 39 Contingent liabilities and contingent assets
- Note 43 Budget review
- Note 46 Events after the reporting period



## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 2. Employee related expenses

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Salaries and wages (including annual leave and ADOs)	13,546,425	12,927,807	160,572	145,382
Superannuation - defined benefit plan	66,824	83,606	790	987
Superannuation - defined contribution plan	1,183,998	1,126,322	13,031	11,854
Long service leave	29,935	634,541	2,431	8,010
Redundancies	16,555	19,372	442	497
Workers' compensation insurance	246,029	194,401	34,970	267
Payroll tax and fringe benefits tax	11,383	13,504	10,424	11,642
	15,101,149	14,999,553	222,660	178,639

Refer to Note 34 for further details on recognition and measurement of employee related expenses.

Employee related costs of \$24.7 million (2020: \$20.4 million) (parent entity: \$Nil (2020: \$Nil)) have been capitalised in property, plant and equipment and intangible assets and are excluded from the above.

The decrease in the long service leave is the result of significant changes in actuarial factors decreasing the employee benefit liabilities assumed by the Crown.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 3. Operating expenses

	Consolidated 2021 \$000	Consolidated <sup>1</sup> 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Ambulance transportation costs	117,487	116,385	102	-
Auditor's remuneration	5,030	4,504	724	581
Blood and blood products	170,738	144,861	45,479	24,387
Capital project expense	57,972	76,729	2,213	1,363
Works performed for entities controlled by the ultimate parent	-	78,719	-	-
Consultants	31,143	19,687	6,372	4,672
Contractors	229,800	193,448	40,645	12,035
Domestic supplies and services	171,826	149,631	1,515	1,103
Electricity, gas and water	167,773	174,228	734	424
Food Supplies	123,561	114,958	-	-
Information management expenses	332,981	273,805	28,347	36,821
Insurance	334,187	296,066	302,151	268,243
Interstate patient outflows	271,469	267,124	271,469	267,124
Legal services	13,611	13,856	2,676	3,249
Maintenance (see (a) below)	739,930	616,188	3,424	4,812
Medical and surgical supplies	1,135,138	908,851	6,986	8,014
Motor vehicle expenses	45,349	47,455	48	28
Office expenses	104,096	95,831	4,434	3,745
Expenses relating to short-term leases	29,013	37,762	3	46
Expenses relating to leases of low-value assets	19,330	18,170	787	39
Variable lease payments, not included in lease liabilities	1,144	925	-	-
Other management services	210,959	153,791	102,575	76,786
Outsourced patient care	642,758	399,415	94,960	17,552
Pharmaceutical supplies	891,272	872,423	115,255	135,671
Specialised health services	593,137	431,103	114	638
Staff related costs	163,003	159,340	6,229	6,739
Travel expenses	46,823	86,984	709	1,416
Viability payments to private hospitals	(37,054)	184,133	(37,054)	184,133
Visiting medical officers	962,339	914,897	-	-
General expenses	190,992	245,170	56,561	71,559
	7,765,807	7,096,439	1,057,458	1,131,180

<sup>1</sup> Maintenance has been restated to be \$0.94 million lower in the prior year for the consolidated entity. Refer to Note 1(h) for further details.

General expenses of \$191.0 million (2020: \$245.2 million) includes advertising and marketing, courier and freight, taxes, rates and related charges, hosted services purchased from local health districts (for parent entity), isolated patient travel and accommodation assistance and security services.

The majority of the costs in relation to food supplies, medical and surgical supplies and pharmaceutical supplies relate to the consumption of inventory held by the consolidated entity.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 3. Operating expenses (continued)

During 2019-20 \$184.1 million in viability payments under the National Partnership Agreement on COVID-19 Response was paid to private hospitals by the parent entity. During the current year, refunds of \$64.2 million were received from private hospitals for the overpayment of viability payments in 2019-20. These overpayments were the result of the financial impact on the private hospitals being shorter and less severe than initially anticipated. Much of the health sector returned to normal operating activities within a relatively short period of time. These refunds were recorded against current year expenses, resulting in a negative expense for the year.

#### (a) Reconciliation of total maintenance

	Consolidated 2021 \$000	Consolidated <sup>1</sup> 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Maintenance contracts	230,881	226,108	1,150	1,507
New/replacement equipment under \$10,000	323,147	240,873	990	2,042
Repairs maintenance/non contract	185,322	148,268	1,281	1,013
Other	580	939	3	250
Maintenance expense - contracted labour and	739,930	616,188	3,424	4,812
Employee related maintenance expense (Note 2)	62,779	62,709	-	-
Total maintenance expenses	802,709	678,897	3,424	4,812

<sup>1</sup> New/replacement equipment under \$10,000 has been restated to be \$0.94 million lower in the prior year for the consolidated entity. Refer to Note 1(h) for further details.

### Recognition and Measurement

#### Maintenance expense

Day-to-day servicing costs or maintenance are charged as expenses as incurred, except where they relate to the replacement or enhancement of a part or component of an asset, in which case the costs are capitalised and depreciated.

#### Operating expenses

Operating expenses generally represent the day-to-day running costs incurred in the normal operations of the consolidated entity. These costs are expensed as incurred. The recognition and measurement policy for non-employee related expenses is detailed in Note 31.

#### Insurance

The consolidated entity's insurance activities are conducted through the NSW Treasury Managed Fund (TMF) Scheme of self insurance for Government entities. The expense (premium) is determined by Insurance and Care NSW (iCare), an entity controlled by the ultimate parent, based on past claims experience. The TMF is operated by NSW Self Insurance Corporation (SiCorp), an entity controlled by the ultimate parent.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 3. Operating expenses (continued)

#### Recognition and Measurement (continued)

##### *Lease expenses*

The consolidated entity recognises the lease payments associated with the following types of leases as an expense on a straight-line basis:

- Leases that meet the definition of short-term, i.e. where the lease term at commencement of the lease is 12 months or less. This excludes leases with a purchase option.
- Leases of assets that are valued at \$10,000 or under when new.

Variable lease payments are not included in the measurement of the lease liability (i.e. variable lease payments that do not depend on an index or a rate, initially measured using the index or rate as at the commencement date). These payments are recognised in the period in which the event or condition that triggers those payments occurs.

### 4. Depreciation and amortisation

	Consolidated	Consolidated <sup>1</sup>	Parent	Parent
	2021	2020	2021	2020
	\$000	\$000	\$000	\$000
Depreciation - buildings	607,736	578,353	5,663	4,070
Depreciation - plant and equipment	235,588	239,359	357	437
Depreciation - infrastructure systems	29,214	25,538	97	106
Depreciation - right-of-use land and buildings	89,841	77,810	22,745	8,805
Depreciation - right-of-use plant and equipment	86,613	77,484	31	-
Amortisation - intangible assets	90,891	83,487	604	372
	1,139,883	1,082,031	29,497	13,790

<sup>1</sup> Depreciation - buildings has been restated to be \$5.69 million higher and depreciation - plant and equipment has been restated to be \$0.38 million higher in the prior year for the consolidated entity. Refer to Note 1(h) for further details.

Refer to Note 25 Property, plant and equipment, Note 26 Leases and Note 27 Intangible assets for recognition and measurement policies on depreciation and amortisation.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 5. Grants and subsidies

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Payments to entities controlled by the Ministry	-	-	21,788,338	20,012,929
Payments to other Affiliated Health Organisations	1,057,962	980,394	709,333	650,539
Grants provided to support:				
- Community packages	30,598	32,197	-	-
- Grants to research organisations	141,506	116,523	110,951	82,279
- Non-Government organisations	172,211	167,934	87,511	86,225
Grants paid to entities controlled by the ultimate parent	57,060	12,123	50,174	5,003
Other grants	212,334	199,354	187,497	172,090
	1,671,671	1,508,525	22,933,804	21,009,065

## Recognition and Measurement

Grants and subsidies generally comprise contributions in cash or in kind to controlled entities of the Ministry (from the parent entity), affiliated health organisations, various local government authorities and not-for-profit community organisations to support their health-related objectives and activities. The grants and subsidies are expensed on the transfer of the cash or assets. The transferred assets are measured at their fair value.

## 6. Finance costs

	Consolidated 2021 \$000	Consolidated <sup>1</sup> 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Interest expense from lease liabilities	25,475	13,617	12,342	303
Interest expense from financial liabilities at amortised cost*	95,382	101,599	-	-
Other interest and charges	3,351	5,518	10	1,972
	124,208	120,734	12,352	2,275

<sup>1</sup> Finance costs - interest expense from lease liabilities has been restated to be \$0.96 million lower in the prior year for the consolidated entity. Refer to Note 1(h) for further details.

\* Of the interest expense from financial liabilities at amortised cost, \$0.8 million (2020: \$0.8 million) related to financial liabilities relating to service concession arrangements. Refer to Note 25 for further details on service concession arrangements.

## Recognition and Measurement

Finance costs consist of interest and other costs incurred in connection with the borrowing of funds. Finance costs are recognised as expenses in the period in which they are incurred, in accordance with NSW Treasury's mandate to not-for-profit NSW General Government Sector entities.



## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 7. Revenue

#### Recognition and Measurement

Income is recognised in accordance with the requirements of AASB 15 *Revenue from Contracts with Customers* (AASB 15) or AASB 1058 *Income of Not-for-Profit Entities* (AASB 1058), dependent on whether there is a contract with a customer defined by AASB 15.

Comments regarding the accounting policies for the recognition of income are discussed in Notes 8 to 13.

### 8. Appropriations and transfers to The Crown in right of the State of New South Wales (Crown)

#### Summary of compliance

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Original budget per Appropriation Act	15,740,003	14,601,021	15,740,003	14,601,021
Other appropriations / expenditure:				
- Section 4.11 GSF Act	(925)	6,685	(925)	6,685
- Section 4.13 GSF Act Exigency of Government	-	859,800	-	859,800
- COVID-19 pandemic and inflation (per section 34 of the Appropriations Act)	46,000	-	46,000	-
Total spending authority from parliamentary appropriations, other than deemed appropriations	15,785,078	15,467,506	15,785,078	15,467,506
Add:				
Own source revenue earned during the year	5,017,848	5,102,798	1,216,660	633,897
Own source revenue balance brought forward from prior years	1,150,649	1,316,849	504,812	334,204
Total	21,953,575	21,887,153	17,506,550	16,435,607
Less: total expenditure	(20,918,015)	(20,195,527)	(16,724,720)	(15,389,818)
Variance	1,035,560	1,691,626	781,830	1,045,789
Less:				
The spending authority from appropriations lapsed at 30 June	(768,671)	(540,977)	(768,671)	(540,977)
Own source revenue balance carried forward to following years	266,889	1,150,649	13,159	504,812
	Consolidated 2021 \$000	Consolidated 2021 \$000	Parent 2020 \$000	Parent 2020 \$000
Appropriations (per Statement of Comprehensive Income)	15,016,407	14,926,529	15,016,407	14,926,529
Total amount drawn down against Annual Appropriations:	15,016,407	14,926,529	15,016,407	14,926,529

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

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### 8. Appropriations and transfers to The Crown in right of the State of New South Wales (Crown) (continued)

#### Summary of compliance (continued)

Appropriations authorities and spending limits, under the *Appropriations Act*, and from deemed appropriations are given to the relevant responsible minister(s) and not directly to individual agencies. Officers of agencies reporting to those ministers are then delegated authority to incur expenditure under delegation instruments issued by those ministers. Therefore, compliance with aggregate spending limits under the *Appropriation Act* and deemed appropriations should normally be assessed at the responsible minister(s)' level unless the delegation instrument for an agency expressly creates a sub-limit for the agency as a whole (which is unusual). The Ministry of Health has confirmed that its delegation instruments do not have sub-limits for the agency as a whole.

To provide information related to the Ministry of Health's spending, the summary of compliance table compares:

- Portion of the amounts authorised under the *Appropriations Act* for the services of The Ministry of Health, other relevant variations to appropriations authorities, amounts that have been received by The Ministry of Health as cluster grants to Health Care Complaints Commission and Mental Health Commissions and the agency's own source revenue, with
- The Ministry of Health's actual spending for the year, including payments to other state government agencies.

Balances for the consolidated entity in the table excludes monies received from the agency's own-source revenue from other clusters who have different responsible ministers, as comprising part of the authority to spend.

There is some complexity and uncertainty in respect of the legal implication of monies received by the agency from an agency in another cluster who has a different responsible minister. If those monies are paid from the Consolidated Fund and remain within the Consolidated Fund on receipt the appropriations authority limits of the responsible minister(s) of the paying and receiving agencies will not have been automatically adjusted on transfer of the money. This means the appropriations limit of the receiving responsible minister(s) will not have been increased. Therefore, there is a technical risk that the actual expenditure exceeds the aggregate legal limit authorised for the receiving responsible minister(s) for the relevant reporting period; on the other hand, the paying responsible minister(s) may have unutilised legal spending authority. The total appropriations limits in the *Appropriations Act* are not affected by this matter.

The impact of this legal uncertainty means the balance of own source revenue brought forward and carried forward in the table will not necessarily be reflective of the appropriations authority available to the Ministry of Health or its responsible ministers.

#### Recognition and Measurement

##### *Parliamentary appropriations other than deemed appropriations*

Income from appropriations, other than deemed appropriations (of which the accounting treatment is based on the underlying transaction), does not contain enforceable and sufficiently specific performance obligations as defined by AASB 15. Therefore, except as specified below, appropriations (other than deemed appropriations) are recognised as income when the entity obtains control over the assets comprising the appropriations. Control over appropriations is normally obtained upon the receipt of cash.

Appropriations are not recognised as income in the following circumstances:

- Equity appropriations to fund payments to adjust a for-profit entity's capital structure are recognised as equity injections (i.e. contribution by owners) on receipt and equity withdrawals on payment to a for-profit entity.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 9. Sale of goods and services from contracts with customers

	Consolidated 2021 \$000	Consolidated <sup>1</sup> 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Sale of goods				
Sales and recoveries of pharmaceutical supplies	411,036	408,130	-	-
Sales of prostheses	61,063	62,560	-	-
Other	43,781	31,082	-	-
	515,880	501,772	-	-
Rendering of services				
<i>Patients</i>				
Ambulance transportation fees	70,816	59,576	-	-
Fees for clinical services	52,371	46,836	-	-
Fees for medical services rendered	935,941	1,036,002	3,187	48,293
Interstate patient inflows	100,568	100,358	100,568	100,358
Motor accident third party insurance covered	169,818	148,959	-	-
Other patient fees	77,524	41,932	-	-
<i>General Community</i>				
Car parking fees	33,334	46,277	-	-
Commercial activities	47,845	40,814	-	-
Fees for non-medical services	3,185	2,878	-	-
<i>Non-NSW Health entities</i>				
Services provided to non NSW Health organisations	17,911	21,347	-	-
<i>Entities controlled by the ultimate parent</i>				
Fees for capital works performed	-	78,719	-	-
<i>Other</i>				
Fees for private usage of hospital's facilities	463,817	453,156	-	-
General user charges fees	43,654	41,188	503	1,606
Personnel service fees recharged	25,408	23,007	25,408	23,007
Hotel quarantine fees	214,292	-	-	-
Other services	33,716	33,881	117	166
	2,290,200	2,174,930	129,783	173,430
	2,806,080	2,676,702	129,783	173,430

<sup>1</sup> Sale of goods and services from contracts with customers - commercial activities has been restated to be \$0.92 million lower in the prior year for the consolidated entity. Refer to Note 1(h) for further details.

## Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2021

### 9. Sale of goods and services from contracts with customers (continued)

#### Recognition and Measurement

##### *Sales of goods*

Revenue from sale of goods is recognised when the consolidated entity satisfies the performance obligation by transferring the promised goods.

Type of good	Nature of timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Sales and recoveries of pharmaceutical supplies	The performance obligation of transferring pharmaceutical products is typically satisfied at the point in time when the products are dispensed to customers, which denotes acceptance by the customer, and therefore deemed as the point in time when the control is transferred to the customer. The payments are typically due within 30 days after the invoice date.	Revenue from these sales is recognised based on the price specified on the invoice, and revenue is only recognised to the extent that it is highly probable that a significant reversal will not occur. No element of financing is deemed present as the sales are made with a short credit term. No volume discount or warranty is provided on the sale.
Sales of prostheses	Relates to revenue generated for surgically implanted prostheses and medical devices. The performance obligation of transferring these products is typically satisfied at the point in time when the products are implanted in the body of the patient, which denotes acceptance by the customer, and therefore deemed as the point in time when the control is transferred to the customer. The payments are typically due within 30 days after the invoice date.	Revenue from these sales is recognised based on the price specified on the invoice, and revenue is only recognised to the extent that it is highly probable that a significant reversal will not occur. No element of financing is deemed present as the sales are made with a short credit term. No volume discount or warranty is provided on the sale.
Other	Relates to sale of various products including the sale of low value medical equipment, schedule 3 medical equipment, sale of publications, old wares and refuse and other general goods. The performance obligation of transferring these products is typically satisfied at the point in time when the products are purchased by the customer and takes delivery, which denotes acceptance by the customer, and therefore deemed as the point in time when the control is transferred to the customer. The payments are typically due within 30 days after the invoice date.	Revenue from these sales is recognised based on the price specified on the invoice, and revenue is only recognised to the extent that it is highly probable that a significant reversal will not occur. No element of financing is deemed present as the sales are made with a short credit term. No volume discount or warranty is provided on the sale.

## Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2021

### 9. Sale of goods and services from contracts with customers (continued)

#### Recognition and Measurement (continued)

##### *Rendering of services*

Revenue from rendering of services is recognised when the consolidated entity satisfies the performance obligation by transferring the promised services.

Type of service	Nature of timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Patient services - Ambulance transportation, clinical and medical services, interstate patient flows and motor accident third party insurance	The performance obligations in relation to patient services are typically satisfied as the health services are delivered to the chargeable inpatients and non-inpatients. Public patients are not charged for health services provided at public hospitals. Chargeable patients, including Medicare ineligible patients, privately insured patients, eligible veterans, compensable patients are billed for health services provided under various contractual arrangements. Billings are typically done upon patient discharge and is based on the rates specified by the Ministry of Health. The payments are typically due within 30 days after the invoice date.	Revenue is recognised on an accrual basis when the service has been provided to the patient. In limited circumstances the price is not fully recovered, e.g. due to inadequate insurance policies, overseas patients returning to their home country before paying, etc. The likelihood of occurrences is considered on a case by case basis. In most instances revenue is initially recognised at full amounts and subsequently adjusted when more information is provided. No element of financing is deemed present as majority of the services are made with a short credit term.
Non-patient services provided to the General community, non-NSW Health entities and entities controlled by the ultimate parent	Various non-patient related services are provided to the general community, non-NSW health entities and entities controlled by the ultimate parent. The performance obligations for these services are typically satisfied by transferring the promised services to its respective customers. The payments are typically due within 30 days after the invoice date.	Revenue is recognised when promised services are delivered. No element of financing is deemed present as the services are made with a short credit term.



## Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2021

### 9. Sale of goods and services from contracts with customers (continued)

Recognition and Measurement (continued)

*Rendering of services (continued)*

Type of service	Nature of timing of satisfaction of performance obligations, including significant payment terms	Revenue recognition policies
Fees for private usage of hospital's facilities	Specialist doctors with rights of private practice are subject to an infrastructure charge, including service charges where applicable for the use of hospital facilities at rates determined by the Ministry of Health. The performance obligations for these services are typically satisfied when the hospital facilities are made available and used by the doctors and staff specialists. The payments are typically due when monies are collected from patient billings for services provided under the arrangement.	Revenue is recognised when promised services are delivered. No element of financing is deemed present as the services are made with a short credit term.
Other	Various other services are provided for general user charges, hotel quarantine fees (revenue recognised for compulsory quarantine of all overseas travellers while overseas borders are closed to restrict transmission of COVID-19), personnel services recharged and other small services. The performance obligations for these services are satisfied by transferring the promised services to its respective customers. Prices are determined by the Ministry of Health and billed once services have been provided. The payments are typically due within 30 days after the invoice date.	Revenue is recognised when promised services are delivered. No element of financing is deemed present as the services are made with a short credit term.

Refer to Note 32 for the disclosure of the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied (or partially unsatisfied) at the end of the reporting period, and when the consolidated entity expects to recognise the unsatisfied portion as revenue.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 10. Investment revenue

	Consolidated	Consolidated <sup>1</sup>	Parent	Parent
	2021	2020	2021	2020
	\$000	\$000	\$000	\$000
Interest income from financial assets at amortised cost	9,632	14,960	1,220	2,214
Finance income on the net investment in the lease	2,069	2,080	-	-
Net gain / (loss) from TCorpIM Funds measured at fair value through profit or loss	10,672	4,222	-	-
Royalties	47	64	-	-
Dividends	10	11	-	-
	22,430	21,337	1,220	2,214

<sup>1</sup> Investment revenue - finance income on the net investment in the lease has been restated to be \$1.86 million higher in the prior year for the consolidated entity. Refer to Note 1(h) for further details.

#### Recognition and Measurement

##### Interest income

Interest revenue is calculated by applying the effective interest rate to the gross carrying amount of a financial asset except for financial assets that subsequently become credit impaired. For financial assets that become credit impaired, the effective interest rate is applied to the amortised cost of the financial asset (i.e. after deducting the loss allowance for expected credit losses).

##### Royalties

Royalties are usually recognised when the underlying performance obligation is satisfied. It is recognised at the estimated amount if the consideration is variable.

##### Dividend income

Dividend revenue is recognised when the consolidated entity's right to receive the payment has been established.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 11. Grants and other contributions

	Consolidated 2021 \$000	Consolidated <sup>1</sup> 2020 \$000	Parent 2021 \$000	Parent <sup>1</sup> 2020 \$000
Grants to acquire / construct a recognisable non-financial asset to be controlled by the entity				
- Grants to acquire / construct non-financial asset	57,384	15,440	-	-
Other grants with sufficiently specific performance obligations				
- Commonwealth National Health Reform Funding	5,852,286	5,472,169	5,852,286	5,472,169
- Commonwealth National Partnership Agreement on COVID-19	1,115,844	901,650	1,115,844	901,650
- Commonwealth Government grants for community based services	84,831	87,816	-	-
- Commonwealth Government grants - other	24,807	32,165	1,362	929
- Clinical drug trials and research grants	63,030	67,737	-	-
- Grants from entities controlled by the ultimate parent	5,197	11,396	-	3,559
- Other grants	73,821	60,609	925	2,317
Grants without specific performance obligations				
- Commonwealth National Health Reform Funding	1,211,113	1,258,716	1,211,113	1,258,716
- Commonwealth Government grants - other	205,961	138,455	166,219	123,862
- Clinical drug trials and research grants	11,727	17,609	-	-
- Grants from entities controlled by the ultimate parent	354,214	435,627	102,624	122,170
- NSW Treasurer's state contingency grant	-	950,361	-	16,561
- Other grants	42,216	31,613	949	697
Donations	45,765	45,379	-	-
	9,148,196	9,526,742	8,451,322	7,902,630

<sup>1</sup> Other grants with sufficiently specific performance obligations - Commonwealth National Partnership Agreement on COVID-19 has been restated to be \$27.04 million higher in the prior year for the consolidated and parent entity. Refer to Note 17 for further details.

## Recognition and Measurement

*Grants and other contributions*

Income from grants to acquire / construct a recognisable non-financial asset to be controlled by the consolidated entity is recognised when the consolidated entity satisfies its obligations under the transfer. The consolidated entity satisfies the performance obligation under the transfer over time as the non-financial assets are being constructed. The percentage of cost incurred is used to recognise income, because this most closely reflects the progress to completion.

Revenue from grants with sufficiently specific performance obligations are recognised when the consolidated entity satisfies a performance obligation by transferring the promised goods or services.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

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### 11. Grants and other contributions (continued)

Recognition and Measurement (continued)

*Grants and other contributions (continued)*

The consolidated entity typically receives grants in respect of:

- Commonwealth government funded grant under the National Health Reform Agreement to improve the state's health outcomes and ensure sustainability of the health system;
- Commonwealth government funded grant under the National Partnership Agreement on COVID-19 Response which provides stability and certainty of funding while responding to the COVID-19 pandemic;
- NSW government funded grant from the NSW Treasurer's state contingency fund to assist in the response to the COVID-19 pandemic; and
- Other various grants in respect of research, clinical drug trials and other community, health and wellbeing related projects.

The consolidated entity uses various methods to recognise revenue over time, depending on the nature and terms and conditions of the grant contract. The payments are typically based on an agreed timetable or on achievement of different milestones set up in the contract. Revenue is recognised as follows:

- Commonwealth National Health Reform - consists of Activity Based Funding, Public Health Funding and Block Funding. Activity Based Funding is recognised under AASB 15 *Revenue from Contracts with Customers* (AASB 15), while Public Health and Block Funding is recognised under AASB 1058 *Income of Not-for-Profit Entities* (AASB 1058) due to lack of specific performance obligations. Revenue for Activity Based Funding is recognised when the hospital activities are performed. The revenue is calculated by the activity multiplied by the agreed National Weighted Activity Unit price. For 2019-20 and the current year, the Commonwealth has provided a funding guarantee to the states and territories. The Commonwealth undertakes an annual reconciliation of reported activity (revenue) against funding payments made for that year. Any differences arising from the reported activity (revenue) in previous years, is adjusted in the current year annual reconciliation.
- Commonwealth National Partnership Agreement on COVID-19 - under the agreement, the Commonwealth pays for 50 per cent of costs incurred by hospitals and state public health authorities to assess, diagnose, treat and contain COVID-19. The Commonwealth also provided viability payments for private hospitals to ensure states and territories have access to private hospital beds, staffing and resources (such as personal protective equipment and ventilators) to support their ongoing response to the pandemic. Revenue under this agreement is recognised when actual costs are incurred.
- Other grants and contributions - consist of various types of grants and contributions received. The performance obligations are typically satisfied when the specified activities / milestones agreed in the grant contract are completed/met. Where there are no specific performance obligations, revenue is recognised on receipt of funding under AASB 1058. The payments are typically made in advance or based on an agreed timetable.

Revenue from these grants is recognised based on the grant amount specified in the funding agreement / funding approval, and revenue is only recognised to the extent that it is highly probable that a significant reversal will not occur. No element of financing is deemed present as funding payments are usually received in advance or shortly after the relevant obligation is satisfied.

Refer to Note 32 for the transaction price allocated to the performance obligations that have not been satisfied at the end of the year and when it is expected to be recognised as revenue.

Income from grants without sufficiently specific performance obligations is recognised when the consolidated entity obtains control over the granted assets (e.g. cash).

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 11. Grants and other contributions (continued)

#### Recognition and Measurement (continued)

##### *Volunteer services*

Receipt of volunteer services is recognised when and only when the fair value of those services can be reliably determined and the services would have been purchased if not donated. The consolidated entity receives volunteer services for the below activities:

- Chaplaincies and Pastoral Care
- Pink Ladies / Hospital Auxiliaries
- Patient Support Groups
- Community Organisations
- Health Education
- Patient and Family Support
- Patient Services, Fund Raising
- Practical Support to Patients and Relatives
- Counselling, Transport, Home Help and Patient Activities

Receipt of these services, while important, is not recognised because typically such services would not have been purchased if not donated.

### 12. Acceptance by The Crown in right of the State of New South Wales (Crown) of employee benefits

The following liabilities and / or expenses have been assumed by the Crown or other government entities:

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Superannuation - defined benefit plan	66,824	83,606	790	987
Long service leave provision	(68,392)	596,875	1,177	7,334
Payroll tax	41	53	41	53
	(1,527)	680,534	2,008	8,374

The negative revenue for the long service leave provision in the current year is the result of significant changes in the actuarial factors decreasing the employee benefit liabilities assumed by the Crown.



## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 13. Other income

	Consolidated 2021 \$000	Consolidated <sup>1</sup> 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Commissions	2,470	2,968	-	-
Discounts	1,837	3,156	-	-
Insurance refunds	8,418	7,307	555	-
Lease and rental income				
- other rental income	31,959	32,926	10,691	2,477
Revenue related to service concession arrangements*	13,358	13,358	-	-
Treasury Managed Fund hindsight adjustment	-	37,920	-	37,920
Property not previously recognised	12,712	27,187	-	-
Other	33,143	41,955	2,592	2,418
	103,897	166,777	13,838	42,815

<sup>1</sup> Other income - emerging assets of private sector provided infrastructure restated to be \$4.55 million lower, other rental income restated to be \$5.01 million lower, revenue related to service concession arrangements to be \$13.36 million higher and other to be \$2.64 million lower in the prior year for the consolidated entity. Refer to Note 1(h) for further details.

\* This revenue reflects the progressive unwinding of the 'grant of right to operate liability' (Note 35) over the remaining period of the arrangement. Refer to Note 25 for further details on service concession arrangements.

The majority of the 'property not previously recognised' balance in the current year relates to a car park at Royal Prince Alfred Hospital. The consolidated entity obtained full possession of the car park during the year which was valued at \$11.88 million.

In 2020, the majority of the 'property not previously recognised' balance is the result of a long term lease with the University of Sydney prematurely ending during the year. The buildings and infrastructure under the lease had previously been treated as a finance lease and asset of the University of Sydney. With the premature termination of the lease, the building valued at \$22.04 million and infrastructure valued at \$0.96 million were recognised by the consolidated entity during the year. The values were derived from an independent valuation report.

## Recognition and Measurement

*Other income*

Other income arises from varying arrangements. Income is generally recognised on an accrual basis and/or when the right to receive the income has been established in accordance with the substance of the relevant agreement.

Lease and rental income is accounted for on a straight-line basis over the lease term under AASB 16 *Leases*. The rental income is incidental to the purpose for holding the property.

*Treasury Managed Fund hindsight adjustment*

The consolidated entity receives or pays hindsight adjustments as part of a discretionary iCare scheme to encourage NSW Government entities to improve their claim performance. As the hindsight adjustments are discretionary and not contractually required they are recognised as revenue or expense when they are declared and / or paid.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 14. Gains / (losses) on disposal

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Gains / (losses) on disposal of:				
Property, plant and equipment				
Written down value of assets disposed	57,886	61,896	11,430	36,797
Less: Proceeds from disposal	24,078	47,386	11,336	36,792
Net gains / (losses) on disposal	(33,808)	(14,510)	(94)	(5)
Right-of-use assets				
Written down value of assets disposed	8,996	2,297	-	-
Less: lease liabilities extinguished	8,681	2,329	-	-
Less: Finance lease receivable	214	-	-	-
Net gains / (losses) on disposal	(101)	32	-	-
Intangible assets				
Written down value of assets disposed	880	10	-	-
Net gains / (losses) on disposal	(880)	(10)	-	-
Assets held for sale				
Written down value of assets disposed	3,192	1,088	-	-
Less: Proceeds from disposal	4,166	1,685	-	-
Net gains / (losses) on disposal	974	597	-	-
Financial assets				
Written down value of financial assets	127,763	356,350	-	-
Less: Proceeds from sale of financial assets	127,763	356,350	-	-
Net gains / (losses) on disposal	-	-	-	-
Total gains / (losses) on disposal	(33,815)	(13,891)	(94)	(5)

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 15. Other gains / (losses)

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Impairment losses on assets held for sale	-	(456)	-	-
Impairment losses on right-of-use assets	(99,201)	(2,898)	(92,526)	-
Inventory write down	(775,941)	-	-	-
Foreign exchange gains / (losses)	8,060	1,342	(579)	9,956
Other	(81)	-	-	-
	(867,163)	(2,012)	(93,105)	9,956

## Recognition and Measurement

*Impairment losses on non-financial assets*

Impairment losses may arise on non-financial assets held by the entity from time to time. Accounting for impairment losses is dependent upon the individual asset (or group of assets) subject to impairment. Accounting Policies and events giving rise to impairment losses are disclosed in the following notes:

- Note 20 Receivables
- Note 21 Contract assets
- Note 22 Inventories
- Note 25 Property, plant and equipment
- Note 26 Leases
- Note 27 Intangible assets

## 16. Conditions on restrictions on income of not-for-profit entities

The consolidated entity receives various types of grants and donations from different grantors / donors, some of which may not have enforceable performance obligations. The consolidated entity determines the grantor / donor expectations in determining the externally imposed restrictions and discloses them in accordance with different types of restrictions. The types of restrictions and income earned with restrictions are detailed in Note 30 Restricted assets.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

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### 17. Prior Period Errors

The Commonwealth has entered a National Partnership Agreement (NPA), in response to the COVID-19 pandemic, with States and Territories, including NSW. One component of the Agreement contains state public health payments (SPHP) for other COVID-19 activity undertaken by the State public health systems for the management and response to the pandemic.

Following further review of the state public health payments within the National Partnership Agreement (NPA), it has been determined that the consolidated entity and the parent entity incorrectly omitted revenue that should of been recognised for personal protective equipment (PPE) that was received before the 30 June 2020. On that basis, the consolidated entity and the parent entity should have recognised additional revenue in their Statement of Comprehensive Income and a decreased contract liability balance in the prior year.

The error has been corrected during the year, with retrospective adjustments made in the prior period in both the consolidated entity and the parent entity. Grants and other contributions increased by \$27 million and contract liabilities has decreased by \$27 million for the year ended 30 June 2020.

The impact to the Statement of Comprehensive Income and Statement of Financial Position from restating the balances in the prior year due to above matters are shown below. The restated balances in the Statement of Comprehensive Income and Statement of Financial Position exclude the impact of changes in accounting standards and any reclassifications to ensure alignment with current year presentation. Please refer to Note 1(h) for impacts of accounting standard impacts on the consolidated entity.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 17. Prior Period Errors (continued)

Statement of Comprehensive Income for the year ended 30 June 2020  
CONSOLIDATED

		Original Actual 2020 \$'000	Adjustment Actual 2020 \$'000	Restated Actual 2020 \$'000
	Notes			
Continuing operations				
Expenses excluding losses				
Employee related expenses	2	14,999,553	-	14,999,553
Operating expenses	3	7,102,385	-	7,102,385
Depreciation and amortisation	4	1,075,955	-	1,075,955
Grants and subsidies	5	1,503,521	-	1,503,521
Finance costs	6	121,694	-	121,694
Total expenses excluding losses		24,803,108	-	24,803,108
Revenue				
Appropriations	8	14,926,529	-	14,926,529
Acceptance by the Crown Entity of employee benefits and other liabilities	12	680,534	-	680,534
Sale of goods and services from contracts with customers	9	2,674,358	-	2,674,358
Investment revenue	10	19,478	-	19,478
Grants and other contributions	11	9,499,705	27,037	9,526,742
Other income	13	168,888	-	168,888
Total revenue		27,969,492	27,037	27,996,529
Operating result		3,166,384	27,037	3,193,421
Gains / (losses) on disposal	14	(13,891)	-	(13,891)
Impairment losses on financial assets	20	(41,251)	-	(41,251)
Other gains / (losses)	15	(2,012)	-	(2,012)
Net result from continuing operations		3,109,230	27,037	3,136,267
Net result from discontinued operations		-	-	-
Net result		3,109,230	27,037	3,136,267
Other comprehensive income <i>periods</i>				
Changes in revaluation surplus of property, plant and equipment	25	330,929	-	330,929
Changes in revaluation surplus of other assets		2,607	-	2,607
Total other comprehensive income		333,536	-	333,536
TOTAL COMPREHENSIVE INCOME		3,442,766	27,037	3,469,803



## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 17. Prior Period Errors (continued)

Statement of Comprehensive Income for the year ended 30 June 2020

PARENT

		Original Actual 2020 \$'000	Adjustment Actual 2020 \$'000	Restated Actual 2020 \$'000
	Notes			
Continuing operations				
Expenses excluding losses				
Employee related expenses	2	178,639	-	178,639
Operating expenses	3	1,136,183	-	1,136,183
Depreciation and amortisation	4	13,790	-	13,790
Grants and subsidies	5	21,004,062	-	21,004,062
Finance costs	6	2,275	-	2,275
Total expenses excluding losses		22,334,949	-	22,334,949
Revenue				
Appropriations	8	14,926,529	-	14,926,529
Acceptance by the Crown Entity of employee benefits and other liabilities	12	8,374	-	8,374
Sale of goods and services from contracts with customers	9	173,430	-	173,430
Investment revenue	10	2,214	-	2,214
Grants and other contributions	11	7,875,593	27,037	7,902,630
Other income	13	42,815	-	42,815
Total revenue		23,028,955	27,037	23,055,992
Operating result		694,006	27,037	721,043
Gains / (losses) on disposal	14	(5)	-	(5)
Other gains / (losses)	15	9,956	-	9,956
Net result from continuing operations		703,957	27,037	730,994
Net result from discontinued operations		-	-	-
Net result		703,957	27,037	730,994
Other comprehensive income				
Total other comprehensive income		-	-	-
TOTAL COMPREHENSIVE INCOME		703,957	27,037	730,994

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 17. Prior Period Errors (continued)

Statement of Financial Position as at 1 July 2019 and 30 June 2020

## CONSOLIDATED

		Actual 1 July 2019 \$'000	Actual 2020 \$'000	Adjustment 2020 \$'000	Restated 2020 \$'000
	Notes				
<b>ASSETS</b>					
Current assets					
Cash and cash equivalents	19	1,316,849	2,658,959	-	2,658,959
Receivables	20	888,069	1,270,638	-	1,270,638
Contract assets	21		2,031		2,031
Inventories	22	177,646	921,933	-	921,933
Financial assets at fair value	23	121,328	157,609	-	157,609
Other financial assets	24	255,336	100,592	-	100,592
		2,759,228	5,111,762	-	5,111,762
Non-current assets held for sale	28	55,578	9,087	-	9,087
Total current assets		2,814,806	5,120,849	-	5,120,849
Non-current assets					
Receivables	20	22,808	123,548	-	123,548
Financial assets at fair value	23	32,088	32,005	-	32,005
Property, plant and equipment					-
- Land and buildings	25	18,177,865	19,793,783	-	19,793,783
- Plant and equipment	25	1,232,185	1,264,800	-	1,264,800
- Infrastructure systems	25	463,797	510,076	-	510,076
Total property, plant and equipment		19,873,847	21,568,659	-	21,568,659
Right-of-use assets	26	-	1,186,464	-	1,186,464
Intangible assets	27	704,238	715,886	-	715,886
Other non-current assets		67,302	62,037	-	62,037
Total non-current assets		20,700,283	23,688,599	-	23,688,599
Total assets		23,515,089	28,809,448	-	28,809,448

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 17. Prior Period Errors (continued)

Statement of Financial Position as at 1 July 2019 and 30 June 2020 (continued)

## CONSOLIDATED

		Actual 1 July 2019 \$'000	Actual 2020 \$'000	Adjustment 2020 \$'000	Restated 2020 \$'000
	Notes				
<b>LIABILITIES</b>					
Current liabilities					
Payables	31	1,810,245	1,844,106	-	1,844,106
Contract liabilities	32	-	425,763	(27,037)	398,726
Borrowings	33	11,917	172,785	-	172,785
Provisions	34	2,309,387	2,560,496	-	2,560,496
Other current liabilities	35	108,690	90,382	-	90,382
Total current liabilities		4,240,239	5,093,532	(27,037)	5,066,495
Non-current liabilities					
Contract liabilities	32	-	97	-	97
Borrowings	33	1,090,175	2,089,914	-	2,089,914
Provisions	34	41,720	44,025	-	44,025
Other non-current liabilities	35	182,842	264,012	-	264,012
Total non-current liabilities		1,314,737	2,398,048	-	2,398,048
Total liabilities		5,554,976	7,491,580	(27,037)	7,464,543
Net assets		17,960,113	21,317,868	27,037	21,344,905
<b>EQUITY</b>					
Reserves		6,937,950	7,289,257	-	7,289,257
Accumulated funds		11,022,163	14,028,611	27,037	14,055,648
Total equity		17,960,113	21,317,868	27,037	21,344,905

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 17. Prior Period Errors (continued)

Statement of Financial Position as at 1 July 2019 and 30 June 2020

## PARENT

		Actual 1 July 2019 \$'000	Actual 2020 \$'000	Adjustment 2020 \$'000	Restated 2020 \$'000
	Notes				
<b>ASSETS</b>					
Current assets					
Cash and cash equivalents	19	334,204	728,371	-	728,371
Receivables	20	349,550	297,845	-	297,845
Inventories	22	32,873	25,803	-	25,803
Other financial assets	24	16,041	744,176	-	744,176
Total current assets		732,668	1,796,195	-	1,796,195
Non-current assets					
Other financial assets	24	14,651	11,072	-	11,072
Property, plant and equipment					
- Land and buildings	25	132,577	186,497	-	186,497
- Plant and equipment	25	2,077	4,697	-	4,697
- Infrastructure systems	25	1,067	961	-	961
Total property, plant and equipment		135,721	192,155	-	192,155
Right-of-use assets	26	-	511,160	-	511,160
Intangible assets	27	877	1,756	-	1,756
Total non-current assets		151,249	716,143	-	716,143
Total assets		883,917	2,512,338	-	2,512,338

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 17. Prior Period Errors (continued)

Statement of Financial Position as at 1 July 2019 and 30 June 2020 (continued)

## PARENT

		Actual 1 July 2019 \$'000	Actual 2020 \$'000	Adjustment 2020 \$'000	Restated 2020 \$'000
	Notes				
<b>LIABILITIES</b>					
Current liabilities					
Payables	31	397,797	449,170	-	449,170
Contract liabilities	32	-	373,005	(27,037)	345,968
Borrowings	33	-	11,853	-	11,853
Provisions	34	18,869	22,831	-	22,831
Other current liabilities	35	54,442	-	-	-
Total current liabilities		471,108	856,859	(27,037)	829,822
Non-current liabilities					
Borrowings	33	-	499,673	-	499,673
Provisions	34	713	534	-	534
Other non-current liabilities	35	43,694	-	-	-
Total non-current liabilities		44,407	500,207	-	500,207
Total liabilities		515,515	1,357,066	(27,037)	1,330,029
Net assets		368,402	1,155,272	27,037	1,182,309
<b>EQUITY</b>					
Reserves		133,744	133,744	-	133,744
Accumulated funds		234,658	1,021,528	27,037	1,048,565
Total equity		368,402	1,155,272	27,037	1,182,309

Ministry of Health  
Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

18. Outcomes of the Consolidated Entity

The NSW 2020-21 Budget Papers disaggregated the Ministry of Health's financial information by 'Outcome' as a way to identify each major activity undertaken by the entity during the financial year. The Budget Papers were previously prepared by Program Group under an earlier Outcome Budgeting Structure. The former program group statements have been restated by outcome in line with the recent budget papers.

(a) Outcome statements of the Consolidated Entity

CONSOLIDATED

CONSOLIDATED ENTITY EXPENSES AND INCOME	Outcome 1 *		Outcome 2 *		Outcome 3 *		Outcome 4 *		Outcome 5 *		Not Attributable ***		Total	
	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
Continuing operations														
Expenses excluding losses	8,113,447	8,024,816	3,724,096	3,715,312	2,161,928	2,140,840	534,335	528,804	567,343	589,781	-	-	15,101,149	14,999,553
Employee related expenses	4,315,737	3,978,760	1,934,663	1,729,062	958,733	882,634	343,331	283,688	213,343	222,295	-	-	7,765,807	7,096,439
Operating expenses	569,654	545,395	303,196	282,125	204,125	194,843	33,588	31,470	29,320	28,198	-	-	1,139,883	1,082,031
Depreciation and amortisation	684,246	595,602	666,345	639,767	84,768	77,733	32,721	27,685	203,591	167,738	-	-	1,671,671	1,508,525
Grants and subsidies	64,374	61,762	34,278	33,598	17,413	17,495	2,753	2,548	5,331	5,331	-	-	124,208	120,734
Finance costs	13,747,468	13,206,335	6,662,578	6,399,864	3,426,967	3,313,545	946,728	874,195	1,018,987	1,013,343	-	-	25,802,718	24,807,282
Total expenses excluding losses	-	-	-	-	-	-	-	-	-	-	15,016,407	14,926,529	15,016,407	14,926,529
Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Appropriations ***	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acceptance by the Crown of employee benefits and other liabilities	(13,581)	353,483	7,660	183,417	1,127	89,192	2,423	27,094	844	27,348	-	-	(1,527)	680,534
Sale of goods and services from contracts with customers	1,689,290	1,786,904	944,220	732,501	157,098	144,465	6,934	5,443	8,538	7,389	-	-	2,806,080	2,676,702
Investment revenue	13,703	13,032	5,336	5,075	1,998	1,903	633	603	760	724	-	-	22,430	21,337
Grants and other contributions	5,622,665	6,272,529	2,086,253	1,883,200	862,185	816,715	282,283	246,608	294,810	307,690	-	-	9,148,196	9,526,742
Other income	62,239	106,117	23,659	37,097	9,135	13,880	2,759	4,401	6,105	5,282	-	-	103,897	166,777
Total revenue	7,374,316	8,532,065	3,067,128	2,841,290	1,031,543	1,046,155	295,032	284,149	311,057	348,433	15,016,407	14,926,529	27,095,483	27,998,621
Gains / (losses) on disposal	-	-	-	-	-	-	-	-	-	-	(33,815)	(13,891)	(33,815)	(13,891)
Impairment losses on financial assets	-	-	-	-	-	-	-	-	-	-	(85,973)	(41,251)	(85,973)	(41,251)
Other gains / (losses)	-	-	-	-	-	-	-	-	-	-	(867,163)	(2,012)	(867,163)	(2,012)
Net result from continuing operations	(6,373,142)	(4,674,270)	(3,595,450)	(3,558,574)	(2,395,424)	(2,247,390)	(651,696)	(590,046)	(707,930)	(664,910)	14,029,456	14,869,375	305,814	3,134,185
Net result from discontinued operations	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net result	(6,373,142)	(4,674,270)	(3,595,450)	(3,558,574)	(2,395,424)	(2,247,390)	(651,696)	(590,046)	(707,930)	(664,910)	14,029,456	14,869,375	305,814	3,134,185
Other comprehensive income	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Items that will not be reclassified to net result in subsequent periods	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Changes in revaluation surplus of property, plant and equipment	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Change in revaluation surplus of other assets	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total other comprehensive income	153,831	152,650	81,876	78,964	55,122	54,534	9,070	8,808	7,918	7,892	-	-	307,817	302,848
Total comprehensive income	-	(5)	-	(2)	-	(2)	-	-	-	-	-	-	-	(9)
Total comprehensive income	153,831	152,645	81,876	78,962	55,122	54,532	9,070	8,808	7,918	7,892	-	-	307,817	302,839
Total comprehensive income	(6,219,311)	(4,521,625)	(3,513,574)	(3,479,612)	(2,340,302)	(2,192,858)	(642,626)	(581,238)	(700,012)	(667,018)	14,029,456	14,869,375	613,631	3,437,024

\* The name and purpose of each outcome is summarised in Note 18 (b).

\*\* Outcome balances have been restated in 2020. See Note 1(f) and Note 17 for details regarding restated prior year balances for the consolidated entity.

\*\*\* Appropriations are made on an entity basis and not to individual outcomes. Consequently, appropriations are included in the 'Not Attributable' column.



## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

18. Outcomes of the Consolidated Entity (continued)  
(a) Outcome statements of the Consolidated Entity (continued)

## CONSOLIDATED

CONSOLIDATED ENTITY ASSETS AND LIABILITIES	Outcome 1		Outcome 2		Outcome 3		Outcome 4		Outcome 5		Not Attributable		Total	
	1		2		3		4		5					
	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020
	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000	\$000
<b>ASSETS</b>														
Current assets	1,082,137	1,415,516	524,447	685,967	269,755	355,161	74,522	93,700	80,210	108,615	-	-	2,031,071	2,658,959
Cash and cash equivalents	751,921	848,249	420,282	347,720	69,926	68,578	3,086	2,584	3,800	3,507	-	-	1,249,015	1,270,638
Receivables	1,081	1,355	604	556	100	110	4	4	5	6	-	-	1,794	2,031
Contract assets	353,330	516,901	158,391	224,631	78,491	114,667	28,109	36,855	17,466	28,879	-	-	635,787	921,933
Inventories	86,178	83,905	41,766	40,660	21,483	21,052	5,935	5,554	6,388	6,438	-	-	161,750	157,609
Financial assets at fair value	1,638	53,551	793	25,951	408	13,436	113	3,545	121	4,109	-	-	3,073	100,592
Other Financial Assets	1,416	4,581	754	2,369	508	1,636	84	264	73	237	-	-	2,835	9,087
Non-current assets held for sale														
Total current assets	2,277,701	2,924,058	1,147,037	1,327,854	440,671	574,640	111,853	142,506	108,063	151,791	-	-	4,085,325	5,120,849
Non-current assets														
Receivables	21,335	75,966	11,926	31,140	1,984	6,141	88	231	108	314	-	-	35,441	113,792
Financial assets at fair value	17,114	17,038	8,294	8,257	4,266	4,275	1,179	1,128	1,269	1,307	-	-	32,122	32,005
Other Financial Assets	44,951	43,747	21,785	21,201	11,205	10,977	3,096	2,896	3,332	3,357	-	-	84,369	82,178
Property, plant and equipment														
- Land and buildings	10,755,175	10,039,846	5,724,400	5,193,468	3,853,915	3,586,742	634,149	579,303	553,569	519,072	-	-	21,521,208	19,918,431
- Plant and equipment	688,163	639,207	366,273	330,653	246,591	228,357	40,576	36,882	35,420	33,048	-	-	1,377,023	1,268,147
- Infrastructure systems	308,562	257,102	164,231	132,996	110,567	91,850	18,193	14,835	15,882	13,293	-	-	617,435	510,076
Right-of-use assets	543,193	598,035	289,112	309,355	194,643	213,648	32,028	34,507	27,958	30,919	-	-	1,086,934	1,186,464
Intangible assets	344,602	360,840	183,414	186,658	123,482	128,911	20,319	20,821	17,737	18,656	-	-	689,554	715,886
Total non-current assets	12,723,095	12,031,781	6,769,435	6,213,728	4,546,653	4,270,901	749,628	690,603	655,275	619,966	-	-	25,444,066	23,826,979
<b>TOTAL ASSETS</b>	<b>15,000,796</b>	<b>14,955,839</b>	<b>7,916,472</b>	<b>7,541,582</b>	<b>4,987,324</b>	<b>4,845,541</b>	<b>861,481</b>	<b>833,109</b>	<b>763,338</b>	<b>771,757</b>	<b>-</b>	<b>-</b>	<b>29,529,411</b>	<b>28,947,828</b>
<b>LIABILITIES</b>														
Current liabilities														
Payables	1,045,866	1,033,926	468,842	449,320	232,337	229,364	83,202	73,720	51,701	57,766	-	-	1,881,948	1,844,106
Contract liabilities	43,384	262,527	16,097	78,818	6,653	34,182	2,178	10,321	2,275	12,878	-	-	70,587	398,726
Borrowings	92,753	92,498	44,952	44,826	23,122	23,209	6,388	6,123	6,875	7,098	-	-	174,090	173,754
Provisions	1,532,163	1,369,875	703,267	634,222	408,264	365,452	100,905	90,269	107,138	100,678	-	-	2,851,737	2,560,496
Other current liabilities	72,483	50,777	35,128	24,607	18,069	12,740	4,992	3,361	5,373	3,896	-	-	136,045	95,381
Total current liabilities	2,786,649	2,809,613	1,268,286	1,231,793	688,445	664,947	197,665	183,794	173,362	182,316	-	-	5,114,407	5,072,463
Non-current liabilities														
Contract liabilities	-	64	-	19	-	8	-	3	-	3	-	-	-	97
Borrowings	1,123,246	1,118,608	544,371	542,083	280,003	280,665	77,353	74,046	83,257	85,832	-	-	2,108,230	2,101,234
Provisions	33,672	23,553	15,456	10,905	8,973	6,284	2,218	1,552	2,355	1,731	-	-	62,674	44,025
Other non-current liabilities	178,243	177,258	86,384	85,900	44,433	44,475	12,275	11,734	13,212	13,601	-	-	334,547	332,968
Total non-current liabilities	1,335,161	1,319,483	646,211	638,907	333,409	331,432	91,846	87,335	98,824	101,167	-	-	2,505,451	2,478,324
<b>TOTAL LIABILITIES</b>	<b>4,121,810</b>	<b>4,129,096</b>	<b>1,914,497</b>	<b>1,870,700</b>	<b>1,021,854</b>	<b>996,379</b>	<b>289,511</b>	<b>271,129</b>	<b>272,186</b>	<b>283,483</b>	<b>-</b>	<b>-</b>	<b>7,619,858</b>	<b>7,550,787</b>
<b>NET ASSETS</b>	<b>10,878,986</b>	<b>10,826,743</b>	<b>6,001,975</b>	<b>5,670,882</b>	<b>3,965,470</b>	<b>3,849,162</b>	<b>571,970</b>	<b>561,980</b>	<b>491,152</b>	<b>488,274</b>	<b>-</b>	<b>-</b>	<b>21,909,553</b>	<b>21,397,041</b>

\* The name and purpose of each outcome is summarised in Note 18 (b).

\*\* Outcome balances have been restated in 2020. See Note 1(h) and Note 17 for details regarding restated prior year balances for the consolidated entity.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 18. Outcomes of the Consolidated Entity (continued)

#### (b) Outcome name and purpose of the Consolidated Entity

Outcome name	Outcome purpose
Outcome 1 - People receive high-quality, safe care in our hospitals	This outcome reflects the state's responsibility to manage and administer public hospitals. When people are admitted to a hospital in NSW they can expect world-class medical and surgical care within clinically recommended timeframes.
Outcome 2 - People can access care in out of hospital settings to manage their health and wellbeing	This outcome reflects that healthcare extends beyond the hospital and needs to connect across settings to reduce the burden of chronic disease, assist people with conditions to live well and avoid complications, support people to recover from illness and injury, and prevent avoidable hospitalisations. NSW Health services funded to achieve this outcome include non-admitted and community based services, sub-acute services, hospital in the home, and dental services.
Outcome 3 - People receive timely emergency care	NSW Health often provides the first point of contact for those needing access to emergency healthcare and is responsible for managing and administering ambulance and emergency services.
Outcome 4 - Keeping people healthy through prevention and health promotion	This outcome reflects that preventive and population health is critical to keeping people healthier. It covers a range of functions NSW Health is responsible for including to protect and promote public health, control infectious diseases, reduce preventable diseases and death, help people manage their own health, and promote equitable health outcomes in the community.
Outcome 5 - Our people and systems are continuously improving to deliver the best health outcomes and experiences	A skilled workforce with access to world leading education and training, and a system that harnesses research and digital innovation essential to continuously improving outcomes and experiences of care across the system. These enablers are delivered by a range of statutory bodies and system managers.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 19. Cash and cash equivalents

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Cash at bank and on hand	1,848,096	2,382,810	160,068	728,371
Short-term deposits	182,975	276,149	-	-
	2,031,071	2,658,959	160,068	728,371

For the purposes of the Statement of Cash Flows, cash and cash equivalents includes cash at bank, cash on hand, short-term deposits with a maturity of three months or less, which are subject to an insignificant risk of changes in value, and net outstanding bank overdraft.

Cash and cash equivalent assets recognised in the Statement of Financial Position are reconciled at the end of the financial year to the Statement of Cash Flows as follows:

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Cash and cash equivalents (per Statement of Financial Position)	2,031,071	2,658,959	160,068	728,371
	2,031,071	2,658,959	160,068	728,371

Refer to Note 44 for details regarding credit risk and market risk arising from financial instruments.

## 20. Receivables

	Consolidated 2021 \$000	Consolidated <sup>1</sup> 2020 \$000	Parent 2021 \$000	Parent <sup>1</sup> 2020 \$000
Current				
Trade receivables from contracts with customers	893,580	533,578	385,298	177,857
Receivables from controlled health entities	-	-	26,636	14,993
Goods and Services Tax	161,606	163,823	12,738	24,229
Other receivables	130,378	191,073	14,469	72,214
	1,185,564	888,474	439,141	289,293
Less: allowance for expected credit losses*				
- Trade receivables from contracts with customers	(102,130)	(63,349)	-	-
- Other receivables	(3,903)	(4,468)	-	-
	1,079,531	820,657	439,141	289,293
Prepayments	169,484	449,981	4,708	8,552
Current receivables	1,249,015	1,270,638	443,849	297,845

<sup>1</sup> Trade receivables from contracts with customers has been restated \$165.13 million higher and other receivables has been restated \$165.13 million lower as receivables from interstate patient flows has been reclassified in the prior year for the consolidated entity and parent entity.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 20. Receivables (continued)

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Non-current				
Trade receivables from contracts with customers	43	66	-	-
Other receivables	41	31	-	-
	84	97	-	-
Less: allowance for expected credit losses*				
- Trade receivables from contracts with customers	(40)	(62)	-	-
- Other receivables	(19)	(23)	-	-
	25	12	-	-
Prepayments	35,416	113,780	-	-
Non-current receivables	35,441	113,792	-	-

\* Movement in the allowance for expected credit losses

Trade receivables from contracts with customers and other receivables

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Balance at the beginning of the year	(67,902)	(61,479)	-	-
Amounts written off during the year	47,783	34,828	-	-
(Increase) / decrease in allowance recognised in net result <sup>1</sup>	(85,973)	(41,251)	-	-
Balance at the end of the year	(106,092)	(67,902)	-	-

<sup>1</sup> Includes impairment loss of \$84.1 million (2019: \$38.7 million) recognised on trade receivables from contracts with customers.

Allowance for expected credit losses of \$106.1 million (2020: \$67.9 million) includes an allowance on trade receivables from contracts with customers of \$102.2 million (2020: \$63.4 million) and other receivables of \$3.9 million (2020: \$4.5 million).

Details regarding credit risk of receivables that are neither past due nor impaired, are disclosed in Note 44.

## Recognition and Measurement

All 'regular way' purchases or sales of receivables are recognised and derecognised on a trade date basis. Regular way purchases or sales are purchases or sales of receivables that require delivery of assets within the time frame established by regulation or convention in the marketplace.

Receivables are initially recognised at fair value plus any directly attributable transaction costs. Trade receivables that do not contain a significant financing component are measured at the transaction price.

## Subsequent measurement

The consolidated entity holds receivables with the objective to collect the contractual cash flows and therefore measures them at amortised cost using the effective interest method, less any impairment. Changes are recognised in the net result for the year when impaired, derecognised or through the amortisation process.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 20. Receivables (continued)

#### Recognition and Measurement (continued)

##### *Impairment*

The consolidated entity recognises an allowance for expected credit losses (ECLs) for all debt financial assets not held at fair value through profit or loss. ECLs are based on the difference between the contractual cash flows and the cash flows that the consolidated entity expects to receive, discounted at the original effective interest rate.

For trade receivables, the consolidated entity applies a simplified approach in calculating ECLs. The consolidated entity recognises a loss allowance based on lifetime ECLs at each reporting date. The consolidated entity has established a provision matrix based on its historical credit loss experience for trade receivables, adjusted for forward looking factors specific to the receivable.

### 21. Contract assets

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Current				
Contract assets	1,794	2,031	276	-
	1,794	2,031	276	-

#### Recognition and Measurement

Contract assets relate to the consolidated entity's right to consideration in exchange for goods and services transferred to customers / works completed, but not billed at the reporting date. The contract assets are transferred to receivables when the rights become unconditional. This usually occurs when the consolidated entity issues an invoice to the customer. The balance of the contract assets relates to grants and other contributions for work completed but not yet invoiced as future work is required to be completed before the consolidated entity has the rights to invoice. Once all performance obligations are met and the consolidated entity has rights to invoice for the payment to be made, the contract asset is transferred to receivables.

The contract asset balance has slightly reduced during the year due to the varying billing arrangements from contracts existing at different reporting dates.

	Consolidated 2021 \$000	Consolidated <sup>1</sup> 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Contract receivables (included in Note 20)	896,658	539,384	411,935	192,850
	896,658	539,384	411,935	192,850

<sup>1</sup> Contract receivables has been restated \$165.13 million higher in the prior year for the consolidated entity and parent entity due to the reclassification of interstate patient flows from other receivables to sale of goods and services from contracts with customers.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 22. Inventories

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Current				
Held-for-distribution				
Drug supplies	85,378	76,639	29,760	23,566
Medical and surgical supplies	1,102,267	679,650	2,017	2,237
Food and hotel supplies	3,138	3,772	-	-
Goods in transit	-	139,115	-	-
Other	3,733	22,757	-	-
	1,194,516	921,933	31,777	25,803
Less: Allowance for impairment				
- Medical and surgical supplies	(558,729)	-	-	-
	635,787	921,933	31,777	25,803

The majority of the inventory is held for consumption in the ordinary activities of the consolidated entity and upon consumption, are expensed in food supplies, medical and surgical supplies and pharmaceutical supplies (Note 3).

The consolidated entity has been holding higher levels of medical and surgical supplies since the outbreak of COVID-19. Medical and surgical supplies are also consumed as part of the normal services provided by the consolidated entity.

## Recognition and Measurement

Material inventories are held for distribution (consumed in the ordinary activities of the consolidated entity). Inventories held for distribution are stated at cost, adjusted when applicable, for any loss of service potential. A loss of service potential is identified and measured based on the existence of a current replacement cost that is lower than the carrying amount or any loss of operating capacity due to obsolescence. Costs are assigned to individual items of stock mainly on the basis of weighted average costs.

In the current year, the consolidated entity has written-off \$217 million (2020: \$Nil) of inventories and made an allowance for impairment of \$558.7 million (2020: \$Nil). Written-off items consist of inventory categories that are in unserviceable condition (does not meet the clinical requirements) and have no alternative use before they expire. Allowance for impairment was based on a consumption forecast model, on inventory categories that are likely to expire before they are consumed.

The cost of inventories acquired at no cost or for nominal consideration is the current replacement cost as at the date of acquisition. Current replacement cost is the cost the consolidated entity would incur to acquire the asset. Net realisable value is the estimated selling price in the ordinary course of business less the estimated costs of completion and the estimated costs necessary to make the sale.

Obsolete items are disposed of in accordance with instructions issued by the Ministry.



## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 23. Financial assets at fair value

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Current				
TCorpIM Funds Investment facilities	161,750	157,609	-	-
	161,750	157,609	-	-
Non-current				
TCorpIM Funds Investment facilities	32,122	32,005	-	-
	32,122	32,005	-	-

Refer to Note 44 for further information regarding fair value measurement, credit risk, and market risk arising from financial instruments.

#### Recognition and Measurement

All 'regular way' purchases or sales of financial assets are recognised and derecognised on a trade date basis. Regular way purchases or sales are purchases or sales of financial assets that require delivery of assets within the time frame established by regulation or convention in the marketplace.

#### *Classification and measurement*

The consolidated entity's financial assets at fair value are classified, at initial recognition, at fair value through profit or loss.

Transaction costs of financial assets carried at fair value through profit or loss are expensed in net results.

#### *Financial assets at fair value through profit or loss*

Financial assets at fair value through profit or loss include financial assets designated upon initial recognition at fair value through profit or loss, or financial assets mandatorily required to be measured at fair value under AASB 9 *Financial Instruments* (AASB 9).

Financial assets with cash flows that are not solely payments of principal and interest are classified and measured at fair value through profit or loss, irrespective of the business model. TCorpIM Funds are managed and their performance is evaluated on a fair value basis and therefore the business model is neither to hold to collect contractual cash flows or sell the financial asset. Hence these investments are mandatorily required to be measured at fair value through profit or loss.

Notwithstanding the criteria to be classified at amortised cost or at fair value through other comprehensive income, financial assets may be designated at fair value through profit or loss on initial recognition if doing so eliminates, or significantly reduces, an accounting mismatch.

A gain or loss on a financial asset that is subsequently measured at fair value through profit or loss is recognised in net results and presented net within other gains / (losses), except for TCorpIM Funds that are presented in 'investment revenue' in the period in which it arises.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 24. Other financial assets

	Consolidated 2021 \$000	Consolidated <sup>1</sup> 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Current				
Other loans and deposits	3,000	100,592	-	-
Receivables on finance leases as lessor (Note 26)	73	-	-	-
Intra health loans receivable	-	-	308,232	744,176
	3,073	100,592	308,232	744,176
Non-current				
Receivables on finance leases as lessor (Note 26)	84,369	82,178	-	-
Intra health loans receivable	-	-	7,205	11,072
	84,369	82,178	7,205	11,072

<sup>1</sup> Non-current other financial assets - receivables on finance leases as lessor has been restated to be \$72.42 million higher in the prior year for the consolidated entity. Refer to Note 1(h) for further details.

The majority of intra health loans receivable within the parent entity is the result of cash advances provided to HealthShare NSW to make all payments to employees and most payments to suppliers of goods and services and grants and subsidies on behalf of the controlled entities.

Refer to Note 44 for further information regarding fair value measurement, credit risk, and market risk arising from financial instruments.

## Recognition and Measurement

All 'regular way' purchases or sales of other financial assets are recognised and derecognised on a trade date basis. Regular way purchases or sales are purchases or sales of other financial assets that require delivery of assets within the time frame established by regulation or convention in the marketplace.

Other financial assets are initially measured at fair value plus any transaction costs.

*Subsequent measurement**Financial assets at amortised cost*

Other financial assets are classified and subsequently measured at amortised cost as they are held for collection of contractual cash flows solely representing payments of principal and interest. Impairment losses are presented as a separate line item in the Statement of Comprehensive Income. Any gain or loss arising on derecognition is recognised directly in net results and presented in other gains / (losses) together with foreign exchange gains and losses.

*Impairment*

The consolidated entity recognises an allowance for expected credit losses (ECLs) for all debt financial assets not held at fair value through profit or loss. ECLs are based on the difference between the contractual cash flows and the cash flows that the consolidated entity expects to receive, discounted at the original effective interest rate.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

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### 24. Other financial assets (continued)

#### *Impairment (continued)*

ECLs are recognised in two stages. For credit exposures where there has not been a significant increase in credit risk since initial recognition, ECLs are based on default events possible within the next 12-months (i.e. a 12-month ECL). If there has been a significant increase in credit risk since initial recognition, a loss allowance is required for credit losses expected over the remaining life of the exposure, irrespective of the timing of the default (i.e. a lifetime ECL). In addition, the consolidated entity considers that there has been a significant increase in credit risk when contractual payments are more than 30 days past due.

The consolidated entity's term deposits are issued by financial institutions that have strong credit ratings and are therefore considered to be low credit risk investments. Hence the consolidated entity measures the loss allowance for term deposits at an amount equal to a 12-month ECL. However, when there is a significant increase in credit risk since origination, the allowance will be based on the lifetime ECL.

The consolidated entity uses the ratings from external credit rating agencies both to determine whether there has been a significant increase in credit risk on the deposits and to estimate ECLs. These estimates are performed at every reporting date.

For lease receivables, the entity applies the simplified approach permitted by AASB 9 *Financial Instruments*, where the loss allowance is based on lifetime ECLs.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 25. Property, plant and equipment

## (a) Total property, plant and equipment

## CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2019 - fair value				
Gross carrying amount	26,702,521	2,717,188	950,276	30,369,985
Less: accumulated depreciation and impairment	(8,401,352)	(1,482,218)	(486,479)	(10,370,049)
Net carrying amount	18,301,169	1,234,970	463,797	19,999,936
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2020				
Net carrying amount at beginning of year	18,177,865	1,232,185	463,797	19,873,847
De-recognition of service concession asset under AASB 116	(662,636)	(36,615)	(23,537)	(722,788)
Recognition of service concession assets on initial application of AASB 1059	823,499	39,400	23,537	886,436
De-recognition of finance lease assets on initial application of AASB 16	(37,559)	-	-	(37,559)
Adjusted net carrying amount at beginning of year	18,301,169	1,234,970	463,797	19,999,936
Additions	1,919,557	334,267	14,535	2,268,359
Reclassifications to intangibles	-	(975)	-	(975)
Reclassification from other financial assets	9,986	-	-	9,986
Reclassification from assets held for sale	44,658	-	288	44,946
Disposals	(45,153)	(16,592)	(151)	(61,896)
Equity transfers in/(out) <sup>(i)</sup>	(23,300)	-	-	(23,300)
Net revaluation increment less revaluation decrements <sup>(i)</sup>	267,135	-	35,713	302,848
Depreciation expense	(578,353)	(239,359)	(25,538)	(843,250)
Other reclassifications within property, plant and equipment	22,732	(44,164)	21,432	-
Net carrying amount at end of year	19,918,431	1,268,147	510,076	21,696,654

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

(ii) Further details regarding equity transfers are disclosed in Note 36(a).

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 25. Property, plant and equipment (continued)

## (a) Total property, plant and equipment (continued)

## CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2020 - fair value				
Gross carrying amount	28,838,975	2,828,680	997,922	32,665,577
Less: accumulated depreciation and impairment	(8,920,544)	(1,560,533)	(487,846)	(10,968,923)
Net carrying amount	19,918,431	1,268,147	510,076	21,696,654
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2021				
Net carrying amount at beginning of year	19,918,431	1,268,147	510,076	21,696,654
Additions	2,091,179	408,929	42,290	2,542,398
Reclassifications to intangibles	-	(2,294)	-	(2,294)
Reclassification to right-of-use assets	(427)	-	-	(427)
Reclassification from/(to) assets held for sale	3,544	-	(483)	3,061
Disposals	(45,123)	(11,770)	(993)	(57,886)
Equity transfers in/(out) <sup>(i)</sup>	(99,749)	-	(1,370)	(101,119)
Net revaluation increment less revaluation decrements <sup>(i)</sup>	294,357	3	13,457	307,817
Depreciation expense	(607,736)	(235,588)	(29,214)	(872,538)
Other reclassifications within property, plant and equipment	(33,268)	(50,404)	83,672	-
Net carrying amount at end of year	21,521,208	1,377,023	617,435	23,515,666
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 30 June 2021 - fair value				
Gross carrying amount	31,219,657	3,041,014	1,146,858	35,407,529
Less: accumulated depreciation and impairment	(9,698,449)	(1,663,991)	(529,423)	(11,891,863)
Net carrying amount	21,521,208	1,377,023	617,435	23,515,666

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

(ii) Further details regarding equity transfers are disclosed in Note 36(a).

The net carrying amount of service concession assets included in each class of property, plant and equipment as at 30 June 2021:

- land and buildings \$765.88 million (2020: \$783.07 million)
- plant and equipment \$31.13 million (2020: \$35.42 million)
- infrastructure systems \$22.8 million (2020: \$23.56 million)

During the current period, the net carrying amount of \$0.76 million (2020: \$Nil) for existing assets of the consolidated entity has been reclassified as service concession assets.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 25. Property, plant and equipment (continued)

(b) Property, plant and equipment held and used by the consolidated entity

## CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2019 - fair value				
Gross carrying amount	26,468,111	2,717,188	950,276	30,135,575
Less: accumulated depreciation and impairment	(8,300,201)	(1,482,218)	(486,479)	(10,268,898)
Net carrying amount	18,167,910	1,234,970	463,797	19,866,677
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2020				
Net carrying amount at beginning of year	18,044,606	1,232,185	463,797	19,740,588
De-recognition of service concession asset under AASB 116	(662,636)	(36,615)	(23,537)	(722,788)
Recognition of service concession assets on initial application of AASB 1059	823,499	39,400	23,537	886,436
De-recognition of finance lease assets on initial application of AASB 16	(37,559)	-	-	(37,559)
Adjusted net carrying amount at beginning of year	18,167,910	1,234,970	463,797	19,866,677
Additions	1,919,234	334,267	14,535	2,268,036
Reclassifications to intangibles	-	(975)	-	(975)
Reclassification from other financial assets	9,986	-	-	9,986
Reclassification from assets held for sale	44,658	-	288	44,946
Disposals	(45,153)	(16,592)	(151)	(61,896)
Equity transfers in/(out) <sup>(i)</sup>	(23,300)	-	-	(23,300)
Net revaluation increment less revaluation decrements <sup>(i)</sup>	266,241	-	35,713	301,954
Depreciation expense	(572,186)	(239,359)	(25,538)	(837,083)
Other reclassifications within property, plant and equipment	21,169	(44,164)	21,432	(1,563)
Net carrying amount at end of year	19,788,559	1,268,147	510,076	21,566,782

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

(ii) Further details regarding equity transfers are disclosed in Note 36(a).



## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 25. Property, plant and equipment (continued)

(b) Property, plant and equipment held and used by the consolidated entity (continued)

## CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2020 - fair value				
Gross carrying amount	28,573,580	2,828,680	997,922	32,400,182
Less: accumulated depreciation and impairment	(8,785,021)	(1,560,533)	(487,846)	(10,833,400)
Net carrying amount	19,788,559	1,268,147	510,076	21,566,782
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2021				
Net carrying amount at beginning of year	19,788,559	1,268,147	510,076	21,566,782
Additions	2,038,334	408,929	42,290	2,489,553
Reclassifications to intangibles	-	(2,294)	-	(2,294)
Reclassification to right-of-use assets	(427)	-	-	(427)
Reclassification from/(to) assets held for sale	3,544	-	(483)	3,061
Disposals	(45,123)	(11,770)	(993)	(57,886)
Equity transfers in/(out) <sup>(ii)</sup>	(99,749)	-	(1,370)	(101,119)
Net revaluation increment less revaluation decrements <sup>(i)</sup>	292,699	3	13,457	306,159
Depreciation expense	(601,716)	(235,588)	(29,214)	(866,518)
Other reclassifications within property, plant and equipment	(40,009)	(50,404)	83,454	(6,959)
Net carrying amount at end of year	21,336,112	1,377,023	617,217	23,330,352
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 30 June 2021 - fair value				
Gross carrying amount	30,895,464	3,041,014	1,146,387	35,082,865
Less: accumulated depreciation and impairment	(9,559,352)	(1,663,991)	(529,170)	(11,752,513)
Net carrying amount	21,336,112	1,377,023	617,217	23,330,352

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

(ii) Further details regarding equity transfers are disclosed in Note 36(a).

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 25. Property, plant and equipment (continued)

(c) Property, plant and equipment where the consolidated entity is the lessor under operating leases

## CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2019 - fair value				
Gross carrying amount	234,410	-	-	234,410
Less: accumulated depreciation and impairment	(101,151)	-	-	(101,151)
Net carrying amount	133,259	-	-	133,259
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2020				
Net carrying amount at beginning of year	133,259	-	-	133,259
Additions	323	-	-	323
Net revaluation increment less revaluation decrements <sup>(i)</sup>	894	-	-	894
Depreciation expense	(6,167)	-	-	(6,167)
Other reclassifications within property, plant and equipment	1,563	-	-	1,563
Net carrying amount at end of year	129,872	-	-	129,872

<sup>(i)</sup> Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 25. Property, plant and equipment (continued)

(c) Property, plant and equipment where the consolidated entity is the lessor under operating leases (continued)  
CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2020 - fair value				
Gross carrying amount	265,395	-	-	265,395
Less: accumulated depreciation and impairment	(135,523)	-	-	(135,523)
Net carrying amount	129,872	-	-	129,872
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2021				
Net carrying amount at beginning of year	129,872	-	-	129,872
Additions	52,845	-	-	52,845
Net revaluation increment less revaluation decrements <sup>(i)</sup>	1,658	-	-	1,658
Depreciation expense	(6,020)	-	-	(6,020)
Other reclassifications within property, plant and equipment	6,741	-	218	6,959
Net carrying amount at end of year	185,096	-	218	185,314
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 30 June 2021 - fair value				
Gross carrying amount	324,193	-	471	324,664
Less: accumulated depreciation and impairment	(139,097)	-	(253)	(139,350)
Net carrying amount	185,096	-	218	185,314

<sup>(i)</sup> Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 25. Property, plant and equipment (continued)

## (a) Total property, plant and equipment

## PARENT

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2019 - fair value				
Gross carrying amount	203,927	8,338	3,879	216,144
Less: accumulated depreciation and impairment	(71,350)	(6,261)	(2,812)	(80,423)
Net carrying amount	132,577	2,077	1,067	135,721
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2020				
Net carrying amount at beginning of year	132,577	2,077	1,067	135,721
Additions	57,990	3,063	-	61,053
Disposals	(36,640)	(6)	(151)	(36,797)
Equity transfers in/(out) <sup>(ii)</sup>	36,640	-	151	36,791
Depreciation expense	(4,070)	(437)	(106)	(4,613)
Net carrying amount at end of year	186,497	4,697	961	192,155

(ii) Further details regarding equity transfers are disclosed in Note 36(a).

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 25. Property, plant and equipment (continued)

## (a) Total property, plant and equipment (continued)

## PARENT

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2020 - fair value				
Gross carrying amount	314,103	10,081	3,879	328,063
Less: accumulated depreciation and impairment	(127,606)	(5,384)	(2,918)	(135,908)
Net carrying amount	186,497	4,697	961	192,155
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2021				
Net carrying amount at beginning of year	186,497	4,697	961	192,155
Additions	26	4,107	-	4,133
Disposals	(11,036)	(394)	-	(11,430)
Transfers to NSW Health entities	-	(4,133)	-	(4,133)
Equity transfers in/(out) <sup>(i)</sup>	11,036	2	-	11,038
Net revaluation increment less revaluation decrements <sup>(i)</sup>	(1,202)	-	-	(1,202)
Depreciation expense	(5,663)	(357)	(97)	(6,117)
Net carrying amount at end of year	179,658	3,922	864	184,444
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
As at 30 June 2021				
Gross carrying amount	312,927	6,579	3,879	323,385
Less: accumulated depreciation and impairment	(133,269)	(2,657)	(3,015)	(138,941)
Net carrying amount	179,658	3,922	864	184,444

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

(ii) Further details regarding equity transfers are disclosed in Note 36(a).

The parent entity does not have any service concession assets for the periods ended 30 June 2021 and 30 June 2020. During the current period, no existing assets of the parent entity have been reclassified as service concession assets.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 25. Property, plant and equipment (continued)

(b) Property, plant and equipment held and used by the parent entity

## PARENT

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2019 - fair value				
Gross carrying amount	134,428	8,338	3,879	146,645
Less: accumulated depreciation and impairment	(40,280)	(6,261)	(2,812)	(49,353)
Net carrying amount	94,148	2,077	1,067	97,292
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2020				
Net carrying amount at beginning of year	94,148	2,077	1,067	97,292
Additions	57,990	3,063	-	61,053
Disposals	(36,640)	(6)	(151)	(36,797)
Equity transfers in/(out) <sup>(ii)</sup>	36,640	-	151	36,791
Depreciation expense	(1,524)	(437)	(106)	(2,067)
Other reclassifications within property, plant and equipment	(2,603)	-	-	(2,603)
Net carrying amount at end of year	148,011	4,697	961	153,669

(ii) Further details regarding equity transfers are disclosed in Note 36(a).



## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 25. Property, plant and equipment (continued)

(b) Property, plant and equipment held and used by the parent entity (continued)

## PARENT

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2020 - fair value				
Gross carrying amount	200,215	10,081	3,879	214,175
Less: accumulated depreciation and impairment	(52,204)	(5,384)	(2,918)	(60,506)
Net carrying amount	148,011	4,697	961	153,669
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2021				
Net carrying amount at beginning of year	148,011	4,697	961	153,669
Additions	26	4,107	-	4,133
Disposals	(11,036)	(394)	-	(11,430)
Transfers to NSW Health entities	-	(4,133)	-	(4,133)
Equity transfers in/(out) <sup>(ii)</sup>	11,036	2	-	11,038
Net revaluation increment less revaluation decrements <sup>(i)</sup>	(1,202)	-	-	(1,202)
Depreciation expense	(3,226)	(357)	(97)	(3,680)
Other reclassifications within property, plant and equipment	3,544	-	-	3,544
Net carrying amount at end of year	147,153	3,922	864	151,939
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 30 June 2021 - fair value				
Gross carrying amount	207,018	6,579	3,879	217,476
Less: accumulated depreciation and impairment	(59,865)	(2,657)	(3,015)	(65,537)
Net carrying amount	147,153	3,922	864	151,939

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 29(b).

(ii) Further details regarding equity transfers are disclosed in Note 36(a).

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 25. Property, plant and equipment (continued)

(c) Property, plant and equipment where the parent entity is the lessor under operating leases

## PARENT

	Land and Buildings	Plant and Equipment	Infrastructure systems	Total
	\$000	\$000	\$000	\$000
At 1 July 2019 - fair value				
Gross carrying amount	69,499	-	-	69,499
Less: accumulated depreciation and impairment	(31,070)	-	-	(31,070)
Net carrying amount	38,429	-	-	38,429
	Land and Buildings	Plant and Equipment	Infrastructure systems	Total
	\$000	\$000	\$000	\$000
Year ended 30 June 2020				
Net carrying amount at beginning of year	38,429	-	-	38,429
Depreciation expense	(2,546)	-	-	(2,546)
Other reclassifications within property, plant and equipment	2,603	-	-	2,603
Net carrying amount at end of year	38,486	-	-	38,486

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 25. Property, plant and equipment (continued)

(c) Property, plant and equipment where the parent entity is the lessor under operating leases (continued)

## PARENT

	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 1 July 2020 - fair value				
Gross carrying amount	113,888	-	-	113,888
Less: accumulated depreciation and impairment	(75,402)	-	-	(75,402)
Net carrying amount	38,486	-	-	38,486
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
Year ended 30 June 2021				
Net carrying amount at beginning of year	38,486	-	-	38,486
Depreciation expense	(2,437)	-	-	(2,437)
Other reclassifications within property, plant and equipment	(3,544)	-	-	(3,544)
Net carrying amount at end of year	32,505	-	-	32,505
	Land and Buildings \$000	Plant and Equipment \$000	Infrastructure systems \$000	Total \$000
At 30 June 2021 - fair value				
Gross carrying amount	105,909	-	-	105,909
Less: accumulated depreciation and impairment	(73,404)	-	-	(73,404)
Net carrying amount	32,505	-	-	32,505

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

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### 25. Property, plant and equipment (continued)

#### Recognition and Measurement

##### *Acquisition of property, plant and equipment*

Property, plant and equipment acquired are initially recognised at cost and subsequently revalued at fair value less accumulated depreciation and impairment. Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the requirements of other Australian Accounting Standards.

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at measurement date.

Where payment for an asset is deferred beyond normal credit terms, its cost is the cash price equivalent, i.e. the deferred payment amount is effectively discounted over the period of credit.

Assets acquired at no cost, or for nominal consideration, are initially recognised at their fair value at the date of acquisition (see also assets transferred as a result of an equity transfer in Note 36).

Land and buildings which are owned by the Health Administration Corporation or the State and operated by the parent or its controlled entities are deemed to be controlled by the parent and its controlled entities and are recognised as such in the financial statements.

##### *Capitalisation thresholds*

Property, plant and equipment and intangible assets costing \$10,000 and above individually (or forming part of a network costing more than \$10,000) are capitalised.

##### *Major inspection costs*

When a major inspection is performed, its cost is recognised in the carrying amount of the plant and equipment as a replacement if the recognition criteria are satisfied.

##### *Restoration costs*

The present value of the expected cost for the restoration or cost of dismantling of an asset after its use is included in the cost of the respective asset if the recognition criteria for a provision are met.

##### *Depreciation of property, plant and equipment*

Except for certain non-depreciable assets, depreciation is provided for on a straight-line basis so as to write off the depreciable amount of each asset as it is consumed over its useful life to the consolidated entity.

All material identifiable components of assets are depreciated separately over their useful lives.

Land is not a depreciable asset. Certain heritage assets including original artworks and collections and heritage buildings may not have a limited useful life because appropriate curatorial and preservation policies are adopted. Such assets are not subject to depreciation. The decision not to recognise depreciation for these assets is reviewed annually.

Details of depreciation rates initially applied for major asset categories are as follows:

	Useful lives
Buildings	40 years
Buildings - leasehold improvements	3-40 years
Plant and equipment	4-20 years
Infrastructure systems	40 years

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

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### 25. Property, plant and equipment (continued)

#### Recognition and Measurement (continued)

##### *Depreciation of property, plant and equipment (continued)*

Plant and equipment comprises, among others, medical, computer and office equipment, motor vehicles, furniture and fittings and PODS (a detachable or self-contained unit on ambulances used for patient treatment).

Infrastructure systems comprises public facilities which provide essential services and enhance the productive capacity of the economy including roads, bridges, water infrastructure and distribution works, sewerage treatment plants, seawalls and water reticulation systems.

The estimated useful lives, residual values and depreciation methods are reviewed at the end of each reporting period and adjusted if appropriate.

##### *Right-of-Use Assets acquired by lessees*

From 1 July 2019, AASB 16 *Leases* (AASB 16) requires a lessee to recognise a right-of-use asset for most leases. The consolidated entity has elected to present right-of-use assets separately in the Statement of Financial Position.

Further information on leases is contained at Note 26.

##### *Service concession assets*

The consolidated entity has adopted AASB 1059 *Service Concession Arrangements: Grantors* (AASB 1059) from 1 July 2020. However, comparatives for the year ended 30 June 2020 have been adjusted retrospectively to reflect AASB 1059. Note 1(h) details changes in the consolidated entity's accounting policies and a summary of impacts on the first time adoption. This note provides disclosures required under the new accounting standard and relates to the consolidated entity's service concession arrangements in place during the current year.

Service concession arrangements (SCAs) are contracts between a grantor and an operator where an operator provides public services related to a service concession asset on behalf of a public sector grantor for a specified period of time and manages at least some of those services.

Based on the consolidated entity's assessment, the following arrangements fall in the scope of AASB 1059:

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 25. Property, plant and equipment (continued)

## Recognition and Measurement (continued)

*Service concession assets (continued)*

Description	Public Hospitals			
Name and description of the SCA	Northern Beaches Hospital and Hawkesbury Hospital are two public hospitals built under two separate Public Private Partnership (PPP) arrangements that are now treated as part of service concession arrangements.			
Period of arrangement	Northern Beaches Public Hospital	20 years (2018 - 2038)		
	Northern Beaches Car Park	40 years (2018 - 2058)		
	Hawkesbury Hospital	28 years (1994 - 2022)		
Terms of the arrangement	The consolidated entity has contracted HealthScope (Operator for Northern Beaches Hospital) and St John of God Health Care (Operator for Hawkesbury Hospital) to build, operate and manage the hospitals and the car park for the duration of the arrangement. The construction of both hospitals was funded by the consolidated entity. Northern Beaches Hospital was paid upfront on completion of the construction works, while Hawkesbury Hospital was paid over time under a financing arrangement with the Operator. There are no remaining future construction payments. The Operator has fully funded the Northern Beaches car park, and the consolidated entity has granted rights to the Operator to operate and generate revenue from that car park. Annual service level agreements are entered into for the delivery of public health services at both hospitals with the Operator, which is funded by the consolidated entity, paid on a monthly basis.			
Rights and obligations	The consolidated entity is obligated to provide both operators access to the hospital and the carpark. The operators are responsible for the delivery of health services to public patients at the hospital which the consolidated entity is obligated to pay for under the annual service agreements. At the end of the arrangement, the operators are obligated to return all assets back to the consolidated entity. For Northern Beaches Hospital, the consolidated entity will be sharing a portion of the hospital facilities with the private operator for an additional term of 20 years after the expiry of the concession period. The consolidated entity is required to issue a notice outlining what shared services will be provided by different parties. The consolidated entity has the right to extend the Northern Beaches Hospital arrangement for up to five years, by way of giving three years notice to the operator. For Hawkesbury Hospital, the right to extend has already been exercised prior to 1 July 2019 with no further rights available in the existing agreement.			
Changes in arrangement occurring during 2020	Nil			
Changes in arrangement occurring during 2021	Nil			
Carrying amounts of SCA	Existing asset	New asset*	Existing asset	New asset*
	2021	2021	2020	2020
	\$000	\$000	\$000	\$000
Northern Beaches Public Hospital	592,427	-	610,696	-
Northern Beaches Car Park	-	49,381	-	50,698
Hawkesbury Hospital	59,113	3,609	60,477	3,346

\* New asset brought onto balance sheet on transition of AASB 1059.



## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 25. Property, plant and equipment (continued)

Recognition and Measurement (continued)

*Service concession assets (continued)*

Description	Hospital car parks			
Name and description of the SCA	Consist of three arrangements:  - Multi-storey carparks at Royal North Shore Hospital, RNSH P1 and RNSH P2 - Prince of Wales Hospital car parks - St George Hospital car parks			
Period of arrangement	RNSH P1 car park	26.5 years (2010 - 2036)		
	RNSH P2 car park	22 years (2014 - 2036)		
	Prince of Wales hospital car park	25 years (1997 - 2022)		
	St George hospital car park	25 years (1999 - 2024)		
Terms of the arrangement	The consolidated entity has contracted Infrashore (Operator) to build RNSH P2 car park and manage both RNSH P1 and P2 car parks for the duration of the arrangement. The construction of the RNSH P2 car park is funded by the consolidated entity, paid in instalments under a financing arrangement for the duration of the term. RNSH P1 car park was an existing carpark of the consolidated entity. The other two car parks (Prince of Wales hospital car park and St George hospital car park) were funded by the International Parking Group (Operator) which was contracted by the consolidated entity to build, manage and operate both car parks for the duration of the arrangement. For all these car parks, the consolidated entity has granted rights to the Operator to operate and generate revenue from the car parks. Upon grant of this right, the Operator has paid an upfront license fee to the consolidated entity.			
Rights and obligations	The consolidated entity is obliged to provide the operators with access to the carparks and obligated to pay for the construction of the RNSH P2 car park under the financing arrangement with the Operator. The operators are responsible for operating the car parks and at the end of the arrangement, return all assets back to the consolidated entity. There are currently no provisions for extension of the term in the existing contract.			
Changes in arrangement occurring during 2020	Nil			
Changes in arrangement occurring during 2021	Nil			
Carrying amounts of SCA	Existing asset	New asset*	Existing asset	New asset*
	2021	2021	2020	2020
	\$000	\$000	\$000	\$000
RNSH P1 Car Park	7,140	16,376	7,140	17,505
RNSH P2 Car Park	2,671	19,139	2,671	19,710
St George Hospital Car Park	3,548	6,223	3,445	6,207
Prince of Wales Hospital Car	-	50,364	-	50,239

\* New asset brought onto balance sheet on transition of AASB 1059.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 25. Property, plant and equipment (continued)

Recognition and Measurement (continued)

*Service concession assets (continued)*

Description	Hospital facilities			
Name and description of the SCA	Consist of two arrangements:			
	Mental Health Recovery Centre - 10 bed residential Mental Health Sub-Acute Unit in Broken Hill that provides services to people across the Far West Local Health District. The Far West Mental Health Recovery Centre (Centre) is owned by the consolidated entity and operated by Neami Limited under a service agreement.			
	Mercy Care Centre Young - 26 bed purpose-built sub-acute rehabilitation and palliative care unit in Young that provides services to the people of Young and surrounding regions. The Mercy Care Centre Young is owned by the consolidated entity and operated by Mercy Health under a 20 year lease agreement and annual service agreements.			
Period of arrangement	Mental Health Recovery Centre	5 years (2019 to 2023)		
	Mercy Care Centre Young	20 years (2004 to 2024)		
Terms of the arrangement	The consolidated entity has separately contracted Neami Limited (Operator for Mental Health Recovery Centre) and Mercy Health (Operator for Mercy Care Centre Young) to manage respective facilities for the duration of the arrangement. Separate funding arrangements have also been agreed to compensate the respective operators for managing the facilities. The capital assets associated with the arrangement have been provided by the consolidated entity to the operators.			
Rights and obligations	The consolidated entity is obligated to provide both operators with access to the respective facilities. The operators are responsible for the delivery of specified services to patients at the respective facilities. The consolidated entity is obligated to pay for those services under the funding agreements. At the end of the arrangement, the operators are obliged to return all assets back to the consolidated entity. There is no provision for an extension of the terms, however they can be separately negotiated.			
Changes in arrangement occurring during 2020	Nil			
Changes in arrangement occurring during 2021	Nil			
Carrying amounts of SCA	Existing asset	New asset*	Existing asset	New asset*
	2021	2021	2020	2020
	\$000	\$000	\$000	\$000
Mental Health Recovery Centre	4,885	-	4,815	-
Mercy Care Centre Young	4,937	-	5,100	-

\* New asset brought onto balance sheet on transition of AASB 1059.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

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### 25. Property, plant and equipment (continued)

#### Recognition and Measurement (continued)

##### *Service concession assets (continued)*

##### *i. Initial recognition*

For arrangements within the scope of AASB 1059, the entity recognises a service concession asset when it controls the asset. Where the asset is provided by the operator, or is an upgrade to or a major component replacement of an existing asset of the entity, the asset is recognised at current replacement cost based on AASB 13 *Fair Value Measurement* principles.

Where the asset is an existing asset of the entity, the asset is reclassified as a service concession asset and remeasured at current replacement cost at the date of reclassification. Any difference between the previous carrying amount and current replacement cost is recognised as if it is a revaluation of the asset.

##### *ii. Subsequent to initial recognition*

Subsequent to the initial recognition or reclassification, the service concession asset is measured at current replacement cost and accounted for in accordance with the depreciation and impairment requirements of AASB 116 *Property, Plant and Equipment* and AASB 136 *Impairment of Assets*.

##### *iii. At the end of the arrangement*

At the end of a service concession arrangement:

- the consolidated entity accounts for the asset in accordance with other AAS, with the entity reclassifying the asset based on its nature or function;
- reference to fair value reverts from the mandated current replacement cost under AASB 1059 to the appropriate approach under AASB 13; and
- the asset is only derecognised when the entity loses control of the asset in accordance with AASB 116.

##### *Revaluations of property, plant and equipment*

Physical non-current assets are valued in accordance with the TPP 14-01 *Valuation of Physical Non-Current Assets at Fair Value* (TPP 14-01). This policy adopts fair value in accordance with AASB 13 *Fair Value Measurement* (AASB 13) and AASB 116 *Property, Plant and Equipment* (AASB 116).

Property, plant and equipment is measured at the highest and best use by market participants that is physically possible, legally permissible and financially feasible. The highest and best use must be available at a period that is not remote and takes into account the characteristics of the asset being measured, including any socio-political restrictions imposed by government. In most cases, after taking into account these considerations, the highest and best use is the existing use. In limited circumstances, the highest and best use may be a feasible alternative use, where there are no restrictions on use or where there is a feasible higher restricted alternative use.

Fair value of property, plant and equipment is based on a market participant's perspective, using valuation techniques (market approach, cost approach, income approach) that maximise relevant observable inputs and minimise unobservable inputs. Also refer to Note 29 for further information regarding fair value.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

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### 25. Property, plant and equipment (continued)

#### Recognition and Measurement (continued)

##### *Revaluations of property, plant and equipment (continued)*

Revaluations are made with sufficient regularity to ensure the carrying amount of each asset in the class does not differ materially from its fair value at reporting date. The consolidated entity conducts a comprehensive revaluation at least every three years on a rotational basis for its land and buildings and infrastructure. Interim desktop revaluations are conducted between comprehensive revaluations for those assets, where cumulative changes to indicators suggest fair value may differ materially from carrying value. The consolidated entity uses an independent professionally qualified valuer for such revaluations.

The last comprehensive revaluation for the parent entity was completed on 31 December 2018 and was based on an independent assessment.

Comprehensive revaluations are conducted annually in December on a rolling basis and are based on an independent assessment. A schedule of revaluations has been developed which rolls over every three years. Interim or out of schedule revaluations are conducted where cumulative changes to indicators suggest fair value may differ materially from carrying value. No interim or out of schedule revaluations were completed in the current year. The consolidated entity uses an external professionally qualified valuer to conduct the interim revaluations.

Non-specialised assets with short useful lives are measured at depreciated historical cost, as an approximation of fair value. The consolidated entity has assessed that any difference between fair value and depreciated historical cost is unlikely to be material.

For other assets valued using other valuation techniques, any balances of accumulated depreciation at the revaluation date in respect of those assets are credited to the asset accounts to which they relate. The net asset accounts are then increased or decreased by the revaluation increments or decrements.

Revaluation increments are recognised in other comprehensive income and credited to revaluation surplus in equity. However, to the extent that an increment reverses a revaluation decrement in respect of the same class of asset previously recognised as a loss in the net result, the increment is recognised immediately as a gain in the net result.

Revaluation decrements are recognised immediately as a loss in the net result, except to the extent that it offsets an existing revaluation surplus on the same class of assets, in which case, the decrement is debited directly to the revaluation surplus.

As a not-for-profit entity, revaluation increments and decrements are offset against one another within a class of non-current assets, but not otherwise.

When revaluing non-current assets using the cost approach, the gross amount and the related accumulated depreciation are separately restated. Where the income approach or market approach is used, accumulated depreciation is eliminated against the gross carrying amount of the asset and the net amount restated to the revalued amount of the asset.

Where an asset that has previously been revalued is disposed of, any balance remaining in the revaluation surplus in respect of that asset is transferred to accumulated funds.

The residual values, useful lives and methods of depreciation of property, plant and equipment are reviewed at each financial year end and adjusted if appropriate.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

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### 25. Property, plant and equipment (continued)

#### Recognition and Measurement (continued)

##### *Impairment of property, plant and equipment*

As a not-for-profit entity with no cash generating units, impairment under AASB 136 *Impairment of Assets* is unlikely to arise. As property, plant and equipment is carried at fair value or an amount that approximates fair value, impairment can only arise in the rare circumstances such as where the costs of disposal are material.

The consolidated entity assesses, at each reporting date, whether there is an indication that an asset may be impaired. If any indication exists, or when annual impairment testing for an asset is required, the consolidated entity estimates the asset's recoverable amount. When the carrying amount of an asset exceeds its recoverable amount, the asset is considered impaired and is written down to its recoverable amount.

Specialised assets held for continuing use of their service capacity are rarely sold and their cost of disposal is typically negligible. Their recoverable amount is expected to be materially the same as fair value, where they are regularly revalued under AASB 13.

As a not-for-profit entity, an impairment loss is recognised in the net result to the extent the impairment loss exceeds the amount in the revaluation surplus for the class of asset.

After an impairment loss has been recognised, it is reversed only if there has been a change in the assumptions used to determine the asset's recoverable amount. The reversal is limited so that the carrying amount of the asset does not exceed its recoverable amount, nor exceed the carrying amount that would have been determined, net of depreciation, had no impairment loss been recognised for the asset in prior years. 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.

##### *Derecognition of property, plant and equipment*

Property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal. Gains and losses on disposals are determined by comparing the proceeds with the carrying amount of the asset and are included in the consolidated Statement of Comprehensive Income.

## Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2021

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### 26. Leases

#### (a) Entity as a lessee

The consolidated entity leases various property, equipment and motor vehicles. Lease contracts are typically made for fixed periods of 1 to 10 years (parent entity: 1 to 30 years), but may have extension options. Lease terms are negotiated on an individual basis and contain a wide range of different terms and conditions. The lease agreements do not impose any covenants but leased assets may not be used as security for borrowing purposes. The consolidated entity does not provide residual value guarantees in relation to leases.

Extension and termination options are included in a number of property and equipment leases. These terms are used to maximise operational flexibility in terms of managing contracts. The majority of extension and termination options held are exercisable only by the consolidated entity and not by the respective lessor. In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise an extension option, or not exercise a termination option. Extension options (or periods after termination options) are only included in the lease term if the lease is reasonably certain to be extended (or not terminated). Potential future cash outflows of \$297.85 million (2020: \$304.6 million) (parent entity: \$2.5 million, 2020: \$12.3 million) have not been included in the lease liability because it is not reasonably certain that the leases will be extended (or not terminated). The assessment is reviewed if a significant event or a significant change in circumstances occurs which affects this assessment and that is within the control of the lessee. During the current financial year, the financial effect of revising lease terms to reflect the effect of exercising extensions and termination options was an increase in recognised lease liabilities and right-of-use assets of \$5.7 million (2020: \$Nil) (parent entity: \$Nil, 2020: \$Nil).

AASB 16 *Leases* (AASB 16) requires a lessee to recognise a right-of-use asset and a corresponding lease liability for most leases.

The consolidated entity has elected to recognise payments for short-term leases and low value leases as expenses on a straight line basis, instead of recognising a right-of-use asset and lease liability. Short-term leases are leases with a lease term of 12 months or less. Low value assets are assets with a fair value of \$10,000 or less when new and comprise mainly of small office and medical equipment items.



## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 26. Leases (continued)

## (a) Entity as a lessee (continued)

## Right-of-use assets under leases

The following table presents right-of-use assets that do not meet the definition of investment property.

There are no right-of-use assets that meet the definition of investment property.

## CONSOLIDATED

	Land and Buildings \$000	Plant and Equipment \$000	Total \$000
Balance at 1 July 2020	873,073	313,391	1,186,464
Additions	25,113	47,052	72,165
Reassessments	109,301	3,228	112,529
Disposals	(7,408)	(1,588)	(8,996)
Depreciation expense	(89,841)	(86,613)	(176,454)
Impairment losses (recognised in 'Other gains / (losses)')	(99,201)	-	(99,201)
Reclassifications from property, plant and equipment	427	-	427
Balance at 30 June 2021	811,464	275,470	1,086,934

	Land and Buildings \$000	Plant and Equipment \$000	Total \$000
Balance at 1 July 2019	430,881	328,003	758,884
Additions	520,754	62,755	583,509
Reassessments	3,656	904	4,560
Disposals	(1,510)	(787)	(2,297)
Depreciation expense	(77,810)	(77,484)	(155,294)
Impairment losses (recognised in 'Other gains / (losses)')	(2,898)	-	(2,898)
Balance at 30 June 2020	873,073	313,391	1,186,464

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 26. Leases (continued)

## (a) Entity as a lessee (continued)

## Right-of-use assets under leases (continued)

## PARENT

	Land and Buildings \$000	Plant and Equipment \$000	Total \$000
Balance at 1 July 2020	511,160	-	511,160
Additions	-	80	80
Reassessments	72,181	-	72,181
Depreciation expense	(22,745)	(31)	(22,776)
Impairment losses (recognised in 'Other gains / (losses)')	(92,526)	-	(92,526)
Equity transfers - transfers In / (out) <sup>(i)</sup>	(7,797)	18	(7,779)
Balance at 30 June 2021	460,273	67	460,340

(i) Further details regarding equity transfers are disclosed in Note 36(c).

	Land and Buildings \$000	Plant and Equipment \$000	Total \$000
Balance at 1 July 2019	22,335	-	22,335
Additions	497,630	-	497,630
Depreciation expense	(8,805)	-	(8,805)
Balance at 30 June 2020	511,160	-	511,160

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 26. Leases (continued)

## (a) Entity as a lessee (continued)

## Lease liabilities

The following table presents liabilities under leases:

## CONSOLIDATED

	2021 \$000	2020 \$000
Balance at 1 July	1,197,742	755,090
Additions	71,094	582,601
Interest expenses	25,475	13,617
Payments	(187,454)	(155,798)
Terminations	(8,681)	(2,328)
Other adjustments	112,529	4,560
Balance at 30 June 2021	1,210,705	1,197,742

## PARENT

	2021 \$000	2020 \$000
Balance at 1 July	511,526	22,335
Additions	80	497,630
Interest expenses	12,342	303
Payments	(23,399)	(8,742)
Equity transfers - transfers in / (out) <sup>(i)</sup>	(8,049)	-
Other adjustments	72,181	-
Balance at 30 June 2021	564,681	511,526

(i) Further details regarding equity transfers are disclosed in Note 36(c).

'Other adjustments' in the consolidated entity and the parent entity represent lease reassessments as a result of a change in event or circumstance of a lease. The majority of the balance relates to a building lease at 1 Reserve Road St Leonards (parent entity) which was reassessed upwards by \$69.2 million.

## Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2021

### 26. Leases (continued)

#### (a) Entity as a lessee (continued)

The following amounts were recognised in the Statement of Comprehensive Income during the period in respect of leases where the consolidated entity is the lessee:

#### CONSOLIDATED

	2021 \$000	2020 \$000
Depreciation expense of right-of-use assets	176,454	155,294
Interest expense on lease liabilities	25,475	13,617
Expenses relating to short-term leases	29,013	37,762
Expenses relating to leases of low-value assets	19,330	18,170
Variable lease payments not included in the measurement of lease liabilities	1,144	925
(Gains) / losses on disposal	101	(32)
Impairment of right-of-use assets	99,201	2,898
Total amount recognised in the statement of comprehensive income	350,718	228,634

The consolidated entity had total cash outflows for leases of \$236.94 million for the year ending 30 June 2021 (2020: \$212.66 million).

The following amounts were recognised in the Statement of Comprehensive Income during the period in respect of leases where the parent entity is the lessee:

#### PARENT

	2021 \$000	2020 \$000
Depreciation expense of right-of-use assets	22,776	8,805
Interest expense on lease liabilities	12,342	303
Expenses relating to short-term leases	3	46
Expenses relating to leases of low-value assets	787	39
Impairment of right-of-use assets	92,526	-
Total amount recognised in the statement of comprehensive income	128,434	9,193

The parent entity had total cash outflows for leases of \$24.19 million for the year ending 30 June 2021 (2020: \$8.83 million).

Leases at significantly below market terms and conditions principally to enable the entity to further its objectives

The consolidated entity entered into a number of leases, with lease terms ranging from 1 to 99 years with various organisations, including local councils, health charities, Catholic churches and other NSW State entities for the use of various community health buildings. There are also some leases for the use of various helipads across the state. These contracts generally specify lease payments of \$Nil or negligible amounts per annum, and the leased premises are used by the consolidated entity to provide different community health services and access to helipads. These community health buildings and helipads account for a small portion of similar assets used by the consolidated entity for the purposes of providing health services. Therefore, these lease arrangements do not have a significant impact on the consolidated entity's operations.

## Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2021

### 26. Leases (continued)

#### (a) Entity as a lessee (continued)

##### *Recognition and measurement*

The consolidated entity assesses at contract inception whether a contract is, or contains, a lease. That is, if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration.

The consolidated entity recognises lease liabilities to make lease payments and right-of-use assets representing the right to use the underlying assets, except for short-term leases and leases of low-value assets.

##### *i. Right-of-use assets*

The consolidated entity recognises right-of-use assets at the commencement date of the lease (i.e. the date the underlying asset is available for use). Right-of-use assets are initially measured at the amount of initial measurement of the lease liability (refer ii below), adjusted by any lease payments made at or before the commencement date, lease incentives, any initial direct costs incurred, and estimated costs of dismantling and removing the asset or restoring the site.

The right-of-use assets are subsequently measured at cost. They are depreciated on a straight-line basis over the shorter of the lease term and the estimated useful lives of the assets, as follows:

	Useful lives
Land and buildings	1 to 40 years
Plant and machinery	1 to 10 years
Motor vehicles and other equipment	1 to 10 years
Aeromedical	1 to 10 years

If ownership of the leased asset transfers to the consolidated entity at the end of the lease term or the cost reflects the exercise of a purchase option, depreciation is calculated using the estimated useful life of the asset.

The right-of-use assets are also subject to impairment. The consolidated entity assesses, at each reporting date, whether there is an indication that an asset may be impaired. If any indication exists, or when annual impairment testing for an asset is required, the consolidated entity estimates the asset's recoverable amount. When the carrying amount of an asset exceeds its recoverable amount, the asset is considered impaired and is written down to its recoverable amount. After an impairment loss has been recognised, it is reversed only if there has been a change in the assumptions used to determine the asset's recoverable amount. The reversal is limited so that the carrying amount of the asset does not exceed its recoverable amount, nor exceed the carrying amount that would have been determined, net of depreciation, had no impairment loss been recognised for the asset in prior years. Such reversal is recognised in the net result.

##### *Impairment losses for right-of-use assets*

The market rent for some of the office accommodation property leases were negatively impacted by COVID-19, indicating the carrying amount of such right-of-use assets exceeded their recoverable amounts. Impairment losses in the consolidated entity of \$99.20 million (2020: \$Nil) and the parent entity of \$92.53 million (2020: \$Nil) were recognised during the year to write down the carrying amount of affected leases to its recoverable amount.

In 2020, an impairment loss in the consolidated entity of \$2.9 million was recognised in relation to a lease that had become onerous in nature.

Impairment losses for right-of-use assets are included in 'Other gains / (losses)' in the Statement of Comprehensive Income.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

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### 26. Leases (continued)

#### (a) Entity as a lessee (continued)

##### *Recognition and measurement (continued)*

##### *ii. Lease liabilities*

At the commencement date of the lease, the consolidated entity recognises lease liabilities measured at the present value of lease payments to be made over the lease term. Lease payments include:

- **fixed payments (including in substance fixed payments) less any lease incentives receivable;**
- **variable lease payments that depend on an index or a rate;**
- **amounts expected to be paid under residual value guarantees;**
- **exercise price of a purchase option reasonably certain to be exercised by the consolidated entity; and**
- payments of penalties for terminating the lease, if the lease term reflects the entity exercising the option to terminate.

Variable lease payments that do not depend on an index or a rate are recognised as expenses (unless they are incurred to produce inventories) in the period in which the event or condition that triggers the payment occurs.

The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined, which is generally the case for real estate leases, the incremental borrowing rate is used. The consolidated entity does not borrow funds in the market. Instead it receives an allocation of the appropriations from the Crown and where the Crown needs additional funding, Treasury Corporation (TCorp) goes to the market to obtain these funds. As a result, the consolidated entity is using TCorp rates as its incremental borrowing rate. These rates are published by NSW Treasury on a regular basis.

After the commencement date, the amount of lease liabilities is increased to reflect the accretion of interest and reduced for the lease payments made. In addition, the carrying amount of lease liabilities is remeasured if there is a modification, a change in the lease term, a change in the lease payments (e.g. changes to future payments resulting from a change in an index or rate used to determine such lease payments) or a change in the assessment of an option to purchase the underlying asset.

The consolidated entity's lease liabilities are included in borrowings in Note 33.

##### *iii. Short-term leases and leases of low-value assets*

The consolidated entity applies the short-term lease recognition exemption to its short-term leases of buildings, machinery, motor vehicles and equipment (i.e., those leases that have a lease term of 12 months or less from the commencement date and do not contain a purchase option). It also applies the lease of low-value assets recognition exemption to leases of office equipment that are considered to be low value. Lease payments on short-term leases and leases of low value assets are recognised as expense on a straight-line basis over the lease term.

##### *iv. Leases that have significantly below-market terms and conditions principally to enable the entity to further its objectives*

The initial and subsequent measurement of right-of-use assets under leases at significantly below-market terms and conditions that are entered into principally to enable the consolidated entity to further its objectives is the same as normal right-of-use assets. They are measured at cost, subject to impairment.



## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 26. Leases (continued)

#### (b) Entity as a lessor

The consolidated entity leases some retail spaces located within the hospital precincts under operating leases with rental payable monthly. Lease payments generally contain uplift clauses to align to the market conditions.

The consolidated entity also leases land and buildings to non-government organisations (NGO's) and universities under operating leases arrangements. Generally there are no rental payments as the consolidated entity provides market rental assistance grants which offset the rental payments.

The consolidated entity has also leased levels 5 and 6 in the Bright Alliance Building at South Eastern Sydney Local Health District's Randwick campus to the University of NSW for 40 years, which is treated as a finance lease. All lease payments have been paid upfront and the asset has been derecognised from non-current assets.

The consolidated entity's overall exposure to changes in the residual value at the end of the current lease is not material as these leases form a very small part of the asset portfolio. Any expectations about the future residual values are reflected in the fair value of these properties.

#### Lessor for finance leases

Future minimum rentals receivable (undiscounted) under non-cancellable finance leases as at 30 June are, as follows:

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Within one year	75	-	-	-
One to two years	78	-	-	-
Two to three years	47	-	-	-
Total (excluding GST)	200	-	-	-

#### Reconciliation of net investment in leases

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Future undiscounted rentals receivable	200	-	-	-
Unguaranteed residual amounts - undiscounted	313,686	313,686	-	-
Less: unearned finance income	(229,444)	(231,508)	-	-
Net investment in finance lease	84,442	82,178	-	-

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 26. Leases (continued)

#### (b) Entity as a lessor (continued)

##### Recognition and Measurement

##### *Lessor for finance leases*

Leases that the consolidated entity transfers substantially all the risks and rewards incidental to ownership of an asset are classified as finance leases. Subleases are classified by reference to the right-of-use asset arising from the head lease, rather than by reference to the underlying asset.

At the lease commencement date, the consolidated entity recognises a receivable for assets held under a finance lease in its Statement of Financial Position at an amount equal to the net investment in the lease. The net investment in leases is classified as financial assets at amortised cost and equals the lease payments receivable by a lessor and the unguaranteed residual value, plus initial direct costs, discounted using the interest rate implicit in the lease.

Finance income arising from finance leases is recognised over the lease term, based on a pattern reflecting a constant periodic rate of return on the lessor's net investment in the lease.

##### *Lessor for operating leases*

Future minimum rental receivables (undiscounted) under non-cancellable operating leases as at 30 June are as follows:

#### PARENT AND CONSOLIDATION

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Within one year	13,362	9,904	1,393	280
One to two years	10,546	7,942	1,042	264
Two to three years	9,394	6,380	1,067	55
Three to four years	8,865	6,207	1,074	56
Four to five years	8,597	5,828	1,049	44
Later than five years	125,679	86,738	9,165	149
Total (excluding GST)	176,443	122,999	14,790	848

##### Recognition and Measurement

##### *Lessor for operating leases*

An operating lease is a lease other than a finance lease. Rental income arising from operating leases is accounted for on a straight-line basis over the lease terms and is included in other revenue in the Statement of Comprehensive Income due to its operating nature. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the underlying asset and recognised over the lease term on the same basis as rental income. Contingent rents are recognised as revenue in the period in which they are earned.

##### Leases not yet commenced to which the lessee is committed

Ambulance Service of NSW has entered into a 10 year contract with Pel-Air Aviation Pty Ltd to provide aeromedical services. The contract has a lease component for the right-to-use of the contracted aircrafts. The lease has not yet commenced and as a result, no right-of-use asset or liability has been recognised at the reporting date. On commencement, approximately \$111 million of right-of-use asset and lease liability is expected to be recognised by the consolidated entity.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 27. Intangible assets

## CONSOLIDATED

	Software \$000	Total \$000
At 1 July 2019		
Cost (gross carrying amount)	1,117,836	1,117,836
Less: accumulated amortisation and impairment	(413,598)	(413,598)
Net carrying amount	704,238	704,238
	Software \$000	Total \$000
Year ended 30 June 2020		
Net carrying amount at beginning of year	704,238	704,238
Additions	94,170	94,170
Reclassifications from property, plant and equipment	975	975
Disposals	(10)	(10)
Amortisation (recognised in depreciation and amortisation)	(83,487)	(83,487)
Net carrying amount at the end of the year	715,886	715,886
	Software \$000	Total \$000
At 1 July 2020		
Cost (gross carrying amount)	1,210,616	1,210,616
Less: accumulated amortisation and impairment	(494,730)	(494,730)
Net carrying amount	715,886	715,886
	Software \$000	Total \$000
Year ended 30 June 2021		
Net carrying amount at beginning of year	715,886	715,886
Additions	63,145	63,145
Reclassifications from property, plant and equipment	2,294	2,294
Disposals	(880)	(880)
Amortisation (recognised in depreciation and amortisation)	(90,891)	(90,891)
Net carrying amount at the end of the year	689,554	689,554
	Software \$000	Total \$000
At 30 June 2021		
Cost (gross carrying amount)	1,265,650	1,265,650
Less: accumulated amortisation and impairment	(576,096)	(576,096)
Net carrying amount	689,554	689,554

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 27. Intangible assets (continued)

## PARENT

	Software \$000	Total \$000
At 1 July 2019		
Cost (gross carrying amount)	1,772	1,772
Less: accumulated amortisation and impairment	(895)	(895)
Net carrying amount	877	877
	Software \$000	Total \$000
Year ended 30 June 2020		
Net carrying amount at beginning of year	877	877
Additions	1,251	1,251
Amortisation (recognised in depreciation and amortisation)	(372)	(372)
Net carrying amount at the end of the year	1,756	1,756
	Software \$000	Total \$000
At 1 July 2020		
Cost (gross carrying amount)	3,023	3,023
Less: accumulated amortisation and impairment	(1,267)	(1,267)
Net carrying amount	1,756	1,756
	Software \$000	Total \$000
Year ended 30 June 2021		
Net carrying amount at beginning of year	1,756	1,756
Additions	1,977	1,977
Amortisation (recognised in depreciation and amortisation)	(604)	(604)
Net carrying amount at the end of the year	3,129	3,129
	Software \$000	Total \$000
At 30 June 2021		
Cost (gross carrying amount)	4,801	4,801
Less: accumulated amortisation and impairment	(1,672)	(1,672)
Net carrying amount	3,129	3,129

## Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2021

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### 27. Intangible assets (continued)

#### Recognition and Measurement

The consolidated entity recognises intangible assets only if it is probable that future economic benefits will flow to the consolidated entity and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost. Where an asset is acquired at no or nominal cost, the cost is its fair value as at the date of acquisition. Following initial recognition, intangible assets are subsequently measured at fair value only if there is an active market. If there is no active market for the consolidated entity's intangible assets, the assets are carried at cost less any accumulated amortisation and impairment losses.

All research costs are expensed. Development costs are only capitalised when certain criteria are met.

The useful lives of intangible assets are assessed to be finite.

The consolidated entity's intangible assets are amortised using the straight-line method over a period of four years. Computer software developed or acquired by the consolidated entity are recognised as intangible assets.

The amortisation period and the amortisation method for an intangible asset with a finite useful life are reviewed at least at the end of each reporting period.

Intangible assets with indefinite useful lives are not amortised, but are tested for impairment annually. The assessment of indefinite life is reviewed annually to determine whether the indefinite life continues to be supportable. If not, the change in useful life from indefinite to finite is made on a prospective basis.

Intangible assets are tested for impairment where an indicator of impairment exists. If the recoverable amount is less than its carrying amount, the carrying amount is reduced to recoverable amount and the reduction is recognised as an impairment loss.

## Ministry of Health

Notes to and forming part of the Financial Statements  
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## 28. Non-current assets held for sale

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Assets held for sale				
Land and buildings	2,352	9,087	-	-
Infrastructure systems	483	-	-	-
	2,835	9,087	-	-

Further details regarding the fair value measurement are disclosed in Note 29.

## Recognition and Measurement

The consolidated entity has certain non-current assets classified as held for sale, where their carrying amount will be recovered principally through a sale transaction, not through continuing use. Non-current assets held for sale are recognised at the lower of carrying amount and fair value less costs of disposal.

These assets are not depreciated while they are classified as held for sale. Interest and other expenses attributable to the liabilities of a disposal group classified as held for sale are continued to be recognised.



## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 29. Fair value measurement of non-financial assets

#### Fair value measurement and hierarchy

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value measurement is based on the presumption that the transaction to sell the asset or transfer the liability takes place either in the principal market for the asset or liability or in the absence of a principal market, in the most advantageous market for the asset or liability.

When measuring fair value, the valuation technique used maximises the use of relevant observable inputs and minimises the use of unobservable inputs. Under AASB 13 *Fair Value Measurement*, the consolidated entity categorises, for disclosure purposes, the valuation techniques based on the inputs used in the valuation techniques as follows:

- Level 1 – quoted (unadjusted) prices in active markets for identical assets / liabilities that the entity can access at the measurement date.
- Level 2 – inputs other than quoted prices included within Level 1 that are observable, either directly or indirectly.
- Level 3 – inputs that are not based on observable market data (unobservable inputs).

The consolidated entity recognises transfers between levels of the fair value hierarchy at the end of the reporting period during which the change has occurred.

#### (a) Fair value hierarchy

CONSOLIDATED	Level 1 \$000	Level 2 \$000	Level 3 \$000	Total Fair Value \$000
2021				
Land and buildings <sup>(i)</sup>	-	730,275	16,044,981	16,775,256
Infrastructure systems <sup>(i)</sup>	-	1,044	571,293	572,337
Non-current assets held for sale (Note 28)	-	2,835	-	2,835
	-	734,154	16,616,274	17,350,428
2020				
Land and buildings <sup>(i)</sup>	-	711,356	15,666,540	16,377,896
Infrastructure systems <sup>(i)</sup>	-	384	484,046	484,430
Non-current assets held for sale (Note 28)	-	9,087	-	9,087
	-	720,827	16,150,586	16,871,413

*(i) Leasehold improvements, work in progress and newly completed buildings are carried at cost, therefore excluded from figures above and as a result the balances in Note 25 will not reconcile with balances disclosed above.*

There were no transfers between Level 1 and 2 during the year ended 30 June 2021 and 2020.

## Ministry of Health

## Notes to and forming part of the Financial Statements

for the year ended 30 June 2021

## 29. Fair value measurement of non-financial assets (continued)

## (a) Fair value hierarchy (continued)

PARENT	Level 1 \$000	Level 2 \$000	Level 3 \$000	Total Fair Value \$000
2021				
Land and buildings <sup>(i)</sup>	-	5,030	119,550	124,580
Infrastructure systems <sup>(i)</sup>	-	-	573	573
	-	5,030	120,123	125,153
2020				
Land and buildings <sup>(i)</sup>	-	5,030	123,478	128,508
Infrastructure systems <sup>(i)</sup>	-	-	655	655
	-	5,030	124,133	129,163

(i) Leasehold improvements, work in progress and newly completed buildings are carried at cost, therefore excluded from figures above and as a result the balances in Note 25 will not reconcile with balances disclosed above.

There were no transfers between Level 1 and 2 during the year ended 30 June 2021 and 2020.

## (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 25 Total property, plant and equipment - reconciliation.

The valuations techniques used maximise the use of observable inputs where available and rely as little as possible on entity or asset specific estimates. The level in the fair value hierarchy is determined on the basis of the lowest level input that is significant to the measurement in its entirety. If significant inputs required to measure fair value of an asset are observable, the asset is included in level 2 of the fair value hierarchy. If one or more of the significant inputs is not based on observable market data, the asset is included in level 3 of the fair value hierarchy. All resulting fair value estimates for non-financial assets are included in level 3 with the exception of some land and buildings and non-current assets held for sale included in level 2.

The property market is being impacted by the significant uncertainty that the COVID-19 outbreak has caused. Sales evidence have been utilised to assess the land and non-specialised properties, in line with the valuation by the valuers made on a market approach.

## Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2021

### 29. Fair value measurement of non-financial assets (continued)

#### (b) Valuation techniques, inputs and processes (continued)

The non-financial assets categorised in (a) above have been measured based on the following valuation techniques and inputs:

- For land, the valuation by the valuers is made on a market approach, comparing similar assets (not identical) and observable inputs. The most significant input is price per square metre. All commercial and non-restricted land is included in level 2 as these land valuations have a high level of observable inputs, although these lands are not identical. The majority of the restricted land has been classified as level 3 as, although observable inputs have been used, a significant level of professional judgement is required to adjust inputs in determining the land valuations. Certain parcels of land have zoning restrictions, for example hospital grounds, and values are adjusted accordingly.
- For buildings and infrastructure systems, many assets are of a specialised nature or use, and thus the most appropriate valuation method is depreciated replacement cost. These assets are included as level 3 as these assets have a high level of unobservable inputs. However, residential and commercial properties are valued on a market approach and are included in level 2.
- Non-current assets held for sale are a non-recurring item that is measured at the lesser of its carrying amount or fair value less cost to sell. These assets are categorised as level 2 except when an asset was a level 3 asset prior to transfer to non-current assets held for sale, and continues to be recognised as a level 3 asset where the carrying amount is less than the fair value (less cost) to sell.

#### *Level 3 disclosures:*

The fair value of buildings computed by suitably qualified independent valuers using a methodology known as the depreciated replacement cost valuation technique. The following table highlights the key unobservable (level 3) inputs assessed during the valuation process, the relationship to the estimated fair value and the sensitivity to changes in unobservable inputs.

Assets	Valuation Techniques	Valuation Inputs
Land under specialised building(s)	Market approach	This valuation method involves comparing the subject property to comparable sale prices in similar location on a rate per square metre basis, adjusted for restrictions specific for the property (e.g. mandated use and/or zoning).
Specialised Buildings	Depreciated replacement cost approach	This valuation method involves establishing the current replacement cost of the modern equivalent asset for each type of building on a rate per square metre basis; depreciated to reflect the building's remaining useful life which is determined by a number of factors including asset condition and asset life.
Non-Specialised Buildings	Depreciated replacement cost approach	This valuation method involves establishing the current replacement cost of the modern equivalent asset for each type of building on a rate per square metre basis; depreciated to reflect the building's remaining useful life.
Infrastructure systems	Depreciated replacement cost approach	This valuation method involves establishing the current replacement cost of the modern equivalent infrastructure asset on a rate per square metre basis; depreciated to reflect the assets remaining useful life.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 29. Fair value measurement of non-financial assets (continued)

## (c) Reconciliation of recurring Level 3 fair value measurements

## CONSOLIDATED

	Land and Buildings \$000	Infrastructure Systems \$000	Other Assets \$000	Total Level 3 Recurring \$000
2021				
Fair value as at 1 July 2020	15,666,540	484,046	-	16,150,586
Additions	759,486	100,715	-	860,201
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment'	292,905	13,681	-	306,586
Transfers from Level 2	46,468	-	-	46,468
Transfers to Level 2	(7,689)	(483)	-	(8,172)
Disposals	(46,047)	(517)	-	(46,564)
Depreciation expense	(567,603)	(28,289)	-	(595,892)
Equity transfers in/(out) - Note 36 (a)(ii)	(99,749)	(1,370)	-	(101,119)
Reclassification	670	3,510	-	4,180
Fair value as at 30 June 2021	16,044,981	571,293	-	16,616,274

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 29. Fair value measurement of non-financial assets (continued)

## (c) Reconciliation of recurring Level 3 fair value measurements (continued)

## CONSOLIDATED

	Land and Buildings \$000	Infrastructure Systems \$000	Other Assets \$000	Total Level 3 Recurring \$000
2020				
Fair value as at 1 July 2019	13,599,570	424,401	67,302	14,091,273
De-recognition of service concession asset under AASB 116	(662,635)	(23,538)	-	(686,173)
Recognition of service concession assets on initial application of AASB 1059	823,499	23,538	(9,179)	837,858
De-recognition of privately financed projects on withdrawal of TPP 06-8	-	-	(57,901)	(57,901)
De-recognition of finance lease assets on initial application of AASB 16	(33,796)	-	-	(33,796)
Adjusted fair value as at 1 July 2019	13,726,638	424,401	222	14,151,261
Additions	1,776,355	45,679	(213)	1,821,821
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment'	287,408	35,613	-	323,021
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of other assets'	-	-	(9)	(9)
Transfers from Level 2	431,424	-	-	431,424
Transfers to Level 2	(2,169)	-	-	(2,169)
Disposals	(13,883)	(151)	-	(14,034)
Depreciation expense	(549,424)	(25,059)	-	(574,483)
Reclassification	10,191	3,563	-	13,754
Fair value as at 30 June 2020	15,666,540	484,046	-	16,150,586

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 29. Fair value measurement of non-financial assets (continued)

## (c) Reconciliation of recurring Level 3 fair value measurements (continued)

## PARENT

	Land and Buildings \$000	Infrastructure Systems \$000	Other Assets \$000	Total Level 3 Recurring \$000
2021				
Fair value as at 1 July 2020	123,478	655	-	124,133
Disposals	(8,142)	-	-	(8,142)
Depreciation expense	(3,928)	(82)	-	(4,010)
Equity transfers	8,142	-	-	8,142
Fair value as at 30 June 2021	119,550	573	-	120,123

	Land and Buildings \$000	Infrastructure Systems \$000	Other Assets \$000	Total Level 3 Recurring \$000
2020				
Fair value as at 1 July 2019	127,547	761	-	128,308
Disposals	(5,888)	(151)	-	(6,039)
Depreciation expense	(4,069)	(106)	-	(4,175)
Equity transfers	5,888	151	-	6,039
Fair value as at 30 June 2020	123,478	655	-	124,133



## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 30. Restricted assets

The financial statements include the following assets which are restricted by externally imposed conditions, eg. donor requirements. The assets are only available for application in accordance with the terms of the donor restrictions. They consist of cash assets and rights and obligations to receive and make payments as at 30 June 2021.

CONSOLIDATED	30 June 2020			30 June 2021
	Opening equity	Revenue	Expense	Closing equity
	\$000	\$000	\$000	\$000
Category				
Community welfare	16,363	16,389	(14,932)	17,820
Facility improvements	399,496	335,787	(115,553)	619,730
Hold Funds in Perpetuity	14,588	1,295	(1,172)	14,711
Patient welfare	90,390	23,326	(25,718)	87,998
Private practice disbursements (No.2 Accounts)	470,219	107,261	(70,797)	506,683
Public contributions	34,910	8,723	(6,075)	37,558
Research	200,143	99,787	(74,703)	225,227
Staff welfare	19,622	2,633	(2,126)	20,129
Training and education including conferences	92,308	12,210	(11,706)	92,812
Other <sup>1</sup>	8,570	13	-	8,583
Total Restricted Assets	1,346,609	607,424	(322,782)	1,631,251

<sup>1</sup> Other - opening equity balance has been restated to be \$8.6 million higher as the cash and cash equivalent balance of the Graythwaite Charitable Trust are subject to restrictions imposed by the requirements of the Trust Deed and therefore not available for general use by the Graythwaite Charitable Trust.

PARENT	30 June 2020			30 June 2021
	Opening equity	Revenue	Expense	Closing equity
	\$000	\$000	\$000	\$000
Category				
Facility improvements	56,839	16,745	(37,799)	35,785
Total Restricted Assets	56,839	16,745	(37,799)	35,785

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 30. Restricted assets (continued)

Restricted assets are held for the following purpose and cannot be used for any other purpose.

Category	Purpose
Community welfare	Improvements to service access, health literacy, public and preventative health care.
Facility improvements	Repairs, maintenance, renovations and/or new equipment or building related expenditure.
Hold funds in perpetuity	Donor has explicitly requested funds be invested permanently and not otherwise expended.
Patient welfare	Improvements such as medical needs, financial needs and standards for patients' privacy and dignity.
Private practice disbursements	Staff specialists' private practice arrangements to improve the level of clinical services provided (No. 2 Accounts).
Public contributions	Donations, gifts, bequests or legacies received without any donor-specified conditions as to its use. Such contributions are restricted as a result of the requirements of the Accounts and Audit Determination for Public Health Entities in NSW.
Research	Research to gain knowledge, understanding and insight.
Staff welfare	Staff benefits such as staff recognition awards, functions and staff amenity improvements.
Training and education including conferences	Professional training, education and conferences.
Other	This does not meet the definition of any of the above categories.

#### Unclaimed monies

All money and personal effects of patients which are left in the custody of the consolidated entity by any patient who is discharged or dies in hospital and which are not claimed by the person lawfully entitled thereto within a period of twelve months are recognised as the property of the respective health entity.

All such money and the proceeds of the realisation of any personal effects are lodged to the credit of the Samaritan Fund which is used specifically for the benefit of necessitous patients or necessitous outgoing patients.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 31. Payables

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Accrued salaries, wages and on-costs	311,768	486,799	2,061	1,859
Salaries and wages deductions	53,120	50,064	15	15
Payroll tax and fringe benefits tax	3,330	2,729	895	27
Trade operating creditors	761,847	747,351	297,744	278,125
Interest	16	16	-	-
Other creditors				
- Capital works	223,201	165,275	-	-
- Payables to controlled health entities	-	-	153,047	122,941
- Other	528,666	391,872	72,346	46,203
<b>Total current payables</b>	<b>1,881,948</b>	<b>1,844,106</b>	<b>526,108</b>	<b>449,170</b>

Details regarding liquidity risk, including a maturity analysis of the above payables are disclosed in Note 44.

## Recognition and Measurement

Payables represent liabilities for goods and services provided to the consolidated entity and other amounts. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

Payables are financial liabilities at amortised cost, initially measured at fair value, net of directly attributable transaction costs. These are subsequently measured at amortised cost using the effective interest method. Gains and losses are recognised in the net result when the liabilities are derecognised as well as through the amortisation process.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 32. Contract liabilities

	Consolidated 2021 \$000	Consolidated <sup>1</sup> 2020 \$000	Parent 2021 \$000	Parent <sup>1</sup> 2020 \$000
Current				
Contract liabilities	70,587	398,726	24,100	345,968
	70,587	398,726	24,100	345,968
Non-current				
Contract liabilities	-	97	-	-
	-	97	-	-

<sup>1</sup> Current contract liabilities has been restated to be \$27.04 million lower in the prior year for the consolidated and parent entity. Refer to Note 17 for further details.

## Recognition and Measurement

Contract liabilities are in respect of consideration received in advance from the sale of goods and services from contracts with customers and grants and other contributions.

The balance of contract liabilities at 30 June 2021 has reduced significantly as a large portion of the 2020 contract liability balance related to funding received from the Commonwealth under the National Partnership Agreement on COVID-19 Response. Most of the funding was received in the last quarter of 2020 in response to the COVID-19 pandemic. All unused funding from 2019-20 has now either been used in the current year or has been refunded to the Commonwealth. The contract liability in the current year under the same agreement is significantly lower as the funding provided by the Commonwealth is closely aligned to the activity and the specific performance obligations within the agreement.

Apart from the impacts of the National Partnership Agreement on COVID-19 Response, there has been no other significant movements in the contract liability balance. The remaining balance relates to a number of smaller grants and other contributions and sales of goods and services from contracts with customers that are still to satisfy the specific performance obligations within the contracts. Revenue from contract liabilities will be recognised when the specific performance obligations have been met.

The contract liability has significantly decreased during the year because the specific performance obligations within the contracts were satisfied.

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Revenue recognised that was included in the contract liability balance at the beginning of the year	228,314	28,936	226,104	-
Revenue recognised from performance obligations satisfied in previous periods	2,329	2,265	-	-
Transaction price allocated to the remaining performance obligations from contracts with customers	206,847	435,715	70,700	289,265

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 32. Contract liabilities (continued)

The transaction price allocated to the remaining performance obligations relates to the following revenue classes and is expected to be recognised as follows:

## CONSOLIDATED

	2022	2023	2024	≥ 2025
Specific revenue class	\$000	\$000	\$000	\$000
Sales of goods and services from contracts with customers	34,494	-	-	-
Grants and other contributions	133,843	29,579	7,829	1,102
	168,337	29,579	7,829	1,102

## PARENT

	2022	2023	2024	≥ 2025
Specific revenue class	\$000	\$000	\$000	\$000
Grants and other contributions	58,994	10,303	1,403	-
	58,994	10,303	1,403	-

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 33. Borrowings

	Consolidated 2021 \$000	Consolidated <sup>1</sup> 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Current				
Other loans and deposits	7,437	5,978	-	-
Lease liabilities (see Note 26)	151,464	154,584	8,424	11,853
Service concession financial liabilities*	1,358	1,273	-	-
Public, Private Partnerships (PPP)				
Long Bay Forensic Hospital	2,683	2,426	-	-
Calvary Mater Newcastle Hospital	2,169	1,818	-	-
Orange Hospital & Associated Health Services	2,779	2,131	-	-
Royal North Shore Hospital Redevelopment	6,200	5,544	-	-
	174,090	173,754	8,424	11,853
Non-Current				
Other loans and deposits	47,146	40,739	-	-
Lease liabilities (see Note 26)	1,059,241	1,043,158	556,257	499,673
Service concession financial liabilities*	31,077	32,436	-	-
Public, Private Partnerships (PPP)				
Long Bay Forensic Hospital	64,293	66,974	-	-
Calvary Mater Newcastle Hospital	64,922	67,091	-	-
Orange Hospital & Associated Health Services	153,917	156,697	-	-
Royal North Shore Hospital Redevelopment	687,634	694,139	-	-
	2,108,230	2,101,234	556,257	499,673

<sup>1</sup> Borrowings - current Public, Private Partnerships has been restated to be \$0.30 million lower, non-current Public, Private Partnerships has been restated to be \$21.12 million lower, current service concession financial liabilities\* has been restated to be \$1.27 million higher and non-current service concession financial liabilities\* has been restated to be \$32.44 million higher in the prior year for the consolidated entity. Refer to Note 1(h) for further details.

\* This relates to contractual payments made to the operator, refer to Note 25 for further details on the consolidated entity's service concession arrangements.

No assets have been pledged as security / collateral for liabilities and there are no restrictions on any title to property.

The Public, Private Partnerships (PPP) relate to the provision of service-enabling infrastructure that includes private sector delivering a combination of design, construction, financing, maintenance, operations and delivery of clinical and non-clinical services. Payments are made by the consolidated entity to the private sector entities on the basis of delivery of assets or service delivery. The liability to pay private sector entities is based on financing arrangements involving Consumer Price Index (CPI)-linked finance and fixed finance.

Details regarding liquidity risk, including a maturity analysis of the above borrowings are disclosed in Note 44.



## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

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### 33. Borrowings (continued)

#### Recognition and Measurement

Borrowings represents interest bearing liabilities mainly through NSW Treasury Corporation, lease liabilities, service concessions arrangement liabilities and other bearing interest bearing liabilities.

#### *Financial liabilities at amortised cost*

Borrowings classified as financial liabilities at amortised cost are initially measured at fair value, net of directly attributable transaction costs. These are subsequently measured at amortised cost using the effective interest method. Gains and losses are recognised in the net result when the liabilities are derecognised as well as through the amortisation process.

#### *Financial liabilities at fair value through profit or loss*

The consolidated entity has not designated any financial liability as at fair value through profit or loss.

#### *Financial guarantees*

A financial guarantee contract is a contract that requires the issuer to make specified payments to reimburse the holder for a loss it incurs because a specified debtor fails to make payment when due in accordance with the original or modified terms of a debt instrument.

Financial guarantee contracts are recognised as a financial liability at the time the guarantee is issued. The liability is initially measured at fair value, being the premium received. Subsequent to initial recognition, the consolidated entity's liability under each guarantee is measured at the higher of the amount initially recognised less cumulative amortisation, and an expected credit loss provision.

The consolidated entity has reviewed its financial guarantees and determined that there is no material liability to be recognised for financial guarantee contracts as at 30 June 2021 and as at 30 June 2020. However, refer to Note 39 regarding disclosures on contingent liabilities.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 33. Borrowings (continued)

Changes in liabilities arising from financing activities

## CONSOLIDATED

	Other loans and deposits	Leases	Service concession arrangements	Total liabilities from financing activities
	\$000	\$000	\$000	\$000
1 July 2019	1,068,229	33,863	-	1,102,092
Recognised on adoption of AASB 16	-	721,227	-	721,227
Recognised on adoption of AASB 1059	(21,653)	-	34,900	13,247
Adjusted 1 July 2019	1,046,576	755,090	34,900	1,836,566
Cash flows	(3,039)	(142,181)	(1,191)	(146,411)
New leases	-	582,601	-	582,601
Lease terminations	-	(2,328)	-	(2,328)
Lease reassessments	-	4,560	-	4,560
30 June 2020	1,043,537	1,197,742	33,709	2,274,988
Cash flows	(4,357)	(161,979)	(1,274)	(167,610)
New leases	-	71,094	-	71,094
Lease terminations	-	(8,681)	-	(8,681)
Lease reassessments	-	112,529	-	112,529
30 June 2021	1,039,180	1,210,705	32,435	2,282,320

## PARENT

	Leases	Service concession arrangements	Total liabilities from financing activities
	\$000	\$000	\$000
1 July 2019	-	-	-
Recognised on adoption of AASB 16	22,335	-	22,335
Adjusted 1 July 2019	22,335	-	22,335
Cash flows	(8,439)	-	(8,439)
New leases	497,630	-	497,630
30 June 2020	511,526	-	511,526
Cash flows	(11,057)	-	(11,057)
New leases	80	-	80
Lease reassessments	72,181	-	72,181
Non-cash changes other	(8,049)	-	(8,049)
30 June 2021	564,681	-	564,681

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 34. Provisions

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Current				
Employee benefits and related on-costs				
Annual leave - obligations expected to be settled within 12 months	1,362,843	1,352,630	12,293	11,722
Annual leave - obligations expected to be settled after 12 months	829,197	622,226	6,189	4,971
Long service leave consequential on-costs - obligations expected to be settled within 12 months	34,793	32,295	533	539
Long service leave consequential on-costs - obligations expected to be settled after 12 months	443,581	360,875	6,679	5,599
Allocated days off	75,046	78,940	-	-
Sick leave	230	232	-	-
Death and disability (ambulance officers)	381	-	-	-
Other	9,887	-	-	-
	2,755,958	2,447,198	25,694	22,831
Other Provisions				
Restoration costs	10,323	3,155	-	-
Other	85,456	110,143	-	-
	95,779	113,298	-	-
Total current provisions	2,851,737	2,560,496	25,694	22,831
Non-current				
Employee benefits and related on-costs				
Long service leave consequential on-costs	47,312	34,189	713	534
Death and disability (ambulance officers)	-	698	-	-
	47,312	34,887	713	534
Other Provisions				
Restoration costs	15,362	6,734	-	-
Other	-	2,404	-	-
	15,362	9,138	-	-
Total non-current provisions	62,674	44,025	713	534
Aggregate employee benefits and related on-costs				
Provisions - current	2,755,958	2,447,198	25,694	22,831
Provisions - non-current	47,312	34,887	713	534
Accrued salaries, wages and on-costs and salaries and wages deductions (Note 31)	364,888	536,863	2,076	1,874
	3,168,158	3,018,948	28,483	25,239

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 34. Provisions (continued)

Movements in provisions (other than employee benefits)

Movements in each class of provision during the financial year, other than employee benefits, are set out below:

## Restoration costs

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Carrying amount at beginning of year	9,889	9,724	-	233
- Additional provisions recognised	19,596	1,412	-	23
- Amounts used	(3,800)	(1,247)	-	(256)
Carrying amount at end of year	25,685	9,889	-	-

The majority of 'restoration costs' represent the expected cost to restore a leased asset at the end of the lease term. Lease end dates vary across the consolidated entity's lease portfolio and therefore the timing of the payments to restore the leased asset at the end of the term will vary. The majority of the 'restoration cost' provision is as per the lease contracts.

The remaining balance consists of site remediation costs with the majority of the payments not expected to be made until 2023.

## Other

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Carrying amount at beginning of year	112,547	103,728	-	-
- Additional provisions recognised	68,887	26,415	-	-
- Amounts used	(11,956)	(17,596)	-	-
- Unused amounts reversed	(84,022)	-	-	-
Carrying amount at end of year	85,456	112,547	-	-

The majority of the 'other' provision represent various contractual related obligations. The consolidated entity has recognised the provision amount by taking into consideration all available information at the reporting date and making best management estimation of the obligation. The timing of the payments will vary for each contractual related obligations.

## Ministry of Health

Notes to and forming part of the Financial Statements  
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### 34. Provisions (continued)

#### Recognition and Measurement

##### *Employee benefits and related on-costs*

##### *Salaries and wages, annual leave, sick leave, allocated days off (ADOs) and on-costs*

Salaries and wages (including non-monetary benefits) and paid sick leave that are expected to be settled wholly within 12 months after the end of the period in which the employees render the service are recognised and measured at the undiscounted amounts of the benefits.

Annual leave and ADOs are not expected to be settled wholly before twelve months after the end of the annual reporting period in which the employees render the related service. As such, it is required to be measured at present value in accordance with AASB 119 *Employee Benefits* (although short-cut methods are permitted).

Actuarial advice obtained by NSW Treasury, an entity controlled by the ultimate parent, has confirmed that using the nominal annual leave balance plus the annual leave entitlements accrued while taking annual leave (calculated using 8.4% to 14.03% of nominal value of annual leave) can be used to approximate the present value of the annual leave liability. The consolidated entity has assessed the actuarial advice based on the consolidated entity's circumstances to annual leave and ADOs and has determined that the effect of discounting is immaterial. All annual leave is classified as a current liability even where the consolidated entity does not expect to settle the liability within 12 months as the consolidated entity does not have an unconditional right to defer settlement.

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

The majority of employee benefits and related on-cost balances have increased since the start of the COVID-19 pandemic. Management of the COVID-19 pandemic along with state and international border closures have adversely impacted the provision.

##### *Long service leave and superannuation*

The consolidated entity's liability for long service leave and defined benefit superannuation are assumed by The Crown in right of the State of New South Wales. The consolidated entity accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as 'Acceptance by the Crown of employee benefits and other liabilities'.

Specific on-costs relating to long service leave assumed by The Crown in right of the State of New South Wales are borne by the consolidated entity.

Long service leave is measured at the present value of expected future payments to be made in respect of services provided up to the reporting date. Consideration is given to certain factors based on an actuarial review, including expected future wage and salary levels, experience of employee departures, and periods of service. Expected future payments are discounted using the long-term Commonwealth Government bond rate at the reporting date.

The superannuation expense for the financial year is determined by using the formula specified in the NSW Treasury's, an entity controlled by the ultimate parent entity, Directions. The expense for certain superannuation schemes (i.e. Basic Benefit and Aware Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (i.e. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

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### 34. Provisions (continued)

#### Recognition and Measurement (continued)

##### *Consequential on-costs*

Consequential costs to employment are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised. This includes outstanding amounts of payroll tax, workers' compensation insurance premiums and fringe benefits tax.

##### *Other provisions*

Other provisions are recognised when the consolidated entity has a present legal or constructive obligation as a result of a past event; it is probable that an outflow of resources will be required to settle the obligation; and a reliable estimate can be made of the amount of the obligation. When the consolidated entity expects some or all of a provision to be reimbursed, for example, under an insurance contract, the reimbursement is recognised as a separate asset, but only when the reimbursement is virtually certain. The expense relating to a provision is presented net of any reimbursement in the consolidated Statement of Comprehensive Income.

Any provisions for restructuring are recognised only when the consolidated entity has a detailed formal plan, and the entity has raised a valid expectation in those affected by the restructuring that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected.

If the effect of the time value of money is material, provisions are discounted at a pre-tax rate that reflects the current market assessments of the time value of money and the risks specific to the liability. When discounting is used, the increase in the provision due to the passage of time (i.e. unwinding of discount rate) is recognised as a finance cost.

## Ministry of Health

Notes to and forming part of the Financial Statements  
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## 35. Other liabilities

	Consolidated 2021 \$000	Consolidated <sup>1</sup> 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Current				
Unearned revenue	110,760	62,742	-	-
Grant of right to operate liability under service concessions*	13,358	13,357	-	-
Liabilities under transfer to acquire or construct non-financial assets to be controlled by the entity	11,454	18,866	-	-
Other	473	416	-	-
	136,045	95,381	-	-
Non-current				
Unearned revenue	101,120	87,983	-	-
Grant of right to operate liability under service concessions*	185,124	198,482	-	-
Liabilities under transfer to acquire or construct non-financial assets to be controlled by the entity	48,067	46,218	-	-
Other	236	285	-	-
	334,547	332,968	-	-

<sup>1</sup> Other liabilities - current unearned revenue has been restated to be \$8.36 million lower, non-current unearned revenue has been restated to be \$129.53 million lower, current grant of right to operate under service concessions\* has been restated to be \$13.36 million higher and non-current grant of right to operate liability under service concessions\* has been restated to be \$198.48 million higher in the prior year for the consolidated entity. Refer to Note 1(h) for further details.

\* This is the unearned revenue portion of the revenue from exchange of assets and is progressively reduced over the period of the arrangement. Refer to Note 13 and Note 25 for further information on service concession arrangements.



## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 35. Other liabilities (continued)

## CONSOLIDATED

Reconciliation of financial assets and corresponding liabilities arising from transfers to acquire or construct non-financial assets to be controlled by the consolidated entity:

	2021 \$000	2020 \$000
Opening balance of liabilities arising from transfers to acquire/construct non-financial assets to be controlled by the entity	65,084	-
Liabilities arising from transfers to acquire / construct non-financial assets to be controlled by the entity recognised upon initial application of AASB 1058	-	61,711
Add: receipt of cash during the financial year	51,821	18,813
Deduct: income recognised during the financial year	57,384	15,440
Closing balance of liabilities arising from transfers to acquire / construct non-financial assets to be controlled by the entity	59,521	65,084

Refer to Note 11 for a description of the consolidated entity's obligations under transfers received to acquire or construct non-financial assets to be controlled by the consolidated entity.

The consolidated entity expects to recognise as income any liability for unsatisfied obligations as at the end of the reporting period evenly in the next 1 to 2 financial years, as the related asset(s) are constructed. There are also some liabilities in relation to future replacement of capital assets, the timing of revenue recognition is mostly unknown at this stage.

## Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2021

### 36. Equity

#### *Revaluation surplus*

The revaluation surplus is used to record increments and decrements on the revaluation of non-current assets. This accords with the consolidated entity's policy on the revaluation of property, plant and equipment as discussed in Note 25.

#### *Accumulated funds*

The category 'accumulated funds' includes all current and prior period retained funds.

#### *Reserves*

Separate reserve accounts are recognised in the financial statements only if such accounts are required by specific legislation or Australian Accounting Standards (e.g. revaluation surplus and foreign currency translation reserve).

Increase / (decrease) in net assets from equity transfer

		Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Transfer of property, plant and equipment	(a)	(101,119)	(23,300)	11,038	36,792
Transfer of other liabilities	(b)	-	-	-	46,121
Transfer of leases	(c)	-	-	271	-
		(101,119)	(23,300)	11,309	82,913

#### (a) Transfer of property, plant and equipment

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Carrying amount at transfer date				
Land & buildings	95,314	54,117	11,036	36,641
Infrastructure	567	-	-	151
Plant and equipment	-	-	2	-
Fair value at transfer date	101,119	23,300	11,038	36,792

#### CONSOLIDATED

In 2020-21, the NSW Governor made the *Callan Park* (Special Provisions) (Vesting of Land) Proclamation 2020 to transfer Callan Park 'precinct 1', to the Centennial Park and Moore Park Trust, an entity controlled by the ultimate parent. The transfer was completed on the 16 December 2020 and was treated as an equity transfer. The carrying amount of the assets prior to the transfer was \$95.9 million, the fair value at transfer date was \$101.1 million.

In 2019-20, the former Manly Hospital site, Darley Road Manly, was transferred at \$1 to Property NSW (PNSW), an entity controlled by the ultimate parent. The transfer was completed on 1 March 2020 and was treated as an equity transfer. The carrying amount of the asset prior to the transfer was \$54.1 million, the fair value at transfer date was \$23.3 million.

#### PARENT

In 2020-21, in accordance with the Real Property Disposal Framework, the following assets were transferred from Ambulance Service of NSW and Northern Sydney Local Health District, controlled entities to the Ministry of Health, at the fair value of the asset: Griffith ambulance station \$1 million, Harden ambulance station \$0.2 million, Busby ambulance station \$1.7 million and 389 Pittwater Road, Queenscliff \$8.1 million.

## Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2021

### 36. Equity (continued)

#### Increase / (decrease) in net assets from equity transfer (continued)

The NSW Multicultural Health Communication Service (MHCS), forming part of South Eastern Sydney Local District, an entity controlled by the immediate parent was co-located with the Ministry of Health in a property at Gladesville. Upon the MHCS vacating the property, a forklift at fair value of \$0.02 million was transferred to the Ministry of Health.

In 2019-20, in accordance with the Real Property Disposal Framework, the following assets were transferred from Ambulance Service of NSW and Northern Sydney Local Health District, controlled entities to the Ministry of Health, at the fair value of the asset: Liverpool ambulance station \$4.8 million, Kiama ambulance station \$0.6 million, Molong ambulance station \$0.1 million, 8-10 Murrumbidgee Road, North Turrumbidgee \$15.0 million, 1 Brookvale Avenue, Brookvale \$1.3 million, 8 Woonana Avenue, Woonah \$3.8 million and 15-29 Twin Road, North Ryde \$11.2 million.

#### (b) Transfer of other liabilities

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Carrying amount at transfer date				
Unearned revenue	-	-	-	46,121
Fair value at transfer date	-	-	-	46,121

#### PARENT

In 2019-20, the Ministry transferred an unearned income liability to Northern Sydney Local Health District to manage for future periods. The liability is in respect of an upfront securitisation payment received by the Ministry for selling the rights to the Royal North Shore Hospital carpark license fee revenue.

#### (c) Transfer of leases

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Carrying amount at transfer date				
Right-of-use assets - land and buildings	-	-	(7,797)	-
Right-of-use assets - plant and equipment	-	-	18	-
Lease liabilities	-	-	8,050	-
Fair value at transfer date	-	-	271	-

#### PARENT

In 2020-21, the following leases were transferred to/from Ministry of Health from/to controlled entities of the Ministry of Health at \$Nil consideration:

- two building property leases were transferred to eHealth NSW; and
- two motor vehicle leases were transferred from HealthShare NSW.

All corresponding right-of-use asset and lease liability balances were transferred across at the carrying amounts from the transferee to the transferor.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 36. Equity (continued)

#### Recognition and Measurement

##### *Equity transfers*

The transfer of net assets between entities as a result of an administrative restructure, transfers of programs / functions and parts thereof between entities controlled by the ultimate parent is designated or required by Accounting Standards to be treated as contributions by owners and is recognised as an adjustment to 'accumulated funds'. This treatment is consistent with AASB 1004 and Australian Accounting Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities*.

Transfers arising from an administrative restructure involving not-for-profit and for-profit government entities are recognised at the amount at which the assets and liabilities were recognised by the transferor immediately prior to the restructure. Subject to below, in most instances this will approximate fair value.

All other equity transfers are recognised at fair value, except for intangibles. Where an intangible has been recognised at (amortised) cost by the transferor because there is no active market, the consolidated entity recognises the asset at the transferor's carrying amount. Where the transferor is prohibited from recognising internally generated intangibles, the consolidated entity does not recognise that asset.

### 37. Commitments

#### (a) Capital commitments

Aggregate capital expenditure for the acquisition of land and buildings, plant and equipment, infrastructure and intangible assets, contracted for at balance date and not provided for:

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Within one year	885,010	1,658,099	-	404
Later than one year and not later than five years	454,330	555,608	-	-
Later than five years	6,871	-	-	-
<b>Total (including GST)</b>	<b>1,346,211</b>	<b>2,213,707</b>	<b>-</b>	<b>404</b>

#### (b) Input tax receivable related to capital commitments for expenditure

The total of capital 'commitments' payable, i.e. \$1,346 million as at 30 June 2021, includes input tax credits of \$122.4 million that are expected to be recoverable from the Australian Taxation Office (2020: \$201.2 million).

#### Output tax payable related to commitments for revenue

The total of 'commitments' receivable, i.e. \$194 million as at 30 June 2021, includes input tax of \$17.6 million that is expected to be payable to the Australian Taxation Office (2020: \$12.30 million).

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 38. Trust funds

#### CONSOLIDATED

The consolidated entity holds money in trust in relation to patient trusts, refundable deposits, private patient trust funds and third party funds. As the consolidated entity performs only a custodial role in respect of trust monies, they are excluded from the financial statements as the consolidated entity cannot use them for the achievement of its own objectives. The following is a summary of the transactions in the trust account.

2021	Opening Cash Balance \$000	Add: Receipts \$000	Less: Expenditure \$000	Closing Cash Balance \$000
Patient Trust	5,451	7,908	(8,451)	4,908
Refundable Deposits	11,119	5,147	(4,507)	11,759
Private Patient Trust Funds	10,909	564,188	(563,146)	11,951
Third Party Funds	23,230	78,439	(60,709)	40,960
<b>Total trust funds</b>	<b>50,709</b>	<b>655,682</b>	<b>(636,813)</b>	<b>69,578</b>

2020	Opening Cash Balance \$000	Add: Receipts \$000	Less: Expenditure \$000	Closing Cash Balance \$000
Patient Trust	5,665	7,167	(7,381)	5,451
Refundable Deposits	8,671	4,773	(2,325)	11,119
Private Patient Trust Funds	14,115	552,590	(555,796)	10,909
Third Party Funds	11,967	68,055	(56,792)	23,230
<b>Total trust funds</b>	<b>40,418</b>	<b>632,585</b>	<b>(622,294)</b>	<b>50,709</b>

#### PARENT

The parent entity holds money in a trust in relation to Nationally Funded Centres (NFC) and Health Chief Executives Forum (HCEF) formerly known as Australian Health Ministers' Advisory Council (AHMAC). As the parent entity performs only a custodial role in respect of trust monies, they are excluded from the financial statements as the parent entity cannot use them for the achievement of its own objectives. The following is a summary of the transactions in the trust account.

2021	Opening Cash Balance \$000	Add: Receipts \$000	Less: Expenditure \$000	Closing Cash Balance \$000
Third Party Funds	-	16,141	-	16,141
<b>Total trust funds</b>	<b>-</b>	<b>16,141</b>	<b>-</b>	<b>16,141</b>

The parent entity did not administer any trust funds on behalf of others in 2020.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

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### 38. Trust funds (continued)

The following list provides a brief description of the purpose of the trust fund categories.

Category	Purpose
Patient Trust	The safe custody of patients' valuables including monies.
Refundable Deposits	A sum of money held in trust as a security deposit.
Private Patient Trust Funds	The revenue derived from private patient and other billable services provided by Staff Specialists.
Third Party Funds	A sum of money held in trust on behalf of external parties, e.g. external foundations, volunteer groups and auxiliaries.

Any amounts drawn down from trust funds under the private practice arrangements are not included in the key management personnel compensation amounts or disclosed as a related party transaction in Note 45.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 39. Contingent liabilities and contingent assets

#### CONSOLIDATED

##### a) Contingent liabilities

A claim has been lodged against the consolidated entity for unspecified compensation in respect of alleged underpayment of employee award entitlements. The consolidated entity is defending the action. It is not practical to estimate the potential effect of these claims at the present time.

##### b) Contingent assets

The consolidated entity is not aware of any contingent assets which would have a material effect on the disclosures in these financial statements.

#### PARENT

The Ministry is not aware of any contingent liabilities or assets which would have a material effect on the disclosures in these financial statements.

### 40. Interests in associates

Set out below are the associates of Hunter New England Local Health District (HNELHD) as at 30 June 2021 which, in the opinion of management at HNELHD, are material to the group. The proportion of ownership interest held by the group equals the voting rights held by the group.

Name of entity	Place of business and country of incorporation	Class of shares	Ownership interest		Reporting Period	Measurement method	Carrying amount	
			2021	2020			2021	2020
			%	%			\$000	\$000
Hunter Medical Research Institute	Australia	Not applicable	25	25	31 December	Equity method	-	-

Hunter Medical Research Institute is a company limited by guarantee, whose constitution prohibits the distribution of funds to its members. Accordingly the carrying amount has been equity accounted at \$Nil value and as such no financial information has been disclosed.



## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 41. Reconciliation of cash flows from operating activities to net result

Reconciliation of cash flows from operating activities to the net result as reported in the Statement of Comprehensive Income as follows:

	Consolidated 2021 \$000	Consolidated <sup>1,2</sup> 2020 \$000	Parent 2021 \$000	Parent <sup>2</sup> 2020 \$000
Net cash used on operating activities	1,915,678	3,663,727	(1,001,704)	1,152,807
Depreciation and amortisation expense	(1,139,883)	(1,082,031)	(29,497)	(13,790)
Allowance for impairment	(861,914)	(41,251)	-	-
Effects of exchange rate changes	(554)	(133)	(579)	(133)
(Increase) / decrease in unearned revenue	(13,639)	(28,344)	-	-
Decrease / (increase) in provisions	(309,889)	(253,416)	(3,045)	(3,782)
Increase / (decrease) in prepayments and other assets	480,394	1,273,354	152,996	(59,153)
Increase / (decrease) in contract assets	(237)	2,031	276	-
Decrease / (increase) in payables	25,901	(49,424)	(77,954)	1,018
Decrease / (increase) in contract liabilities	328,236	(369,880)	321,868	(345,968)
Impairment losses on assets held for sale recognised in 'other gains / (losses)'	-	(456)	-	-
Impairment losses on right-of-use assets recognised in 'other gains / (losses)'	(99,201)	(2,898)	(92,526)	-
Net gain / (loss) on sale of property, plant and equipment	(33,714)	(13,923)	(94)	(5)
Net gain / (loss) on disposal of right-of-use assets	(101)	32	-	-
Non-cash revenue items	-	7,502	-	-
Assets donated or brought to account (Note 42)	13,666	28,077	(4,133)	-
Other	1,071	1,218	-	-
Net result	305,814	3,134,185	(734,392)	730,994

<sup>1</sup> Depreciation and amortisation has been restated to be \$6.07 million higher, unearned revenue restated to be \$5.00 million lower, prepayments and other assets \$1.86 million higher and other \$0.21 million lower in the prior year for the consolidated entity. Refer to Note 1(h) for further details.

<sup>2</sup> Contract liabilities has been restated to be \$27.04 million lower in the prior year for the consolidated and parent entity. Refer to Note 17 for further details.

## 42. Non-cash financing and investing activities

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Assets donated or brought to account	13,666	28,077	(4,133)	-
Property, plant and equipment acquired by a lease	72,165	583,509	80	497,630
Property, plant and equipment contributed by external organisation	28,595	1,886	-	-
	114,426	613,472	(4,053)	497,630

## Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2021

### 43. Budget Review - Consolidated

The budgeted amounts are drawn from the original budgeted financial statements presented to Parliament in respect of the reporting period. Subsequent amendments to the original budget (e.g. adjustment for transfer of functions between entities as a result of Administrative Arrangements Orders) are not reflected in the budgeted amounts. Major variances between the original budgeted amounts and the actual amounts disclosed in the financial statements are explained below.

#### NET RESULT

The actual net result (\$305.8 million) is lower than the budgeted net result (\$1,554 million) by \$1,248 million for the year ended 30 June 2021.

A reconciliation of the movements between the actual and budgeted net result is presented below:

	\$000
Net result - actual	305,814
NSW Treasury's Triennial actuarial review resulted in changes to the calculation of consequential factors associated with employee entitlements. The impact of this was an additional \$64.8 million of expenses, not assumed by the Crown, recognised in employee related expenses.	64,810
Actuarial assessment impact of long service leave on annual leave on-costs resulted in additional employee related expenses of \$98.3 million, not assumed by the Crown.	98,327
The consolidated entity had a write-off for \$217 million of personal protective equipment inventories that expired and made allowances for impairment of \$558.7 million of personal protective equipment as the consumption model indicates the equipment is unlikely to be used before it expires.	775,791
The market rent for some office accommodation leases were negatively impacted by COVID-19, indicating the carrying amount of such right-of-use assets exceeded their recoverable amounts.	99,201
Grants and subsidies to Affiliated Health Organisations and entities controlled by the ultimate parent were higher than expected due to payments for continued COVID-19 support and personal protective equipment being granted free of charge.	115,854
The consolidated entity recognised an insurance expense performance adjustment based on past claim performance resulting in an additional expense to the annual premium.	34,295
Capital expensing of capital works projects was higher than anticipated as a result of multiple projects requiring final fit outs of furniture, fixture and equipment as they neared completion.	47,090
The timing of new capital projects and intangible assets coming into service resulted in increased depreciation and amortisation.	25,903
Other minor variations.	(13,071)
Net result - budget	1,554,014

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 43. Budget Review - Consolidated (continued)

#### ASSETS AND LIABILITIES

The actual net assets (\$21,909 million) is lower than the budgeted net assets (\$23,332 million) by \$1,423 million as at 30 June 2021.

A reconciliation of the movements between significant assets and liabilities is presented below:

	\$000
Net assets - actual	21,909,553
The consolidated entity had a write-off for \$217 million of personal protective equipment inventories that expired and made allowances for impairment of \$558.7 million of personal protective equipment as the consumption model indicates the equipment is unlikely to be used before it expires.	775,791
Lower than anticipated non-current asset revaluations of property, plant and equipment and an equity transfer of Callan Park 'precinct 1', to the Centennial Park and Moore Park Trust, an entity controlled by the ultimate parent, resulted in a lower property, plant and equipment balance.	287,881
The market rent for some office accommodation leases were negatively impacted by COVID-19, indicating the carrying amount of such right-of-use assets exceeded their recoverable amounts.	99,201
NSW Treasury's Triennial actuarial review resulted in changes to the calculation of consequential factors associated with employee entitlements. The impact of this was an additional \$64.8 million of provisions.	64,810
The annual leave provision significantly increased during the year as a result of staffing needs to manage the COVID-19 pandemic along with state and international border closures.	152,374
Actuarial assessment impact of long service leave on annual leave on-costs resulted in additional employee related provisions.	98,327
Net movement across several asset and liability classes due to other minor variations.	(55,814)
Net assets - budget	23,332,123

#### CASH FLOWS

The actual net cash flows from operating activities was lower than the budget by \$889 million. This is primarily due to in-year payments being lower than the budgeted year end position for all payments except for payment for grants and subsidies. Similar to payments, receipts are lower than the budgeted year end position.

The net cash flows from investing activities were lower than expected by \$301 million. This is attributable to a decrease in proceeds and purchases of property, plant and equipment and intangibles and proceeds and purchases of financial assets. These decreases were slightly offset by an increase in other investing activities.

The net cash flows from financing activities were higher than expected by \$2 million. This is attributable to higher repayments of principal portion of lease liabilities and service concession financial liability and lower repayments of borrowings and advances than budgeted.

## Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2021

### 44. Financial instruments

The consolidated entity's principal financial instruments are outlined below. These financial instruments arise directly from the consolidated entity's operations or are required to finance its operations. The consolidated entity does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The consolidated entity's main risks arising from financial instruments are outlined below, together with the consolidated entity's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout these financial statements.

The Secretary of NSW Health has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risks faced by the consolidated and parent entities, to set risk limits and controls and to monitor risks. Compliance with policies is reviewed on a continuous basis.

#### (a) Financial instrument categories

##### CONSOLIDATED

Class	Note	Category	2021 \$000	2020 \$000
<b>Financial Assets</b>				
Cash and cash equivalents	19	Amortised cost	2,031,071	2,658,959
Receivables <sup>1</sup>	20	Amortised cost	917,950	656,846
Contract assets <sup>2</sup>	21	Amortised cost	1,794	2,031
Financial assets at fair value	23	Fair value through profit or loss - mandatory classification	193,872	189,614
Other financial assets	24	Amortised cost	87,442	182,770
<b>Total financial assets</b>			<b>3,232,129</b>	<b>3,690,220</b>
<b>Financial Liabilities</b>				
Payables <sup>3</sup>	31	Financial Liabilities (at amortised cost)	1,878,618	1,841,377
Borrowings	33	Financial Liabilities (at amortised cost)	2,282,320	2,274,988
Other liabilities <sup>3</sup>	35	Financial Liabilities (at amortised cost)	709	701
<b>Total financial liabilities</b>			<b>4,161,647</b>	<b>4,117,066</b>

##### Notes

<sup>1</sup> Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

<sup>2</sup> While contract assets are also not financial assets, they are explicitly included in the scope of AASB 7 Financial Instruments: Disclosures for the purpose of the credit risk disclosures.

<sup>3</sup> Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 44. Financial instruments (continued)

(a) Financial instrument categories (continued)  
PARENT

Class	Note	Category	2021 \$000	2020 \$000
Financial Assets				
Cash and cash equivalents	19	Amortised cost	160,068	728,371
Receivables <sup>1</sup>	20	Amortised cost	426,403	265,064
Contract assets <sup>2</sup>	21	Amortised cost	276	-
Other financial assets	24	Amortised cost	315,437	755,248
Total financial assets			902,184	1,748,683
Financial Liabilities				
Payables <sup>3</sup>	31	Financial Liabilities (at amortised cost)	525,213	449,143
Borrowings	33	Financial Liabilities (at amortised cost)	564,681	511,526
Total financial liabilities			1,089,894	960,669

## Notes

<sup>1</sup> Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

<sup>2</sup> While contract assets are also not financial assets, they are explicitly included in the scope of AASB 7 Financial Instruments: Disclosures for the purpose of the credit risk disclosures.

<sup>3</sup> Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

The consolidated entity determines the classification of its financial assets and liabilities after initial recognition and, when allowed and appropriate, re-evaluates this at each financial year end.

## (b) Derecognition of financial assets and financial liabilities

A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when the contractual rights to the cash flows from the financial assets expire; or if the entity transfers its rights to receive cash flows from the asset or has assumed an obligation to pay the received cash flows in full without material delay to a third party under a pass through arrangement and either:

- the consolidated entity has transferred substantially all the risks and rewards of the asset; or
- the consolidated entity has neither transferred nor retained substantially all the risks and rewards for the asset, but has transferred control.

When the consolidated entity has transferred its rights to receive cash flows from an asset or has entered into a pass through arrangement, it evaluates if, and to what extent, it has retained the risks and rewards of ownership. Where the consolidated entity has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset continues to be recognised to the extent of the consolidated entity continuing involvement in the asset. In that case, the consolidated entity also recognises an associated liability. The transferred asset and the associated liability are measured on a basis that reflects the rights and obligations that the entity has retained.

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.

## Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2021

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### 44. Financial instruments (continued)

#### (c) Offsetting financial instruments

Financial assets and financial liabilities are offset and the net amount is reported in the Statement of Financial Position if there is a currently enforceable legal right to offset the recognised amounts and there is an intention to settle on a net basis, or to realise the assets and settle the liabilities simultaneously.

#### (d) Financial risks

##### i. Credit risk

Credit risk arises when there is the possibility that the counterparty will default on their contractual obligations, resulting in a financial loss to the consolidated entity. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for credit losses or allowance for impairment).

Credit risk arises from financial assets of the consolidated entity, including cash, receivables and authority deposits. No collateral is held by the consolidated entity. The consolidated entity has not granted any financial guarantees.

Credit risk associated with the consolidated entity's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards. Authority deposits held with NSW TCorp are guaranteed by the State.

The consolidated entity considers a financial asset in default when contractual payments are 90 days past due. However, in certain cases, the consolidated entity may also consider a financial asset to be in default when internal or external information indicates that the entity is unlikely to receive the outstanding contractual amounts in full before taking into account any credit enhancements held by the consolidated entity.

##### Cash and cash equivalents

Cash comprises cash on hand and bank balances within the NSW Treasury Banking System. Interest is earned on daily bank balances at the monthly average NSW Treasury Corporation (TCorp) 11am unofficial cash rate, adjusted for a management fee to NSW Treasury. The TCorp IM Funds cash facility is discussed in market risk below.

##### Accounting policy for impairment of trade receivables and other financial assets

Receivables - trade receivables, other receivables, contract assets and lease receivables

Collectability of trade receivables, other receivables, contract assets and lease receivables is reviewed on an ongoing basis. Procedures as established in the Treasurer's Directions are followed to recover outstanding amounts, including letters of demand.

The consolidated entity applies the AASB 9 simplified approach to measuring expected credit losses which uses a lifetime expected loss allowance for all trade receivables, other receivables, contract assets and lease receivables.

To measure the expected credit losses, trade receivables, other receivables, contract assets and lease receivables have been grouped based on shared credit risk characteristics and the days past due.

The expected loss rates are based on historical observed loss rates. The historical loss rates are adjusted to reflect current and forward-looking information on macroeconomic factors affecting the ability of the customers to settle the receivables. The consolidated entity has not identified any relevant factors, and accordingly has not adjusted the historical loss rates.

Trade receivables, other receivables, contract assets and lease receivables are written off when there is no reasonable expectation of recovery. Indicators that there is no reasonable expectation of recovery include, amongst others a failure to make contractual payments for a period of greater than 90 days past due.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 44. Financial instruments (continued)

## (d) Financial risks (continued)

## i. Credit risk (continued)

The loss allowance for trade receivables, other receivables, contract assets and lease receivables as at 30 June 2021 and 2020 was determined as follows:

## CONSOLIDATED

	Current \$000	<30 days \$000	30-60 days \$000	61-90 days \$000	>91 days \$000	Total \$000
30 June 2021						
Expected credit loss rate	1.11%	7.15%	10.81%	17.20%	55.38%	9.56%
Estimated total gross carrying amount <sup>1</sup>	853,077	44,667	35,110	22,583	154,841	1,110,278
Expected credit loss	9,461	3,194	3,795	3,884	85,758	106,092

	Current \$000	<30 days \$000	30-60 days \$000	61-90 days \$000	>91 days \$000	Total \$000
30 June 2020						
Expected credit loss rate	0.89%	1.26%	13.68%	35.58%	45.18%	8.39%
Estimated total gross carrying amount <sup>1,3</sup>	430,171	223,016	24,716	13,585	117,469	808,957
Expected credit loss	3,812	2,808	3,381	4,833	53,068	67,902

## PARENT

	Current \$000	<30 days \$000	30-60 days \$000	61-90 days \$000	>91 days \$000	Total \$000
30 June 2021						
Expected credit loss rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated total gross carrying amount <sup>1,2</sup>	394,988	237	7	6	4,805	400,043
Expected credit loss	-	-	-	-	-	-

	Current \$000	<30 days \$000	30-60 days \$000	61-90 days \$000	>91 days \$000	Total \$000
30 June 2020						
Expected credit loss rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated total gross carrying amount <sup>1,2</sup>	58,435	183,606	904	105	7,021	250,071
Expected credit loss	-	-	-	-	-	-

## Notes

<sup>1</sup> The analysis excludes statutory receivables and prepayments as these are not within the scope of AASB 7 Financial Instruments: Disclosures. Therefore the 'total' will not reconcile to the receivables total in Note 20 and the contract assets total in Note 21.

<sup>2</sup> The estimated total gross carrying amount for the parent entity also excludes receivables from controlled health entities.

<sup>3</sup> Estimated total gross carrying amount has been restated higher by \$72.4 million. Refer to Note 1(h) for further details.

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 2021.



## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

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### 44. Financial instruments (continued)

#### (d) Financial risks (continued)

##### i. Credit risk (continued)

##### Other financial assets - Authority Deposits

The consolidated entity has placed funds on deposit with TCorp, which has been rated 'AA+' by Standard and Poor's. These deposits are similar to money market or bank deposits and can be placed 'at call' or for a fixed term. These deposits are considered to be low credit risk, and the loss allowance recognised during the period was therefore limited to 12 months expected losses. The consolidated entity did not recognise a provision for expected credit losses on its other financial assets in 2021 (2020: \$Nil).

##### ii. Liquidity risk

Liquidity risk is the risk that the consolidated entity will be unable to meet its payment obligations when they fall due. The consolidated entity continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets. The objective is to maintain a balance between continuity of funding and flexibility through effective management of cash, investments and liquid assets and liabilities.

The consolidated entity has negotiated no loan outside of arrangements with the Crown. During the current and prior year, there were no defaults of loans payable. No assets have been pledged as collateral.

Liquidity risk is minimised by the use of service agreements between the Secretary of NSW Health and controlled health entities. The annual service agreements, requires controlled entities to manage their financial liquidity and in particular, meet benchmarks for the payment of creditors. Where the controlled entities fail to meet service agreement performance standards, the parent as the state manager can take action in accordance with annual performance framework requirements, including providing financial support and increased management interaction.

Liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. For a supplier, that has a correctly rendered invoice, a matched purchase order and where goods have been received, an immediate payment is made irrespective of current contract payment terms.

For small business suppliers, where payment is not made within the specified time period, simple interest must be paid automatically unless an existing contract specifies otherwise.

For other suppliers, where settlement cannot be effected in accordance with the above, e.g. due to short term liquidity constraints, contact is made with creditors and terms of payment are negotiated to the satisfaction of both parties.

## Ministry of Health

## Notes to and forming part of the Financial Statements

for the year ended 30 June 2021

## 44. Financial instruments (continued)

## (d) Financial risks (continued)

## ii. Liquidity risk (continued)

The following table summarises the maturity profile of the consolidated entity's financial liabilities together with the interest rate exposure.

*Maturity analysis and interest rate exposure of financial liabilities:*

Interest Rate Exposure						Maturity Dates		
	EIR <sup>3</sup> %	Nominal Amount <sup>1</sup> \$000	Fixed Interest Rate \$000	Variable Interest Rate \$000	Non - Interest Bearing \$000	< 1 Year \$000	1-5 Years \$000	> 5 Years \$000
CONSOLIDATED								
2021								
Payables <sup>2</sup>		1,878,618	-	-	1,878,618	1,878,618	-	-
Borrowings:								
- Other loans and deposits	2.60	59,649	59,649	-	-	8,699	33,075	17,875
- Lease liabilities	2.15	1,498,622	1,498,622	-	-	170,123	459,296	869,203
- Service concession financial liabilities	2.42	39,676	39,676	-	-	2,144	9,149	28,383
- PPP	9.21	2,097,591	117,397	1,980,194	-	119,683	507,068	1,470,840
- Other	-	48	-	-	48	48	-	-
		5,574,204	1,715,344	1,980,194	1,878,666	2,179,315	1,008,588	2,386,301
2020								
Payables <sup>2</sup>		1,841,377	-	-	1,841,377	1,841,377	-	-
Borrowings:								
- Other loans and deposits	2.87	51,878	51,878	-	-	7,202	27,855	16,821
- Lease liabilities	2.09	1,449,237	1,449,237	-	-	173,023	464,823	811,391
- Service concession financial liabilities <sup>4</sup>	2.42	41,766	41,766	-	-	2,089	8,917	30,760
- PPP <sup>4</sup>	9.92	2,213,496	125,380	2,088,116	-	117,318	495,099	1,601,079
- Other	-	63	-	-	63	63	-	-
		5,597,817	1,668,261	2,088,116	1,841,440	2,141,072	996,694	2,460,051

## Notes

<sup>1</sup> 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.

<sup>2</sup> Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

<sup>3</sup> Weighted Average Effective Interest Rate (EIR).

<sup>4</sup> Service concession financial liabilities and PPP amounts have been restated in the prior year. Refer to Note 1(h) for further details.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

## 44. Financial instruments (continued)

## (d) Financial risks (continued)

## ii. Liquidity risk (continued)

*Maturity analysis and interest rate exposure of financial liabilities:*

		Interest Rate Exposure				Maturity Dates		
	EIR <sup>3</sup>	Nominal	Fixed	Variable	Non -	< 1 Year	1-5 Years	> 5 Years
	%	Amount <sup>1</sup>	Interest	Interest	Interest			
		\$000	Rate	Rate	Bearing	\$000	\$000	\$000
			\$000	\$000	\$000			
<b>PARENT</b>								
<b>2021</b>								
Payables <sup>2</sup>		525,213	-	-	525,213	525,213	-	-
Borrowings:								
- Lease liabilities	2.29	806,420	806,420	-	-	21,258	78,907	706,255
		1,331,633	806,420	-	525,213	546,471	78,907	706,255
<b>2020</b>								
Payables <sup>2</sup>		449,143	-	-	449,143	449,143	-	-
Borrowings:								
- Lease liabilities	2.29	723,831	723,831	-	-	23,387	82,549	617,895
		1,172,974	723,831	-	449,143	472,530	82,549	617,895

## Notes

<sup>1</sup> 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.

<sup>2</sup> Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

<sup>3</sup> Weighted Average Effective Interest Rate (EIR).

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 44. Financial instruments (continued)

#### (d) Financial risks (continued)

##### iii. Market risk

Market risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices. The consolidated entity's exposures to market risk are primarily through interest rate risk on the consolidated entity's borrowings, foreign currency risk and other price risks associated with the movement in the unit price of the Hour Glass Investment Facilities. The consolidated entity does not enter into commodity contracts.

The effect on net result and equity due to a reasonably possible change in risk variable is outlined in the information below for interest rate risk, foreign currency risk and other price risk. A reasonably possible change in risk variable has been determined after taking into account the economic environment in which the consolidated entity operates and the time frame for the assessment (i.e. until the end of the next annual reporting period). The sensitivity analysis is based on risk exposures in existence at the Statement of Financial Position reporting date. The analysis was performed on the same basis for 2020. The analysis assumes that all other variables remain constant.

##### *Interest rate risk*

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. Exposure to interest rate risk arises primarily through the consolidated entity's interest bearing liabilities.

However, controlled entities are not permitted to borrow external to the Ministry of Health (energy loans which are negotiated through NSW Treasury are excepted).

Both NSW Treasury and Ministry of Health loans are set at fixed rates and therefore are generally not affected by fluctuations in market rates. The consolidated entity does not account for any fixed rate financial instruments at fair value through profit or loss or at fair value through other comprehensive income. Therefore, for these financial instruments, a change of interest rates would not affect the carrying value or interest paid/earned.

A reasonably possible change of +/-1% is used consistent with current trends in interest rates (based on official RBA interest rate volatility over the last five years). The basis will be reviewed annually and amended where there is a structural change in the level of interest rate volatility.

The following table demonstrates the sensitivity to a reasonably possible change in interest rates:

CONSOLIDATED	2021		2020	
	\$'000		\$'000	
	-1%	1%	-1%	1%
Net result	(294)	294	(7,557)	7,557
Equity	(294)	294	(7,557)	7,557
PARENT	2021		2020	
	\$'000		\$'000	
	-1%	1%	-1%	1%
Net result	(4,755)	4,755	(14,836)	14,836
Equity	(4,755)	4,755	(14,836)	14,836

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 44. Financial instruments (continued)

#### (d) Financial risks (continued)

##### iii. Market risk (continued)

##### *Foreign exchange risk*

Exposure to foreign exchange risk arises primarily through the contractual commercial transactions denominated in a foreign currency. The risk is measured using sensitivity analysis and cash flow forecasting.

The consolidated entity manages its foreign exchange risk by maintaining United States (US) dollar denominated bank accounts or buying US currencies from TCorp at the time of purchase commitment in accordance with the consolidated entity's risk management policies.

At year end, the consolidated entity did not hold any foreign currency denominated monetary assets and monetary liabilities, except for cash held in a US dollar denominated bank account. All funds held at year end in foreign currency are expected to be used to settle existing purchase commitments that are denominated in US currency. As a result, the consolidated entity is not exposed to foreign exchange rates fluctuations.

A sensitivity analysis has been disclosed, should the cash and currency held in US dollars not be used for future payment of US denominated inventory purchases and instead used to purchase Australian Dollars. A sensitivity of 10% movement in the exchange rates has been selected for use in the sensitivity analysis at the reporting date, as this is considered reasonable, based on the current Australian dollar level and the historical volatility of the Australian dollar against the US currency. Based on the value of the Australian dollar at the reporting date as compared with the currencies below, adverse or favourable movements in the foreign exchange rates would result in an increase or decrease in the Australian dollar fair value respectively.

#### CONSOLIDATED

2021	+10%		-10%	
	Net result	Equity	Net result	Equity
	\$000	\$000	\$000	\$000
Denominated US Dollars	2,791	(254)	(254)	310
2020	+10%		-10%	
	Net result	Equity	Net result	Equity
	\$000	\$000	\$000	\$000
Denominated US Dollars	100,729	(9,157)	(9,157)	11,192

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 44. Financial instruments (continued)

#### (d) Financial risks (continued)

##### iii. Market risk (continued)

##### *Other price risk - TCorpIM Funds*

Exposure to 'other price risk' primarily arises through the investment in the TCorpIM Funds, which are held for strategic rather than trading purposes. The consolidated entity has no direct equity investments. The consolidated entity holds units in the following TCorpIM Funds trusts:

Facility	Investment Sectors	Investment Horizon	2021 \$000	2020 \$000
TCorpIM Cash Fund	Cash and fixed income	Up to 1.5 years	182,975	176,398
TCorpIM Short Term Income Fund	Cash and fixed income	1.5 years to 3 years	130,732	130,329
TCorpIM Medium-Term Growth Fund	Cash and fixed income, credit, equities, alternative assets and real assets	3 years to 7 years	15,276	14,013
TCorpIM Long-Term Growth Fund	Cash and fixed income, credit, equities, alternative assets and real assets	7 years and over	47,865	45,272

The unit price of each facility is equal to the total fair value of net assets held by the facility divided by the total number of units on issue for that facility. Unit prices are calculated and published daily. TCorp as trustee for each of the above facilities is required to act in the best interest of the unit holders and to administer the trusts in accordance with the trust deeds. As trustee, TCorp has appointed external managers to manage the performance and risk of each facility in accordance with a mandate agreed by the parties. A significant portion of the administration of the facilities is outsourced to an external custodian.

Investment in the TCorpIM Funds facilities limits the consolidated entity's exposure to risk, as it allows diversification across a pool of funds with different investment horizons and a mix of investments.

TCorp provides sensitivity analysis information for each of the Investment facilities, which is used to demonstrate the impact on the funds' net assets as a result of a change in the unit price. This impact is based on a sensitivity rate of 10%, multiplied by the redemption value as at 30 June each year for each facility (balance from TCorpIM Funds statement). Actual movements in the price risk variables may differ to the sensitivity rate used due to a number of factors. The TCorpIM Funds are measured at fair value through profit or loss and therefore any change in unit price impacts directly on net results / equity.

	Change in unit price		Impact on net result / equity	
	2021 %	2020 %	2021 \$000	2020 \$000
TCorpIM Cash Fund	+/- 10%	+/- 10%	18,298	17,640
TCorpIM Short Term Income Fund	+/- 10%	+/- 10%	13,073	13,033
TCorpIM Medium-Term Growth Fund	+/- 10%	+/- 10%	1,528	1,401
TCorpIM Long-Term Growth Fund	+/- 10%	+/- 10%	4,786	4,527

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 44. Financial instruments (continued)

#### (e) Fair value measurement

##### i. Fair value compared to carrying amount

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value measurement is based on the presumption that the transaction to sell the asset or transfer the liability takes place either in the principal market for the asset or liability or in the absence of a principal market, in the most advantageous market for the asset or liability.

The consolidated entity's fair value does not differ from the carrying amount.

##### ii. Fair value recognised in the Statement of Financial Position

TCorpIM Funds Investment Facilities are measured at fair value. Management assessed that cash and short-term deposits, trade receivables, trade payables and other current liabilities approximate their fair values, largely due to the short-term maturities of these instruments.

When measuring fair value, the valuation technique used maximises the use of relevant observable inputs and minimises the use of unobservable inputs. Under AASB 13, the consolidated entity categorises, for disclosure purposes, the valuation techniques based on the inputs used in the valuation techniques as follows:

- Level 1 – quoted (unadjusted) prices in active markets for identical assets / liabilities that the entity can access at the measurement date.
- Level 2 – inputs other than quoted prices included within Level 1 that are observable, either directly or indirectly.
- Level 3 – inputs that are not based on observable market data (unobservable inputs).

The consolidated entity recognises transfers between levels of the fair value hierarchy at the end of the reporting period during which the change has occurred.

2021	Level 1 \$000	Level 2 \$000	Level 3 \$000	Total \$000
TCorpIM Funds Investment Facility	-	376,848	-	376,848
2020	Level 1 \$000	Level 2 \$000	Level 3 \$000	Total \$000
TCorpIM Funds Investment Facility	-	366,012	-	366,012

*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 2021 (2020: \$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.



## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

### 45. Related party disclosures

#### (a) Key management personnel compensation

Key management personnel compensation is as follows:

	Consolidated 2021 \$000	Consolidated 2020 \$000	Parent 2021 \$000	Parent 2020 \$000
Short-term employee benefits	3,239	3,102	3,239	3,102
Post-employment benefits	71	63	71	63
	3,310	3,165	3,310	3,165

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
- Motor vehicle toll expenses
- Grants and subsidies to health cluster agencies
- Personal protective equipment granted to entities of the ultimate parent
- Various grants and other contributions
- Project management costs for capital works projects.

*Revenue earned as follows:*

- Recurrent and Capital appropriations as per the Appropriations Act
- NSW Treasurer's State Contingency Grant on COVID-19
- 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, Transport for NSW and Resilience NSW
- Various grants and other contributions
- Interest income on TCorpIM Funds Investment facilities
- Contract revenue for the construction works

## Ministry of Health

Notes to and forming part of the Financial Statements

for the year ended 30 June 2021

### 45. Related party disclosures (continued)

#### (c) Transactions the consolidated entity had with government related entities during the financial year (continued)

*Revenue earned as follows (continued):*

- Insurance refunds
- Revenue from acceptance of long service leave liabilities and defined benefit superannuation.

*Assets and Liabilities as follows:*

- Receivables / payables in respect of the above noted related party revenue and expense transactions
- Some sale proceeds for non-current property, plant and equipment assets
- Right-of-use assets and lease liabilities with Property NSW and Department of Customer Service
- Some term deposits are invested with TCorpIM Funds Investment facilities
- Energy Efficient Government Program loans are held with the Crown.

Transactions the parent entity had with government related entities during the financial year

Further to the above transactions entered into by the consolidated entity, the parent entity entered into the following transactions within the normal course of business with entities it controlled which are consolidated as part of these financial statements:

*Operating expenses incurred as follows:*

- Grants and subsidies provided to health entities.

*Revenue earned as follows:*

- Revenue from personnel services provided
- Various grants from Department of Communities and Justice.

*Assets and Liabilities as follows:*

- Intra-health receivables and payables
- Right-of-use assets and lease liabilities with Property NSW and Department of Customer Service
- Receivable for advances made to health entities.

#### (d) Individually significant transactions with Government-related entities

*Peppercorn Lease 1: Doonside Lease*

NSW Land & Housing Corporation (LHC), an entity controlled by the ultimate parent, entered into a lease agreement with Western Sydney Local Health District (WSLHD) for the lease of the land at 32 Birdside Avenue, Doonside for a 99 year period commencing on 2 December 1991 and ending on 1 December 2090. WSLHD pay a lease rental of \$1 per year to the LHC.

*Peppercorn Lease 2: Mt Druitt Lease*

Department of Planning, Industry and Environment (DPIE), an entity controlled by the ultimate parent, has entered into a lease agreement with Western Sydney Local Health District (WSLHD) for lease of the land located at Lots 29 and 30 in Rooty Hill, Cumberland County for a 77 year period commencing from 4 November 1973 to 31 December 2050. WSLHD will pay \$1 per year to the DPIE.

## Ministry of Health

Notes to and forming part of the Financial Statements  
for the year ended 30 June 2021

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### 46. Events after the reporting period

On 28 June 2021, the NSW Government put in place Public Health (COVID-19 Temporary Movement and Gathering Restrictions) Order 2021 under the Public Health Act 2010 to contain the spread of COVID-19 and to prioritise the health and safety of the community. The Public Health Order 2021 placed various restrictions on Greater Sydney and at a later stage regional NSW and therefore has impacted the way the consolidated entity has operated since reporting date. Elective surgery was cancelled in public hospitals as they prepared for surges in COVID-19 presentations. Management recognises that it is difficult to reliably estimate with any degree of certainty the potential impact of COVID-19 on the consolidated entity after reporting date.

No other matters or circumstances have arisen since the end of the financial year which significantly affected or may affect the consolidated entity.

END OF AUDITED FINANCIAL STATEMENTS

# NSW Health organisations

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## NSW Ministry of Health

1 Reserve Road, St Leonards NSW 2065

Telephone: 9391 9000

Email: [feedback@health.nsw.gov.au](mailto:feedback@health.nsw.gov.au)

Website: [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

Business hours: 9am-5pm, Monday to Friday

### Secretary: Elizabeth Koff

(Biography on page 9)

### Key achievements

- In continuing to respond to the challenges of the COVID-19 pandemic, the State Health Emergency Operations Centre (SHEOC) led the NSW Health operational response to the COVID-19 pandemic including planning with local health districts and specialty health networks to increase intensive care unit (ICU) capacity to meet the predicted COVID-19 surge, sourcing and distributing medical equipment such as ventilators, supporting the operation of COVID-19 testing clinics, the NSW Hotel Quarantine and Airport program in collaboration with other NSW Government agencies and establishing a large network of over 100 vaccination clinics, including mobile outreach locations, across the state, and the state's first mass vaccination centre at Sydney Olympic Park. Meanwhile, the Public Health Emergency Operations Centre (PHEOC) led the public health aspects of the response to COVID-19. PHEOC worked in conjunction with Public Health Units in local health districts and NSW Health Pathology, primarily being involved in contract tracing, providing expert advice, issuing public health orders and epidemiology research.
- Collaborated with Sydney Water to implement our award-winning sewage surveillance program at more than 60 sewage treatment plants across NSW to support our COVID-19 response, providing an additional level of surveillance at a population level with the world-first research program having achieved global significance.
- Rolled out the COVID-19 vaccination program across NSW, establishing a mass vaccination centre at Sydney Olympic Park and planning for the second mass hub in Newcastle. As at 29 June 2021, our health workers had administered 851,400 doses of the AstraZeneca and Pfizer vaccines.
- Invested more than \$28 million in initiatives to generate research evidence to support the response to the COVID-19 pandemic, which included launching the competitive and merit-based COVID-19 Research Grants Program with \$8 million awarded to 17 research projects.
- Invested more than \$4.5 million over three years to support experts in studying the clinical and immunological responses to the COVID-19 vaccines in NSW recipients to inform the state's vaccine policy into the future.
- Responded to over 18,000 calls a month to the Mental Health Line as an additional \$16.4 million was invested to enhance the service as part of the state's COVID-19 response.
- Worked collaboratively as part of the statewide emergency response to the extreme rainfall and flooding in March 2021, ensuring isolated communities or those at risk of flooding were safe and able to access health services. Part of this work included the deployment of a specialist Medical Assistance Team to North Richmond for five days to provide emergency care and deliver healthcare services to support evacuation centres on the Mid North Coast, Upper Hunter and Castle Hill. The coordinated response also spanned the clean-up and recovery.
- Launched the NSW HIV Strategy 2021-2025 to continue to build on the success of its predecessor, which saw a substantial improvement in HIV prevention, testing and treatment in NSW. In continuing the momentum, the 2021-25 strategy aims to achieve the virtual elimination of HIV transmission in NSW by addressing the barriers to testing and treatment created by stigma and discrimination; adapt, pilot and implement new technologies; and focus additional efforts on priority populations who have not experienced the same level of recent success.
- Launched the First 2000 Days Implementation Strategy 2020-2025 to support local health districts, specialty networks and other policy, program and service delivery areas within the health system to implement the First 2000 Days Framework at a local level. Successful implementation of the strategy will improve health and development outcomes for all children, giving them the start that they need to thrive now and in the future.
- To support care and service delivery, more than \$2.1 billion was invested into infrastructure planning and construction, with 23 projects completed across metropolitan and regional NSW.
- Exceeded the Premier's Priority of doubling Aboriginal people in senior leadership roles, increasing from five to 11, and established a stretch target of 16 Aboriginal people in senior leadership roles by 2025.
- Welcomed 1041 Junior Medical Officers to the NSW Health system in January, a record number of new starters, having increased 35 per cent from 2011, and the most of any state or territory in Australia.
- Increased recruitment of graduate nurses and midwives with more than 2700 new graduates employed in 2020-21, of which 25 per cent were located in rural and regional areas.
- Offered dental care to 121,701 primary school students as part of the Primary School Mobile Dental Program. Of these students, 18,487 received dental treatment, 78 per cent of whom had not previously accessed public dental services.

# Statutory health corporations

## Agency for Clinical Innovation

1 Reserve Road, St Leonards NSW 2065

Telephone: 9464 4666

Email: [aci-info@health.nsw.gov.au](mailto:aci-info@health.nsw.gov.au)

Website: [www.aci.health.nsw.gov.au](http://www.aci.health.nsw.gov.au)

Business hours: 8:30am-5pm, Monday to Friday

### Chief Executive: Dr Jean-Frédéric Levesque



Dr Jean-Frédéric Levesque joined the Agency 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.

Jean-Frédéric is a member of the Strategic Analytic Advisory Committee of the Canadian Institute of Health Information and a Fellow of the Royal College of Physicians of Canada in Preventive Medicine and Public Health. He holds a Doctorate in Public Health, a Master's in Community Health and a medical degree from the Université de Montréal, Canada. He is an adjunct professor at the Centre for Primary Health Care and Equity of the University of New South Wales.

### Year in review

This past year has been the first full year that we have worked in a pandemic environment. For us, it is important to reflect on the challenges and successes of progressing innovation in a disrupted environment, where the system has been rightly focused on responding to the COVID-19 pandemic.

Even in an environment where the biggest priority has been one of such significance, there are various projects that have needed to continue to benefit patients and clinicians, and offer efficiencies across the wider health system. These projects have represented evidence-based approaches, adding value to how care is delivered and needing multiple stakeholders to collaborate to ensure a successful outcome.

Developing and delivering such projects – often in a virtual environment – presented greater challenges to how these initiatives were traditionally implemented, and it is a great credit to our staff that they have connected with clinicians and delivered successful initiatives together across NSW this year.

Many of the statewide programs the Agency has worked on have not been impacted in terms of their rollout, despite the pandemic. For us, working in a system that can manage change in uncertain times – a system that keeps moving and improving – is something for us all to celebrate.

Our staff have worked with many rural and regional sites to extend the NSW Telestroke Service, benefiting stroke patients who would not otherwise have had access to life-saving treatment. In a similar vein, the Patient Reported Measures Program has continued in momentum. The launch of the IT platform that supports the program represented the culmination of an extensive collaboration between clinicians, patients and managers from around the state. Virtual care continues to be a key priority and our work partnering with eHealth NSW in accelerating its use in clinical settings was supported in local health districts throughout NSW.

I would like to thank our staff who work with clinicians, and those who support the development of clinical initiatives throughout the pipeline of innovation, which enables these innovations to come to fruition. It is a testament to our collective ability to respond quickly to changes and different environments which allows our work to have a great reach across the health system.

### Key achievements

- Led the statewide implementation of Telestroke services including the development of resources and training modules for My Health Learning and Virtual Reality. The launch was achieved at 11 sites, enabling care to be delivered to over 800 stroke patients across regional and rural NSW with over 150 recommendations for reperfusion.
- Launched the Health Outcomes and Patient Experience purpose-built IT platform, enabling patients and their carers to provide direct, timely feedback about outcomes and experiences. Approximately 3554 patients and 249 clinicians are active in the Health Outcomes and Patient Experience platform and 14,657 patient surveys have been completed.
- Co-designed and piloted the Leading Better Value Care eMR solutions for the musculoskeletal cohorts, Osteoarthritis Chronic Care Program and Osteoporotic Refracture Prevention in two local health districts.



- Developed the 3Ci Model of Care, a principles-based model of care delivering value based healthcare for chronic heart failure and chronic obstructive pulmonary disease, to support guideline-concordant care across the entire healthcare journey and reduce readmissions to hospital.
- Delivered key activities under the Surgery Action Plan, including a position paper on avoidance of non-beneficial surgery, recommendations for implementation of prehabilitation and low value surgery, key principles for colorectal enhanced recovery after surgery and examined specialties with the greatest potential for enhanced recovery after surgery.
- Launched the Working with Consumers and Co-design toolkit. The toolkit is a practical resource for health services to adopt a co-design approach, enabling consumers to become equal partners in the improvement process.
- Delivered the Vocational Intervention Program's implementation report and economic analysis, which documented 53 vocational partnerships in NSW between 20 vocational providers and 12 brain injury units. A total of 173 people engaged with the program, with 66 people achieving employment.
- Led the statewide implementation of myVirtualCare and developed over 60 resources to support all users including patients, their families and carers, external users, interpreters, NSW Health providers and administration officers. As a result, over 3100 clinicians have used myVirtualCare for approximately 30,000 patient consultations.
- Incorporated the 8 Ways of Aboriginal Learning principles into the Redesign curriculum to help address issues faced by Aboriginal communities in accessing culturally safe and integrated healthcare.
- Delivered the COVID-19 Critical Intelligence Unit, which has produced 400 integrated dashboards of data, 250 daily digests of the academic literature, 100 topic-specific evidence checks, 50 weekly reports on risk levels and international data and four online living evidence tables.
- Strengthened the statewide COVID-19 response by leading 12 COVID-19 Communities of Practice and developing the Pandemic Kindness Movement website to support all health workers during the pandemic. The website has had over 100,000 views since its launch.

## Bureau of Health Information

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Website: [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

Business hours: 8:30am-5pm, Monday to Friday

### Chief Executive: Dr Diane Watson



Dr Diane Watson has led the establishment of three reporting agencies in Australia that use big data to drive decisions on healthcare provision nationally and locally. For more than 25 years, Diane has held senior management positions measuring,

monitoring and reporting on the performance of healthcare systems to drive improvements in health, patient care and productivity. Diane was the inaugural Chief Executive Officer of the Victorian Agency for Health Information and the inaugural Chief Executive of the National Health Performance Authority.

### Year in review

In 2020-21, the Bureau of Health Information continued to provide timely, accurate and comparable healthcare performance information to the people of NSW.

We published 13 reports and associated information products and worked closely with stakeholders to ensure our reporting is used to inform healthcare improvement efforts.

In March 2021, the Bureau's latest *Healthcare in Focus* report provided insights into the impact of COVID-19 on the public healthcare system during 2020. It examined activity and performance throughout the year, looking at measures including timeliness of care, patients' experiences, and COVID-19 cases and testing numbers.

The report expanded on the COVID-19 supplements published with the September and December 2020 issues of *Healthcare Quarterly*, our quarterly report on the performance of public hospital and ambulance services. In June 2021, *Healthcare Quarterly* also included analyses on quarantine services provided in response to the pandemic.

The June issue of *Healthcare Quarterly* coincided with the launch of the new Bureau of Health Information Data Portal, part of a transition to a digital-first way of reporting healthcare performance results in NSW, making them more accessible and user friendly.

Work continued to reform the NSW Patient Survey Program to help ensure patients' voices drive improvements in experiences and outcomes of care. We heard from almost 59,000 people about their experiences across a variety of care settings and published patient survey results for emergency departments, admitted patients, rural admitted patients and maternity care.



In July 2020, *Healthcare in Focus* examined the experiences of more than 200,000 people who visited emergency departments or were admitted to public hospitals over a five-year period. Trends in patients' experiences were analysed to identify areas with significant improvement or decline.

At the end of 2020, the Bureau developed the first statewide survey to collect information about patients' experiences and outcomes of virtual care outpatient appointments with NSW public hospitals. This formed the first part of a program of work that will help improve healthcare experiences and outcomes for patients across NSW.

Key developments for patient surveys included the introduction of shorter, more focused questionnaires and the application of advanced methods for standardising hospital results to ensure they take into account key differences in patient populations.

This past year, we also seconded almost a quarter of our staff to the Ministry to support the COVID-19 effort, particularly in the areas of communication, operations management, data analytics and information.

We thank our staff for their continued commitment to healthcare performance reporting.

## Key achievements

- Published *Healthcare in Focus – People's experiences of hospital care: Insights from five years of patient feedback*, providing trend data to highlight achievements and opportunities for improvement.
- Implemented shorter, more flexible surveys to reduce the burden on patients and focus on priority aspects of care, while maintaining robust and representative results.
- Gave voice to almost 59,000 patients about their experiences with public hospitals and used sophisticated analytic methods to deliver insights into health system performance.
- Provided patient experience and engagement key performance indicators for local health districts in line with their 2020-21 Service Agreements with NSW Health.
- Published results from a census sample of adult Aboriginal patients admitted to or who gave birth in NSW public hospitals in 2019.
- Published four *Healthcare Quarterly* reports featuring detailed information for the public about activity and performance in NSW public hospital and ambulance services, including COVID-19 supplements.
- Achieved improvements in stakeholder perceptions of the Bureau as a trusted provider of information (88 per cent), fulfilling its purpose (88 per cent) and engaging with stakeholders (82 per cent).

## Cancer Institute NSW

1 Reserve Road, St Leonards NSW 2065

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Email: [information@cancer.nsw.gov.au](mailto:information@cancer.nsw.gov.au)

Website: [cancer.nsw.gov.au](http://cancer.nsw.gov.au)

Business hours: 9am-5pm, Monday to Friday

## Chief Executive: 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, David was the foundation Chief Executive Officer of Cancer Australia.

David is a Fellow of the Australian Academy of Health and Medical Sciences, the previous president of the Clinical Oncological Society of Australia and past president of Palliative Care Australia.

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

Despite excellent survival rates, cancer continues to be a significant public health issue and cause of premature death, impacting thousands of people in NSW.

The Cancer Institute NSW provides the strategic direction for cancer control across the state, which is driven by the goals of the fourth NSW Cancer Plan to:

- reduce the incidence of cancer
- increase the survival rate of people with cancer
- improve the quality of life of people with cancer.

We work in close collaboration with the health system, non-government organisations, community members and researchers to develop and implement patient-centred initiatives across the spectrum of cancer control. We continue to focus on improving outcomes for groups that are disproportionately affected by cancer, including Aboriginal people, multicultural communities, and people from rural, remote and lower socioeconomic backgrounds.

The Institute manages strategic investment on behalf of the NSW Government to build research capacity, attract world-class researchers, foster innovation and support the translation of discoveries into clinical practice.

This year, we invested \$21 million in cancer research and modified our funding model to increase investment in our successful Translational Program Grants scheme.

We delivered the tenth round of the Reporting for Better Cancer Outcomes program providing local and statewide cancer information to local health districts, specialty networks, primary health networks and participating private hospitals. Reporting for Better Cancer Outcomes provides a comprehensive view of cancer control in NSW, informing health system performance and identifying areas for improvement.

One in three cancers are caused by lifestyle behaviours. The Institute promotes healthy lifestyle behaviours through our public campaigns, website and social media information, and smoking cessation support initiatives, such as the NSW Quitline and the [icanquit.com.au](http://icanquit.com.au) website.

We continued to support cancer services to gain sustainable efficiencies in the delivery of care during COVID-19, optimising clinical resources without compromising outcomes. We encouraged people to safely access health services, see their doctor about symptoms, and participate in the national cancer screening programs. BreastScreen NSW was able to resume safe, high-quality screening following a short suspension of service during the pandemic.

Finally, as custodian of the NSW Cancer Plan, we worked in collaboration with stakeholders in cancer control to draft the fifth plan, which will take effect in 2022, sitting under the Future Health Strategy.

Thank you to our staff and colleagues in cancer control for their commitment to reducing the burden of cancer in NSW.

## Key achievements

- Launched *Sun and UV at School*, a suite of evidence-based teaching resources aligned to NSW Science and Personal Development, Health and Physical Education curriculum for Kindergarten to year 10. The resources, which were developed with the Department of Education, are linked to the Australian curriculum and SunSmart program. *Sun and UV at School* includes complete units of work, individual lessons, animations, infographics, links to data repositories and grab-and-go activities.
- Promoted early detection of breast, bowel and cervical cancers through the delivery of comprehensive screening programs with focused programs for Aboriginal people and culturally and linguistically diverse groups, and supported the delivery of safe screening by BreastScreen NSW during the COVID-19 pandemic.
- Improved the knowledge, skills and confidence of staff working in cancer services to deliver smoking cessation interventions through the promotion of the *Smoking Cessation Framework in Cancer Services*, facilitated technical change for data collection and secure referrals to NSW Quitline, and established standardised data fields and functionality for smoking cessation in electronic medical record systems, resulting in more patients of cancer services receiving support to quit smoking at the time of diagnosis.
- Continued to focus on the provision of value-based, patient-centred cancer care through the implementation of two Leading Better Value Care initiatives:
  - Direct access colonoscopy – continued to support local health districts to implement the *Direct Access Colonoscopy Model of Care*, which outlines the mandatory and recommended inclusions for localised implementation of services, and undertook a baseline patient reported experience measure survey
  - Breast cancer hypofractionated radiotherapy – the proportion of women with early-stage breast cancer who received hypofractionated radiotherapy increased from 75 per cent in 2017 to 90 per cent in 2020 in NSW public facilities, and from 52 per cent in 2017 to 83 per cent in 2020 in NSW private facilities.
- Expanded and optimised digital channels for people affected by or at risk of cancer, supporting users to access accurate information and support when they need it and promoting cancer services that meet quality measures to drive better outcomes. In 2020-21, there were 261,778 users of Canrefer, an online directory listing specialists who are active members of a multidisciplinary cancer care team. Canrefer also released a new feature to assist users to find cancer clinical trials in their area that are currently or soon to be recruiting participants. Information on [patients.cancer.nsw.gov.au](http://patients.cancer.nsw.gov.au) has been expanded to include information about 33 cancer types, with content available in eight community languages.
- Continued to expand [eviQ.org.au](http://eviQ.org.au), which now has 640,847 total users, representing a 23 per cent increase from the previous year. *eviQ Education*, which has about 108,063 total users, supports the rapid uptake of emerging evidence into clinical practice and responds to the evolving learning needs of oncology professionals at the point of care. This year, *eviQ Education* released 14 learning resources and an additional 13 learning resources for oncology professionals.
- Invested more than \$12.4 million in mass media public education campaigns to reduce smoking rates and participation in cancer screening programs. This included the development and launch of a new advertising campaign to increase participation in the National Bowel Cancer Screening Program.

- Published the sixth publicly available *Cancer Control in NSW: Statewide* report, as part of the Reporting for Better Cancer Outcomes program. This report included more than 70 key performance indicators across cancer control. We also collaborated with the Aboriginal Health and Medical Research Council of NSW to develop the inaugural *Reporting for Better Cancer Outcomes: Aboriginal people in NSW* report, which highlights the impact of cancers on Aboriginal communities and opportunities for improvement.
- Continued to support person-centred cancer care by collecting patients' perspectives through patient-reported measures surveys and providing personalised information to inform shared decision making in seven local health districts.
- Strengthened cancer research capacity by investing \$21 million in cancer research, including grants and clinical trials, and increasing support for translational research programs, which aim to ensure scientific discoveries have a real impact at the point of care.

## Clinical Excellence Commission

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Business hours: 8:30am-5pm, Monday to Friday

### 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 her role at the Clinical Excellence Commission in 2015, Carrie worked at Western Sydney Local Health District.

Carrie is a graduate of the advanced training program in Quality Improvement at Intermountain Health Care, Utah, USA and holds a Bachelor of Science (Nursing), a Diploma in Education (Nurse Teaching) and a Master of Science (Organisation Consulting).

### Year in review

In a year marked by one of the world's greatest health emergencies, I am proud of the Clinical Excellence Commission's response to the COVID-19 pandemic, while maintaining focus on its primary objective to promote and support improved clinical care, safety and quality across the NSW public health system.

As the lead agency for Infection Prevention and Control, the Commission played a critical role throughout 2020-21 in keeping frontline staff, patients and visitors safe through the COVID-19 pandemic and supporting the system with strategic guidance, advice, resources and education.

The Commission was also successful in supporting Infection Control Practitioners, who played a critical role in providing expertise across the NSW health system to reduce the risk of the COVID-19 virus spreading.

In response to the pandemic, we developed a wide range of COVID-19 resources to provide targeted advice and expertise to NSW Health and external agencies, including aged care facilities, private hospitals and essential services such as Police and Transport NSW.

We delivered the *COVID-19 Infection Prevention and Control Manual* (2021), a consolidated guide for acute and non-acute healthcare settings. We implemented robust governance processes for product review and procurement in partnership with HealthShare NSW. This successful program of work ensured NSW Health was proactive in the post-market review of facemasks and removals from the Therapeutic Goods Administration register. We developed and launched an online NSW Health-wide interactive table of medicines with disruptions to supply, which enables health professionals to manage real-time medicine shortages.

Vital to stopping transmission of COVID-19 is the NSW Hotel Quarantine and Airport Program Quality Assurance Program, which was managed by the State Health Emergency Operations Centre throughout 2020-21 with support from the Commission, Sydney Local Health District and Healthcare Australia. Our role provided a mechanism to identify trends, exemplary practices, areas of concern and opportunities for education and improvement across all aspects of quarantine infection prevention and control in NSW.

The Commission's Patient Safety team led the successful statewide implementation of the revised NSW Health Incident Management Policy Directive and, in collaboration with eHealth NSW, the rollout of the ims+ incident management system.

In addition to supporting the COVID-19 response, in 2020 our NSW Mental Health Patient Safety Program team partnered with mental health services to lead safety and improvement work aligned to the needs of staff and consumers.

We continued to develop the Quality Improvement Data System's capacity to translate raw data into insights, adding a morbidity and mortality meeting module to provide a secure platform for clinical teams.



The Commission also developed its education and training offering, namely the updated Safety & Quality Essentials Pathway, to enable participating staff to build the skills and knowledge needed for effective leaders of safety and quality improvement in daily practice.

I would like to thank our staff for their resilience and resolve in delivering these remarkable outcomes during a challenging year when each went above and beyond to respond to public need and strive for safety of care for every patient, every time.

### Key achievements

- Supported 1.5 million webpage views and over 250,000 downloads of COVID-19 resources in 2020-21.
- Collaborated with HealthShare NSW to conduct 196 personal protective equipment (PPE) reviews, totalling 430 PPE product assessments, and delivered weekly PPE audits via the Quality Audit Reporting System for local health districts and specialty health networks.
- Responded to 968 notifications regarding issues with medical devices, medicines and biological agents with our Critical Response Unit conducting risk assessments. Of these, 18 required system-wide critical responses related to product issues and shortages to ensure the safe delivery of care and continued service delivery. We issued 25 urgent safety alert broadcasts, including 12 related to clinical issues and 13 related to medicines and vaccines. These were in addition to 19 medication safety updates and 10 medication safety communications as part of our primary function to minimise potential harm.
- Developed and led implementation of a statewide Respiratory Protection Program with participation by more than 38,000 health workers; and coordinated a whole-of-health approach to developing standardised resources for fit checking, fit testing, reporting and training.
- Developed new Morbidity and Mortality meeting guidelines in conjunction with clinicians and established these on the Quality Improvement Data System platform for clinical teams to access near real-time data and generate insights for meetings. The new Morbidity and Mortality guidelines identify six core principles that reflect contemporary safety and quality principles, which are guided by Human Factors science to support robust processes that improve learning and system improvement.
- Developed, tested and released a Safety Culture Measurement Toolkit to serve as a self-contained set of instructions and templates to enable health services to administer a safety culture survey effectively and adapt for local conditions.
- Developed the Safety Fundamentals for Person Centred Communication tools to support staff in building relationships and partnering with patients, their families and carers in decision making. They include Teach Back, What Matters to You? and the Patient Delivered Handover.
- Implemented the revised NSW Health Incident Management Policy following the commencement of legislative changes for serious incident management in December 2020. Collaborated with eHealth NSW to align the use of the incident management system platform through refocusing process aims to improve reliability, quality, timeliness, strength of incident management, responses to review recommendations and system learning. Supported local health districts and specialty health networks to implement the use of the Preliminary Risk Assessment and serious adverse event review methodologies by hosting 36 masterclass sessions for 1507 participants prior to commencement of legislation; developing 80 resources including templates, toolkits, workbooks, fact sheets and explainer videos; and hosting two Patient Safety Manager Forums following implementation attended by 195 staff.
- Partnered on 15 research projects to support innovation and translation in a range of quality and safety priorities, including stillbirth prevention, falls prevention, antimicrobial stewardship and virtual clinical pharmacy services.

## Health Education and Training Institute

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Business hours: 8:30am-5pm, Monday to Friday

### Chief Executive Adjunct Professor Annette Solman



Annette commenced as Chief Executive of the Health Education and Training Institute in June 2015 with a focus on working with and strengthening relationships within health and academic partners to create an innovative environment in which excellence in education and training can be delivered to support the diverse NSW Health workforce.

Annette holds a Master of Nursing (Research), Bachelor of Health Science, Diploma in Health Science Nursing and is Adjunct Professor at the University of Sydney and the University of Technology Sydney, as well as Honorary Professional Fellow at the University of Wollongong, and is a member of the *International Practice Development Journal* Editorial Board.

## Year in review

Supporting the COVID-19 health response, lifelong learning and providing quality and accessible education were three areas of focus for the Health Education and Training Institute (HETI) over the past year. These focus areas were brought to life through the delivery of timely, high-quality and evidence-based education and training to the NSW Health workforce and to the Institute's higher education students.

As part of the COVID-19 health response, the Institute collaborated to provide training to close contact tracers, with the program recognised as a finalist in the Recovery and Resilience category in the 2020 Premier's Awards. We delivered a mid-year medical graduate recruitment process for unfilled intern positions to support the medical workforce surge strategy and designed and delivered a bespoke Care Assistant Program as a COVID-19 strategy in the event of catastrophic staffing shortages.

The Senior Executive Development Program adapted to virtual delivery, maximising the virtual environment to present dynamic and engaging group presentations to senior staff, which included the Secretary NSW Health. We delivered the NSW Health Leadership Program in partnership with local health districts and contextualised to their strategic and operational challenges. The Institute was also a key partner with the NSW Ministry of Health's Health System Strategy and Planning Branch on the NSW Health Future Health Strategy Consultations. Through the Allied Health Workplace Learning Grant Program, we supported allied health professionals to upskill in clinical knowledge and capability to support patient care.

HETI Higher Education doubled its student numbers in the last year. It redesigned the Graduate Certificate Applied Mental Health Studies into shorter modules to support more accessible learning for award study, which can be stacked towards a later award or for professional development, all for improved mental health outcomes.

This snapshot of achievements highlights a successful year for the Institute in promoting and supporting a connected and responsive learning community across NSW Health. Thank you to all our staff for their dedication and commitment to learning, training and development.

## Key achievements

- Developed and implemented a process to enable prevocational medical accreditation surveys to occur virtually. This enabled HETI to continue monitoring and accrediting facilities to ensure high-quality education and training and junior doctor wellbeing.
- Welcomed 12 medical graduates in intern positions in July 2020 and planned for the recruitment of a subsequent mid-year intake to commence in July 2021.
- Assisted in identifying and coordinating 63 facilitators to deliver 98 workshops across the state on the NSW Health Future Health Strategy Consultations, including delivery of the Facilitation Development program to 22 NSW Ministry of Health staff.
- Delivered the virtual Senior Executive Development Program to 22 participants to September 2020.
- Delivered the NSW Health Leadership Program to a total of 263 participants.
- Supported 100 participants to complete the bespoke Care Assistance Program, with the one-week program delivered via online workshops supported by My Health Learning modules.
- Trained over 600 close contact tracers, in collaboration with the NSW Ministry of Health, by rapidly developing and delivering a rolling program of innovative, interactive and just-in-time online training as part of the critical COVID-19 pandemic response.
- Increased recruitment and engagement of junior doctors training in rural NSW for the Rural Generalist Medical Training Program with 52 Foundation Year trainees enrolled and 29 trainees undertaking the 12-month advanced skills training. A further eight general practitioners undertook 12 months of advanced skills training.

# Specialty health networks

## Justice Health and Forensic Mental Health Network

1300 Anzac Parade, Malabar NSW 2036

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Website: [www.justicehealth.nsw.gov.au](http://www.justicehealth.nsw.gov.au)

Business hours: 8am-5pm, Monday to Friday

### Chief Executive: Gary Forrest



Gary has worked in nursing for more than 35 years. He completed his general nursing training at Rockhampton Base Hospital in Queensland, a Bachelor of Science (Nursing) at Flinders University and a Master's of Applied Management (Health) with distinction at the University of Newcastle.

Gary joined the Network in 2002, working in nursing, population health and prison hospital management, before becoming the Chief Executive in 2016.

### Year in review

Justice Health and Forensic Mental Health Network (the Network) delivers healthcare to adults and young people in contact with the forensic mental health and criminal justice systems, across community, inpatient and custodial settings.

The Network's vision is to return healthier people back to their communities.

The 2020-21 year demonstrated the commitment and professionalism of our staff who, despite the challenging circumstances, delivered comprehensive and timely care to the most vulnerable people, with extremely complex healthcare needs, in the community.

In collaboration with Corrective Services and Youth Justice NSW, the Network developed a COVID-19 response model for screening, isolation, quarantine, contact tracing and auditing for the correctional and detention systems. Our efforts were rewarded – with zero cases of COVID-19 community transmission among people in custody in NSW correctional and detention centres. The Network has continued testing people in custody for COVID-19, having also rolled out the COVID-19 vaccination program to staff, people in custody and Custodial staff across the Network.

We rapidly expanded our telehealth program, and introduced a bespoke program for Aboriginal and Torres Strait Islander people in custody. In 2020-21, five per cent of all consultations were virtual. Funding of almost \$220,000 helped us to set up an Aboriginal Telehealth Team to provide culturally sensitive mental health support and other health services.

In October 2020, the Network began a Community Transitions Trial to support highly vulnerable individuals with serious and enduring mental illness leaving custody. Funded through the COVID-19 Vulnerable Populations Initiative, the multi-agency collaboration supported 140,000 people returning to their communities. Participants had four times the rate of engagement with treatment compared with people in custody without this support (based on published studies), and also had high rates of housing and other health and wellbeing measures. It was so successful, recurrent funding has been granted.

Our long-term goal to reduce rates of seclusions and restraints was achieved. In November 2020, the use of long-term seclusion ceased, forever changing the course of patients' care and experience at the Forensic Hospital in Malabar. Since this time, the hospital has been able to bring its seclusion rates below the state's average and achieved – a previously inconceivable milestone of – zero seclusion episodes for the month of April 2021.

Thank you to our staff who went above and beyond this year to deliver healthcare and reassurance to our patients and people in custody under extremely difficult circumstances. The professionalism, resilience and ability to overcome the challenges was inspiring, as was the care they demonstrated for the people whose lives we change and care for every day.

### Key achievements

- Diverted 80 per cent of adults identified as mentally ill into community-based treatment. Ninety-two per cent of young people were recommended for mental health diversion into community-based treatment.
- Received \$14.66 million in funding to build a mental health intensive care facility (Freshwater Unit) at the Forensic Hospital from the \$700 million Statewide Mental Health Infrastructure Fund.
- Implemented the use of depot buprenorphine as the preferred treatment for opioid addiction in NSW public gaols. By the end June 2021, 67 per cent of the Network's Opioid Agonistic Treatment patients (1087 of 1614 patients) were receiving depot buprenorphine, up from 45 per cent the previous year.

- Increased virtual care consultations by 27 per cent (compared with 2019-20). Successfully trialled Virtual Cardiology clinics with Prince of Wales Hospital, with a 59 per cent increase in clinical session use, a 56 per cent decrease in patient transfers, and a patient satisfaction score of 93 per cent.
- Clinically significant improvements in inpatient mental health outcomes, as Long Bay Hospital mental health inpatients increased from 55 per cent of patients to 82 per cent. For Aboriginal patients, clinically significant improvements in mental health outcomes were found in 67 per cent of patients, up from 47 per cent in 2019-20\*.
- Introduced a new electronic tool, with an algorithm designed to support clinic decision making, which has improved the detection of mental illness on reception screening by 35.5 per cent.
- Provided National Disability Insurance Scheme support for 98 per cent of patients leaving custody with a dual diagnosis of an intellectual disability and a severe and persistent mental illness, resulting in a decrease in recidivism with 73 per cent remaining out of custody.
- Completed a nine-month Community Transitions Trial from October 2020 to support the community transition of highly vulnerable individuals with serious and enduring mental illness leaving custody.
- Screened all patients for Hepatitis C (HCV) via the Point of Care Testing pilot program at the Metropolitan Remand and Reception Centre at Silverwater from January to July 2021. Positive patients were scripted for treatment before entering the general prison population.
- Supported 2046 adult patients in the Aboriginal Chronic Care Program, well above the target of 1325.

\*Projection – final figures unavailable at time of reporting.

## The Sydney Children's Hospitals Network

Hawkesbury Road, Westmead NSW 2145

Telephone: 9845 0000

Website: [www.schn.health.nsw.gov.au](http://www.schn.health.nsw.gov.au)

Business hours: 8am-5pm, Monday to Friday

### Chief Executive: Cathryn Cox PSM



Cathryn Cox PSM was appointed Chief Executive of Sydney Children's Hospitals Network in August 2020.

Cathryn has many years' experience as an executive within the NSW Ministry of Health with responsibility for a range of health policy, planning, infrastructure and strategic reform programs. Her early role as a physiotherapist at Royal Prince Alfred Hospital paved the way for a long-term career in health which included leading Health Infrastructure as its interim Chief Executive.

In 2020, Cathryn led the COVID-19 System Planning stream of the Ministry's coordinated COVID-19 response. This included the establishment of the COVID-19 Clinical Council and Communities of Practice and oversight of the infrastructure planning, in partnership with Health Infrastructure.

Cathryn is passionate about her role at Sydney Children's Hospitals Network, and most importantly its people who are providing world-class patient-centred care for children and young people, and their families.

### Year in review

Sydney Children's Hospitals Network, incorporating Sydney Children's Hospital, Randwick, The Children's Hospital at Westmead, the Newborn and paediatric Emergency Transport Service, Bear Cottage and the Children's Court Clinic, is the largest provider of paediatric health services in Australia.

In 2020-21, our two hospitals saw occupancy averaging 84.7 per cent and cared for 172,898 children. Care included 1,153,001 occasions of service (being examination, consultation, treatment or other service provided in a non-admitted setting), and 97,786 emergency department presentations.

As part of our COVID-19 response, we adapted our models of care to safely deliver services to patients and families. COVID-19 testing clinics were established at Randwick and Westmead and, in March this year, vaccination hubs were activated at both sites as part of the NSW COVID-19 vaccination program. In 2020-21, our COVID Positive Outpatients Response Team cared for 97 children who tested positive to COVID-19 in the community.

The past year saw 75,993 telehealth consultations (telephone and audio visual), with 30,001 children cared for virtually, an increase of 25 per cent on the previous year.

This year, the Network established virtualKIDS, Australia's first paediatric-specific virtual care service. The 24/7 nursing-led service supports patients receiving care closer to home in collaboration with local care teams, through functions such as remote monitoring, a patient and family hotline, collaborative virtual ward rounds and coordination of specialty advice facilitation.

In March 2021, Westmead's state-of-the-art Central Acute Services Building was officially opened by the Premier of NSW, Gladys Berejiklian. The Central Acute Services Building forms the centrepiece of the \$1 billion-plus Westmead Redevelopment and is a collaboration between Westmead Hospital, The Children's Hospital at Westmead and the University of Sydney. It includes two new emergency departments – one for adults and one for children, 25 digital operating theatres and more than 300 patient rooms.



In 2020-21, our research division, Kids Research, launched the Sydney Children's Hospitals Network Kids Advanced Therapeutics Program. The program aims to provide access to novel and transformative treatments for paediatric patients with a specific focus on rare diseases and cancer. The success of the program demonstrates the Network's capabilities as a national leader in the genome and advanced therapeutics field.

We thank our dedicated staff and volunteers for their agility in adapting to the challenges of the last year and their tireless work in caring for sick and injured children.

### Key achievements

- Launched the Sydney Children's Hospitals Network Interim Aboriginal Employment Strategy, engaging managers and their teams to target suitable roles, with 20 Aboriginal people, including two nursing cadets, joining Sydney Children's Hospitals Network in 2020-21 and three Aboriginal Population Health Trainees sponsored.
- Supported the psychological wellbeing of staff throughout the pandemic with a range of activities including team reset sessions, managers sessions, on-site Employee Assistance Program services and a team-based work pilot.
- Established the Sydney Children's Hospitals Network Patient eXperience Council to improve the experiences of patients and families accessing our services. Introduced Patient Experience Officers at both children's hospital emergency departments, supporting the wellbeing of patients and families while they wait to be seen.
- Recognised for leadership and innovation in research and patient care, including NSW Health Awards for improving health outcomes for Aboriginal people and advancing precision medicine, and other state and national awards for outstanding individual and team contributions to paediatric health.
- Implemented the first statewide pilot newborn screening program for spinal muscular atrophy followed by treatment to patients with spinal muscular atrophy using transformative gene therapy.
- Established the Sydney Children's Hospitals Network Population Child Health Research Group, bringing together experts from many disciplines, communities and governing bodies to apply research on three priority areas: Integrated Care, First 2000 Days and Priority Populations. This will allow equitable access to complex care for children and young people regardless of where they live including rural and regional areas or their socioeconomic status.
- Led research into COVID-19, including studies investigating the general immune response against COVID-19 infection, SARS-CoV-2 transmission in schools and early childcare services and work on developing a test to detect antibodies in children and adults and their level of protection against SARS-CoV-2. In addition, the National Centre for Immunisation Research and Surveillance led SARS-CoV-2 serosurveillance networks to investigate immunity and undetected virus transmission in NSW and nationally, and pivoted the AusVaxSafety collaborative network to monitor COVID-19 vaccine safety.
- Developed a physical assessment program for paediatric nurses which has informed a set of core physical assessment skills, relevant to use with babies, children and adolescents, leading to better patient outcomes and enhanced professional skills for nurses.

## St Vincent's Health Network

390 Victoria Street, Darlinghurst NSW 2010

Telephone: 8382 1111

Email: svhn.ceo@svha.org.au

Website: svhs.org.au

Business hours: 9am-5pm, Monday to Friday

### Chief Executive:

#### A/Professor Anthony M. Schembri AM



Anthony M. Schembri AM joined St Vincent's Health Network Sydney as Chief Executive Officer in 2014. He is a Board Director of the Central and Eastern Sydney Primary Health Network, the Garvan Institute for Medical Research, the Victor Chang Cardiac Research Institute, the St Vincent's Curran Foundation, the National Centre for Clinical Research of Emerging Drugs of Concern, Co-Chair of the Nursing Research Institute of the Australian Catholic University/St Vincent's and Councillor for Sydney Partnership for Health Education Research Enterprise.

Anthony holds academic appointments with the University of New South Wales, University of Notre Dame Australia and the Australian Catholic University.

### Year in review

Responding to the COVID-19 pandemic has continued to play a major role for St Vincent's over the past year, but this has not precluded us from thriving across our broader endeavours and many successes during this time, which we are proud to acknowledge.

In late 2020, we embarked upon an expanded model of service delivery – stvincent's@home, aimed at progressing our health service into the next phase of healthcare provision beyond our traditional hospital walls. It incorporates six key projects, including expansion of telehealth and Hospital in the Home, as well as Virtual Outpatients and Virtual Hospital projects.

The Network established the St Vincent's Community Access and Assessment Team, created specifically to complement the care that the Mental Health and Homeless Health Case Managers provide, focusing on supporting those with particularly complex health and social needs.

A first for NSW, the St Vincent's Community Access and Assessment Team provides specialist assessments for vulnerable people with the aim of hospital avoidance, diagnostic clarification, and to support appropriate referral pathways to services such as the National Disability Insurance Scheme, the Aged Care Assessment Team and NSW Civil and Administrative Tribunal Guardianship Division.

We also commenced our Police Ambulance and Clinical Early Response (PACER) service, a team of mental health clinicians that partner with local police and NSW Ambulance to provide expert and specialist support for people in crisis and experiencing mental health distress. The team work in collaboration with Kings Cross and Surry Hills Police to meet people's complex social and health needs in the community at the scene of the crisis, or in their home, to provide immediate expert assessment and treatment.

We established a vaccination clinic, adopted by St Vincent's, City of Sydney, St Vincent de Paul and other frontline non-government organisations to provide equitable access to COVID-19 vaccinations for people experiencing homelessness.

Additionally, following the success of a pilot program, NSW Ministry of Health allocated permanent, ongoing funding for the St Vincent's Alcohol and Drug Telehealth Service. The program provides Addiction Medicine Specialist clinics to facilitate access to specialist care for people living in remote and rural areas in the Murrumbidgee region, living with substance use dependence.

In late 2020, The Trustees of St Vincent's Hospital purchased the site of the Green Park Hotel to use for hospital-related patient and community care and as part of this acquisition, St Vincent's have increased mental health support.

## Key achievements

- As at 30 June 2021, provided COVID-19 vaccinations to over 1000 people experiencing homelessness.
- Expanded St Vincent's Alcohol and Drug Telehealth Service, with the service now supporting Southern NSW Local Health District, Far West Local Health District and Western NSW Local Health District on an ongoing basis.
- Launched the Safe Haven model in support of the NSW Government Towards Zero Suicides initiative.
- Achieved accreditation under the National Clinical Trials Governance Framework, for the Australian Commission on Safety and Quality in Health Care. St Vincent's was awarded the top level for all 14 of the criteria in Standard 2, and achieved top level in 31 out of 33 criteria in Standard 1.
- Launched a Remote Patient Monitoring platform to manage COVID-19-positive patients. The platform provides a tailored patient portal via a mobile phone app, which allows the patient to undertake daily self-assessments of their health status.
- Commenced a clinical trial using psilocybin, a known psychedelic drug. The aim is to determine if using psilocybin will benefit treatment for clients attempting to stop or reduce their use of methamphetamine.
- Performed Australia's first remote transcatheter aortic valve implantation, a minimally invasive procedure that helps to repair a damaged aortic valve, using Augmented Reality.

# Health Administration Corporation

## NSW Ambulance

Balmain Road, Rozelle NSW 2039

Telephone: 9320 7777

Email: [ambulance-communications@health.nsw.gov.au](mailto:ambulance-communications@health.nsw.gov.au)

Website: [www.ambulance.nsw.gov.au](http://www.ambulance.nsw.gov.au)

Business hours: 9am-5pm, Monday to Friday

### Chief Executive: Dr Dominic Morgan ASM



Dr Dominic Morgan ASM is a registered health professional with more than 30 years' experience across a broad range of executive, operational and clinical roles. After commencing his career with NSW Ambulance, Dominic, a qualified Intensive

Care Paramedic, was appointed Chief Executive Officer of Ambulance Tasmania in 2009, returning to NSW Ambulance in 2016 as Chief Executive.

Dominic was appointed Chair of the Council of Ambulance Authorities for a two-year period in 2019 and holds a Bachelor of Health Science, a Diploma in Adult Education and a Master of Business Administration. He completed his PhD in 2018 and holds an adjunct associate professorship through the University of Technology Sydney.

### Year in review

In a year defined by the global COVID-19 pandemic, NSW Ambulance rolled out numerous strategies to improve our service to the community, provided enhanced education to staff to improve their clinical practice and safety, and delivered several new initiatives to guide the organisation into the future.

As part of our response to COVID-19, staff safety and protection programs were implemented which included an effective vaccination rollout. Intensive Care Paramedics also took part in an update course to improve patient care and paramedic safety when treating patients with suspected or confirmed COVID-19.

Education and training was also extended to other key stakeholders. Notably, the NSW Ambulance Public Access Defibrillation program saw participation from other emergency service organisations to help improve out-of-hospital cardiac arrest survival rates in NSW by decreasing the time to CPR and defibrillation, and the 'Save Triple Zero for Saving Lives' public education campaign.

The health and wellbeing of staff has also been a key focus in 2020-21. Our dedicated Staff Health team implemented a number of innovative programs to improve wellbeing and physical fitness, and support all staff in the performance of their roles and services to the community.

This past year, the transformation of NSW Ambulance infrastructure in rural and regional NSW has continued, with two purpose-built stations commissioned at Sawtell and Cootamundra and supplementary funding received for a new service to Iluka as part of Rural Ambulance Infrastructure Reconfiguration Stage 1. An additional \$100 million budget was also allocated to deliver upgraded, rebuilt or entirely new services in regional NSW as part of Rural Ambulance Infrastructure Reconfiguration Stage 2.

Funding sourced in 2021 to increase our fleet of new state-of-the-art Paramedic Intensive Care Unit ambulances is another boost for stations in regional and rural NSW, with a majority of the new vehicles allocated to these areas.

A major achievement for us was the launch of our Vision and Strategic Plan for 2021-2026. The plan builds on what we do best and modifies our services and structures so that we can provide even better value care for the community through a modern, innovative and integrated service, linked to the whole of the NSW Health system.

Finally, and most importantly, NSW Ambulance staff responded throughout the year with professionalism and dedication to keeping patients, colleagues and our communities safe. We acknowledge and thank them for their adaptability and commitment.

### Key achievements

- Secured funding to replace 69 existing ambulances with Intensive Care Unit ambulances. The high specifications of the ICU ambulances improve paramedic safety and patient care.
- Implemented Respirator Fit Testing for clinicians across NSW.
- Expanded the statewide Workforce Enhancement Program into its third year with 180 new staff recruited. To help meet demand, the training of 100 paramedics was brought forward as part of the NSW Government's commitment to increase recruitment of new paramedic and call centre staff. Meanwhile, the Rural Structural Reform enabled the reduction of on-call rosters at 12 locations across regional NSW to improve emergency care to the community, as well as paramedic safety and wellbeing by reducing fatigue.

- Educated more than 650 Intensive Care Paramedics across NSW through the Intensive Care Paramedic COVID-19 Update Program. Along with being introduced to new equipment, Intensive Care Paramedics were educated on human factors, leadership growth, mentoring and crew resource management.
- Opened Randwick Superstation and Mona Vale Station under the Sydney Ambulance Metropolitan Infrastructure Strategy program.
- Launched a media campaign in early May 2021, appealing for the public to 'Save Triple Zero (000) for Saving Lives'. At a time when NSW Ambulance has never been busier, the campaign aimed to educate the public to only call Triple Zero in emergency situations. It was featured in all major television, radio, print and online media outlets across NSW.
- Rolled out the statewide Medic Fit program and established a Domestic Violence Referral Offer Network to support staff health and wellbeing.

## Health Infrastructure

1 Reserve Road, St Leonards NSW 2065

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Website: [www.hinfra.health.nsw.gov.au](http://www.hinfra.health.nsw.gov.au)

Business hours: 9am-5pm, Monday to Friday

### Chief Executive: Rebecca Wark



Rebecca Wark is an experienced leader of major infrastructure projects and has been with Health Infrastructure in various roles since 2008, overseeing the development of some of the state's largest hospitals and public health services. Today, she is proudly leading the delivery of the largest health capital works portfolio in Australia.

Prior to Health Infrastructure, Rebecca worked on major projects across the public and private sectors including in health, education, justice and environmental management. Her first public sector role was planning and delivering venues for the Sydney 2000 Olympics. She has completed studies in landscape architecture and project management and acts as a mentor to young professionals in business and construction. She has also recently been appointed as a non-executive Director of Royal Far West.

## Year in review

Health Infrastructure (HI) manages the largest health capital works portfolio in Australia, a record \$10.8 billion over the four years to 2024-25, delivering critical new and upgraded facilities and services across metropolitan and regional NSW.

In 2020-21, we set new directions for the next five years through a new Corporate Strategy 2021-2025 to achieve our vision of delivering future-focused, innovative and sustainable infrastructure and support solutions that enable value based healthcare delivery in NSW.

The core focus of planning and delivering the largest health capital works program remains, with greater focus on all aspects of sustainability, asset and facility advisory and precincts and commercial partnerships, in line with priorities in the Health Infrastructure Strategy. To support this new strategy, we realigned expertise and services to expand our existing commercial services, support our new precincts work program and strengthen focus on advisory support and asset programs.

We worked extensively across government and industry to support the state's economic recovery through the planning and delivery of our largest-ever capital pipeline. This included completion of 23 projects across metropolitan and regional NSW, and progression of world-leading health and education precincts at Westmead, Liverpool and Randwick which are linking health professionals with students, researchers and academics in a pioneering approach to future-proofing public health.

Significant progress was made towards better use of existing health assets, as outlined in the Health Infrastructure Strategy. We partnered with health entities to deliver the first annual documentation for both NSW Health and health entities – including Maturity Assessments, Strategic Asset Management Plans and Asset Management Plans, along with NSW Health's Asset Management Framework, Implementation Plan and Attestation Statement.

A dedicated implementation project was established for the Facility Planning Process to ensure Health Infrastructure's capital projects are delivered strategically and consistently, with better connection to functional support, and improved policies and procedures to support the new requirements. Five interconnected stages are aligned with the project lifecycle, ensuring our capital assets are fit for purpose, future focused, and enable high-quality and safe care.



We worked with other delivery agencies across NSW Government and industry partners to support school leavers through a two-year paid Infrastructure Traineeship program, providing infrastructure sector experience. The program aligns with our commitment to supporting the future of the construction industry through creating career pathways for the next generation.

Thank you to our people who continue to show commitment and flexibility as we deliver our largest-ever pipeline during the COVID-19 pandemic. On behalf of the Leadership Team, I thank each of you for the hard work, collaboration and dedication that has allowed us to continue to deliver for NSW communities.

### Key achievements

- Achieved Health Infrastructure's biggest year yet, with more than \$2.1 billion spent on the planning and delivery of health facilities, including completion and handover of 23 projects to local health districts.
- Completed 15 business cases for projects with a combined total value of \$3.1 billion.
- Awarded \$1.12 billion construction contracts across 25 projects.
- Prepared the NSW Health Asset Management Framework to support health entities as they work towards compliance with the Asset Management Policy for the NSW Public Sector.
- Delivered nine projects to support improvements and access to health services in rural and regional NSW as part of the \$297 million Stage 5 Multipurpose Service Program and \$100 million HealthOne Strategy.
- Delivered the largest transformation of NSW Ambulance infrastructure through the \$132 million Rural Ambulance Infrastructure Reconfiguration Program and \$184 million Sydney Ambulance Metropolitan Infrastructure Strategy.
- Supported 20 school leavers with paid traineeships under the NSW Government Infrastructure Traineeship Program, creating infrastructure career pathways for the next generation.

## HealthShare NSW

1 Reserve Road, St Leonards NSW 2065

Telephone: 8644 2000

Email: HSNSW-CEOffice@health.nsw.gov.au

Website: [www.healthshare.nsw.gov.au](http://www.healthshare.nsw.gov.au)

Business hours: 8:30am-5pm, Monday to Friday

### Chief Executive: Carmen Rechbauer



Carmen Rechbauer has worked with HealthShare NSW since its inception in 2005 and was appointed to the Chief Executive role in 2018. In her previous role of Executive Director, Clinical Support Services, Carmen was responsible for the delivery of hospital support services, including food, linen, cleaning, portering and security. She also led the design and implementation of the My Food Choice program, which has transformed patient meal services and resulted in improved experiences for patients, staff and clinicians.

Prior to joining HealthShare NSW, Carmen worked with South Eastern Sydney Area Health Service, where she gained frontline service delivery experience across seven hospitals. Since being appointed to the role of HealthShare NSW Chief Executive, Carmen has focused on the organisation's culture, greater system collaboration, embedding sustainable practices, and enhancing patient experience through innovative support service delivery.

### Year in review

The HealthShare NSW (HealthShare) team of more than 7000 staff continued to play an integral role in NSW Health over the last year. As NSW Health's shared service provider, the organisation partnered with its customers and community to support the ongoing effectiveness of the NSW Government's response to COVID-19.

This year, HealthShare implemented a new four-year strategic plan with a specific focus on partnering for patients. This focus, in line with the Secretary's Priorities, has already begun to elevate HealthShare's connection to patients, their families and carers, both directly and indirectly, through its services. In addition to partnering for patients, HealthShare's Strategic Plan for 2020-2024 is underpinned by its three pillars of sustainability, collaboration and its people.

HealthShare's Patient Transport Service is responsible for the transport of non-emergency patients and has played a pivotal role in the COVID-19 response. Over the last year, the Patient Transport Service established the Airport and Hotel Quarantine Operations Patient Transport Service team to provide highly specialised and safe airport and hotel quarantine transport.

This elite team is responsible for transporting COVID-19-positive and suspected positive patients from the airport to fit-for-purpose quarantine hotels. The service has transported thousands of travellers between the airport, hotel quarantine and hospitals for treatment.

HealthShare's Clinical Support Services is responsible for providing food, linen and cleaning services to hospitals across NSW. Over the last year, the service has had a pivotal role in the state's COVID-19 response by partnering with industry to provide more than 700,000 meals to returning passengers quarantining in Special Health Accommodation.

Even with COVID-19-related global supply chain shortages over the last year, HealthShare's Procurement and Supply Chain Operations teams have done a remarkable job maintaining the supply of personal protective equipment (PPE) to 100 per cent of all NSW Health staff and patients. The team has also provided the required PPE to other NSW Government agencies to ensure the continued provision of essential government services. This team has also managed ordering, storage and distribution of the medical consumables required as part of the vaccination rollout, from forecasting and sourcing the consumables required, to supporting the operationalisation of the NSW Government's mass vaccination centres, to onboarding frontline staff with their uniforms.

We thank our exceptional HealthShare NSW teams for their extraordinary work over the last year and for continuing to support and partner with our customers, patients and community.

### Key achievements

- Developed a model to improve efficiencies of cleaning task allocation and began its rollout across hospitals.
- Collaborated with other Health organisations to design new sustainable gown prototypes to improve patient experience and reduce clinician gown modification.
- Provided a more effective and efficient patient transport service through improved utilisation of vehicles, booking systems and labour resources.
- Enhanced the health and wellbeing of our staff through the provision of a range of wellbeing surveys and support programs and services, including an internally managed wellbeing hotline.
- Piloted the DeliverEASE initiative to drive value in procurement through improved visibility of medical consumable stock and reduce the risk of nil stock situations.
- Delivered \$31.4 million worth of savings to the system via the Accelerated Savings Program.

- Managed the NSW Personal Protective Equipment stockpile (116,000 pallets) on behalf of whole of government (including consolidating 22 warehouses to nine warehouses).
- Commenced the implementation of Project CHEF to provide a more patient-centred order-to-appetite model of food services for public hospitals.
- Met or exceeded all diversity targets including employees of Aboriginal background at 3.5 per cent; employees with a disability at 7.2 per cent; employees whose first language spoken as a child was not English at 29.5 per cent; women at 65.2 per cent; and women in senior leadership roles (tiers 1, 2 or 3) at 51.7 per cent.

## NSW Health Pathology

Level 5, 45 Watt Street, Newcastle NSW 2300

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Email: NSWPATH-info@health.nsw.gov.au

Website: [www.pathology.health.nsw.gov.au](http://www.pathology.health.nsw.gov.au)

Business hours: 9am-5pm, Monday to Friday

### Chief Executive: Tracey McCosker PSM



Tracey McCosker PSM has worked in public health for more than 20 years. She held several Hunter New England Local Health District executive positions before leading a range of statewide projects for NSW Health. She is committed to leading a caring, connecting and pioneering organisation that consistently models its values of respect, innovation, teamwork and excellence.

Tracey holds a Bachelor of Commerce and a Master of Business Administration, and is a member of the Australian Institute of Company Directors. She is drawn to organisations that make a positive difference in people's lives and serves on the Board of Life Without Barriers. She was recently awarded an Australian Public Service Medal for outstanding public service to community health in NSW.

### Year in review

NSW Health Pathology was again indispensable to the NSW public health response to COVID-19 – caring, connecting and pioneering for all of us in these extraordinary times.

We kept pace with the shifting challenge of COVID-19 while maintaining exceptional business-as-usual performance.

Our staff and their communities were again hit by natural disasters, which threatened lives and service disruption. But they kept going, showing the incredible resilience and innovation this organisation is known for.

In January 2021, our Director of Public Health Pathology, Professor Dominic Dwyer, was one of 17 international experts chosen by the World Health Organization for funded travel to Wuhan, China, to investigate the source of SARS-CoV-2 – the virus that causes COVID-19 disease.

Meanwhile, we processed more than 3.6 million COVID-19 tests, including more than 500,000 saliva screening tests for hotel quarantine workers.

Whole genome sequencing assisted public health responses, and work continued on tests to diagnose new variants of concern and differentiate between vaccine-induced and natural infection antibodies.

Over 2.4 million people registered for our COVID-19 SMS Results Service, which was joint winner of the 2020 NSW Premier's Putting the Customer at the Centre Award and acknowledged by *Harvard Business Review*.

We continued to push ahead with initiatives vital to the future of our services – our Specimen Tracking Project, Statewide Test Catalogue and the transition to a single, statewide laboratory information system.

Our Innovate Reconciliation Action Plan was launched with great pride, demonstrating our commitment to building respectful relationships with Aboriginal and Torres Strait Islander peoples and achieving meaningful gains in closing the health and justice gaps for these communities.

Our scientists working in partnership with the Fertility and Research Centre at The Royal Hospital for Women in Randwick and the University of New South Wales celebrated the birth of the service's first IVF baby, Ryan.

We received 116 nominations for our second-ever NSW Health Pathology Awards, which filled me with admiration. The courage in adversity, strength and determination of our 5000-plus workforce never ceases to amaze me and I thank them all for their tireless efforts in what has been another challenging, yet extraordinary year.

### Key achievements

- Eased anxiety and time in isolation for patients and saved 423,000 hours in calls or 42,000 shifts for health workers through significant uptake of our COVID-19 SMS Results Service.
- Launched our Innovate Reconciliation Action Plan guided and endorsed by Reconciliation Australia. The two-year plan details practical actions we will undertake to contribute to reconciliation within NSW Health Pathology and the communities we serve.
- Progressed Fusion, NSW Health Pathology's investment in a new statewide laboratory information management system and key enabling projects that will reduce costs, waste and clinical uncertainty, while enhancing quality of care for communities.
- Progressed a new statewide Forensic Medicine Information System to the build phase, which will improve timeframes in the coronial system and help our Forensic Medicine staff to better support bereaved families.
- Piloted a new purpose-built statewide specimen tracking system across 12 labs, with more to follow. The system will standardise the way we receive, track and dispatch specimens so they arrive safely every time. This will improve patient safety, avoid potential delays and duplication, and reduce the chance of misplaced samples.
- Completed a new system to house a catalogue of testing services, with rollout underway. A 'single source of truth', it provides current, accurate information about collection, handling and testing across all sites and links to resources for staff, patient and clinician.
- Provided expert scientific analysis to support the NSW Government's Drug Surveillance Strategy to directly inform community alerts about harmful substances and to support the treatment of critically ill patients presenting to emergency departments.
- Piloted a new billing system to be rolled out in all operational areas replacing four systems with one statewide solution. The Statewide Billing Project will streamline and simplify processes and reduce double-handling, enable improved reporting capability and improve compliance and reporting for Medicare requirements.
- Rolled out modern, professional, standardised signage to help patients and customers find their way around 140 NSW Health Pathology facilities including laboratories and collection centres. The durable internal and external signage reinforces our identity as a statewide service, builds brand awareness with staff and the community and complies with industry standards.



## eHealth NSW

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Email: EHNSW-eHealthCE@health.nsw.gov.au  
Website: www.ehealth.nsw.gov.au  
Business hours: 8:30am-5pm, Monday to Friday

### Chief Executive: Dr Zoran Bolevich



Dr Zoran Bolevich is Chief Executive of eHealth NSW and Chief Information Officer of NSW Health. He has a background in medicine and business administration and has worked in senior health system management, health IT

and data analytics leadership roles in Australia and New Zealand.

Leading a team of more than 1600 staff, Zoran is focused on implementing the eHealth Strategy for NSW Health, streamlining governance of eHealth NSW's key programs and activities, and developing a highly effective, customer-focused health IT organisation. 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

The pandemic has increased reliance on technology and accelerated digitisation across the globe in all sectors, including healthcare. Responding to the past year's challenges has reinforced the importance of NSW Health's approach to building consistent ICT foundations. Our enterprise-wide platforms have enabled us to scale at pace and to innovate – responding with agility and efficiency.

COVID-19 continued to drive the digitisation of healthcare and demands upon network infrastructure. Critical communications infrastructure supported by eHealth NSW, such as our Health Wide Area Network and data centres, were vital in supporting increased network traffic.

Working closely with the State Health Emergency Operations Centre and Public Health Emergency Operations Centre, we developed digital solutions to support the health system's COVID-19 response. A system to fast-track vaccinations of frontline workers was rapidly developed and subsequently made accessible to the public. In parallel, a system was designed and implemented to enable the entire vaccination management process.

Enabling patients to connect with health professionals virtually was critical in rural and metropolitan locations. It was also pivotal in connecting patients with family and friends. A Virtual Care Accelerator was established to drive development and uptake of virtual care and telehealth, first in response to COVID-19 and then as part of a longer-term strategy for NSW Health.

Using digital solutions to enhance patient experiences and outcomes has become an increasing area of focus. The Health Outcomes and Patient Experience platform, delivered in partnership with the Agency for Clinical Innovation, is testament to this. So too is our work on the National Children's Digital Health Collaborative – where we have harmonised and digitised the baby book.

In delivering new digital systems, keeping safety and security front of mind is crucial. The new incident management system has now been implemented across the state and supports increased patient safety. Our Information Security team continue to proactively monitor our systems in an ever-evolving cyber threat landscape. They have also developed education and training for NSW Health staff.

Our strong partnerships across both the healthcare and technology sectors have been instrumental in all that we have achieved this year, as have the dedication and work of our staff. eHealth NSW has strived to deliver technology to support the health system and its workforce in delivering outcomes and experiences that matter to patients.

Our ongoing collaboration across NSW Health, with government agencies and industry made it possible for eHealth NSW to not only support the digital response to COVID-19, but to also continue to digitally enable and transform healthcare delivery and support provision of services by local health districts and specialty health networks.

### Key achievements

- Supported NSW Health's digital health response to the pandemic, underpinned by strong collaboration across government agencies and with industry. eHealth NSW developed and implemented a digital system to fast-track the vaccination of frontline workers in 21 business days. Subsequently the system was made available for bookings by the public. By mid-2021, it was being used by 64 clinics across 14 local health districts and specialty networks and had captured more than 675,000 vaccination registrations. In parallel, the NSW Health Vaccination Administration Management system was developed and deployed in 10 business days providing a single, scalable solution to manage the entire vaccination administration process for staff and the public. By mid-2021, it had been used to book 21,863 appointments and vaccinate 3646 people.

- Implemented the Electronic Record for Intensive Care, which is now in operation at 21 hospitals, benefiting 28,000 patients. The electronic medication management program is close to completion, having now implemented at 199 of 200 hospitals.
- Deployed the NSW Telestroke Service to 11 health facilities giving rural and regional patients access to high-quality specialist clinical care across NSW. More than 800 patients have benefited from rapid stroke assessment, treatment and management via the service.
- Implemented the new Radiology Information System and Picture Archiving Communication System in eight hospitals across Nepean Blue Mountains, Northern Sydney and Central Coast local health districts, processing over 500,000 imaging examinations.
- Completed three pilots of the Health Grade Enterprise Network at Westmead Health Precinct, Coffs Harbour Hospital and 1 Reserve Road, St Leonards. The Health Grade Enterprise Network will replace legacy infrastructure to provide a more consistent and secure ICT network platform across the public health system.
- Increased uptake of the myVirtualCare platform statewide with 3148 clinicians conducting more than 30,000 consultations. Pilots of myVirtualCare for rural endocrinology services were also launched at Walgett Aboriginal Medical Service and Broken Hill District Hospital.
- Completed the rollout of the new incident management system to all local health districts, specialty networks, health organisations, pillar organisations and private correctional facilities in partnership with the Clinical Excellence Commission.
- Launched the Real Time Prescription Monitoring Management Portal in June 2021, providing the NSW Health regulatory team access to prescribing and dispensing events for monitored medicines.
- Harmonised and digitised the baby book as part of the National Children's Digital Health Collaborative as 141 mothers and 202 newborns and children were involved in the trials to test and evaluate the clinical and consumer utility of the Child Digital Health Record.
- Drove continued adoption of ServiceNow/SARA across NSW Health as our workflow and services management platform. It was used by staff to raise 456,000 IT incidents, 1,141,000 human resources cases, 106,000 finance cases and 28,000 IT changes. The platform also hosted an additional 4550 knowledge articles. The SARA Virtual Assistant launched in August 2020, providing a new channel for staff to find information 24/7, on any device, without having to make a call. The statewide service desk answered 508,622 calls.
- Analysed over 370,000 security events of which 14,300 were validated, investigated and responded to. A new online reporting mechanism to make it easier for staff to report phishing and spam and flag potential cyber security risks safely was implemented as well as a new mandatory Cyber Fundamentals module and other cyber security modules and workshops for all NSW Health staff.

# Local health districts



NSW Health's 15 local health districts cover metropolitan, regional and rural areas across NSW, varying in both geographical size and population. Districts provide hospital, community and population-based healthcare services that meet the needs of their local community.

Providing a comprehensive range of medical specialties, the districts deliver in-hospital care, outpatient services, mental health services, child and family health services, oral health services, Aboriginal health services, and drug and alcohol rehabilitation.

This year, districts faced significant challenges from the extreme rainfall, floods and mice plague which directly impacted many, and the COVID-19 pandemic. Our incredible staff rose to these challenges admirably while continuing to provide high-quality safe care to their patients and communities. Read on to discover the achievements of districts this year and visit their websites to find out more about the services they provide.

## Metropolitan NSW local health districts

- Central Coast
- Illawarra Shoalhaven
- Nepean Blue Mountains
- Northern Sydney
- South Eastern Sydney
- South Western Sydney
- Sydney
- Western Sydney

## Rural and regional NSW local health districts

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

## Central Coast Local Health District

Holden Street, Gosford NSW 2250

Telephone: 4320 2111

Email: CCLHD-Feedback@health.nsw.gov.au

Website: www.cclhd.health.nsw.gov.au

Business hours: 8:30am-5pm, Monday to Friday

### Chief Executive: Dr Andrew Montague (to April 2021)



Dr Andrew Montague has extensive clinical and senior management experience within the health sector, both in Queensland and NSW. He studied both medicine and health administration at the University of New South Wales and

is a fellow of both the Royal Australian College of General Practitioners and the Royal Australasian College of Medical Administrators. Andrew's previous role was Executive Director Operations for Northern Sydney Local Health District from 2012 to 2016, where he also acted as the Chief Executive. He worked as a clinician for 10 years, both in hospitals and as a general practitioner, and since 2005 has held medical director roles at both hospitals and health services. Andrew resigned from the position in April 2021.

### Brad Astill, Acting Chief Executive (from April 2021)

Brad Astill acted as Chief Executive of the District following Andrew's departure. Brad is an experienced health leader in both management and operations. He has previously acted in a number of senior executive roles in local health districts in NSW, including as the interim Chief Executive, Far West Local Health District.

## Year in review

Maintaining a proactive and sustained response to the evolving COVID-19 pandemic remained a key focus of the District. We opened two primary testing clinics, as well as an additional pop-up clinic (as required), to facilitate local testing to identify and stem community transmission. In addition to serving our local community, our Public Health Unit also assisted other Australian outbreak responses, surging large contact tracing teams and rapidly onboarding and training staff from other teams to support the effort.

We provided advice and education to vulnerable populations – as well as to the broader community and our staff – on how to stay safe during the pandemic, and in March and April 2021, we opened two COVID-19 vaccination clinics to staff and eligible groups in the community.

While managing our COVID-19 response, we also advanced projects to enhance healthcare on the Central Coast. The \$200 million redevelopment of Wyong Hospital came a step closer following completion of construction and the \$72.5 million Central Coast Clinical School and Research Institute, a partnership with the University of Newcastle, prepared to open its doors. We also opened a dedicated 10-bed Palliative Care inpatient unit at Gosford Hospital. For the first time on the Central Coast, palliative and end of life care can now be offered in a hospital setting, not just at home.

We continued our focus on innovative ways of delivering patient care with the development of our virtual care platform. This allows clinicians to connect with patients and their families through virtual consultations, reducing the number of people attending our facilities while maintaining high-quality care.

## Central Coast Local Health District | Demographic summary

### Size

- 1853 km<sup>2</sup>

### Population size

- 350,000 residents (2019)
- Projected to increase to 397,370 by 2031

### Age

- 14 per cent aged 70+ (2016)
- 70+ age group projected to increase to 19 per cent by 2031

### Culture

- 4.6 per cent from an Aboriginal and Torres Strait Islander background (2016)
- 50,000 born overseas (2016)
- 5.8 per cent speak a language other than English at home (2016)
- Darkinyung (Darkinjung) people are the traditional custodians of the land

### Health issues

- Ageing-related
- Chronic health conditions
- Growing service requirements due to higher population growth, lower socioeconomic status and higher levels of risky behaviours such as smoking, alcohol consumption, poor diet and obesity
- Higher rates of death from all causes, in particular cancers and respiratory disease, compared with NSW rates



A Virtual Care Hub was also established, which incorporates remote monitoring capabilities that enable patients to actively participate in their recovery and healthcare. With our first remote monitoring patient welcomed in June 2021, the Hub initially supports patients of the Acute Post-Acute Care and Hospital in the Home services.

We supported over 350 local Aboriginal families – the second highest number of program participants in the state – through the Building Strong Foundations program, which helps families provide a nurturing environment for their child so they develop optimal physical, social, emotional and cultural wellbeing. We also developed a cultural care plan for local pregnant women and families as part of the Birthing Off Country project.

We thank our exceptional staff for their remarkable innovation and resilience in the face of such a challenging year and applaud their steadfast commitment to providing the highest standard of care to our community.

### Key achievements

- Continued work on the \$200 million Wyong Hospital Redevelopment, with construction of the new six-storey building completed. Works moved to focus on the fit-out of the building, which will include a new and expanded emergency department and intensive care unit. Refurbishment of some areas of the existing hospital began, including the expansion of operating theatres.
- Completed construction of the Central Coast Clinical School and Research Institute, a partnership between the District and the University of Newcastle. The six-storey building provides state-of-the-art facilities for local students who wish to study medicine and nursing, and gives researchers access to dedicated and collaborative spaces to carry out world-class pioneering research in integrated healthcare and population health.
- Received accreditation for three years against the National Safety and Quality Health Service Standards by the Australian Council on Healthcare Standards in May 2021.
- Successfully trialled six new Patient Experience Officers at Gosford and Wyong Hospital emergency department waiting rooms to assist patients, carers and relatives to access services and de-escalate concerns.
- Collaborated with local police to continue the Police Ambulance and Clinical Early Response (PACER) program. The initiative focuses on rehabilitation not incarceration, with specialist mental health clinicians embedded into the teams at two police districts to help de-escalate crisis situations and provide more timely interventions, and to connect people experiencing mental health issues with the right support.

- Launched an innovative nurse-led Subcutaneous Immunoglobulin program, where some patients with chronic autoimmune conditions who require regular and time-consuming in-hospital infusions are provided with infusion pumps at no cost and trained by specialised nurses on how to safely self-administer their treatment at home, decreasing hospital visits and increasing independence and convenience.
- Developed a NSW-first Rapid Response Dashboard, a fully automated dashboard that captures and publishes every Rapid Response event for the District. The graphical data is de-identified, allowing all staff to access and better understand and analyse all circumstances related to patient deterioration.
- Achieved double the target for health professional referrals to the Get Healthy Service, with more than 750 referrals made.

## Far West Local Health District

2-4 Sulphide Street, Broken Hill NSW 2880

Telephone: (08) 8080 1333

Email: FWLHD-Feedback@health.nsw.gov.au

Website: [www.fwlhd.health.nsw.gov.au](http://www.fwlhd.health.nsw.gov.au)

Business hours: 8:30am-5pm, Monday to Friday

### Chief Executive: Umit Agis



Umit Agis was appointed to the Chief Executive role in January 2020. Umit's career in health service delivery spans more than 25 years, with the last 15 in senior management including executive roles at Country Health SA, and at Tasmanian Mental Health Services, Forensic Mental Health Services, Prison Health, Forensic Mental Health Services and the Drug and Alcohol Services.

Umit's qualifications include a Bachelor of Social Work, Graduate Diploma in Health Sciences and a Master of Management. He is a graduate and member of the Australian Institute of Company Directors and is halfway through completing a Doctor of Business Administration. He also holds an academic chair with the International Institute of Organisational Psychological Medicine.

### Year in review

The District continued its focus on maintaining quality patient care, while successfully managing our COVID-19 response to safeguard our patients, staff and communities. We embarked on the delivery of COVID-19 vaccination clinics across the District and continue those clinics, working in partnership with key health providers in the District.

## Far West Local Health District | Demographic summary

### Size

- 194,949 sq km

### Population size

- 30,220\* residents
- Projected to decrease to 28,700 by 2031

### Age

- 16.2 per cent\* aged 70+
- 70+ age group projected to increase to 21.1 per cent by 2031

### Culture

- 14.9 per cent from Aboriginal background (2016)
- 5.4 per cent born overseas (does not include Unincorporated Far West) (2016)
- 3.3 per cent speak a language other than English at home (does not include Unincorporated Far West) (2016)
- Barkandji, Wilyakali, Ngiyampaa and Muthi Muthi peoples are the traditional custodians of the land

### Health issues

- Aboriginal health
- Men's health
- Cancer
- Diabetes
- Smoking in pregnancy

Source: \*ERP, 2021.

We continued developing alternative models of care using telehealth during the pandemic, and technological solutions have become important components in the District's strategic approach to service delivery. Our use of telehealth increased from an average of 1282 sessions per month in 2019-20 to an average of 1639 sessions per month in 2020-21. This also translated to an increase in Pexip accounts from 33 to 103.

We achieved our first-ever organisation-wide full accreditation with the Australian Council on Healthcare Standards, with all eight National Standards met. Our staff were exemplary in their approach to presenting the quality work they undertake.

Significant infrastructure milestones:

- We officially opened the Tibooburra HealthOne refurbishment.
- Buronga HealthOne facility on land leased from the Barkandji traditional owners progressed to awarding construction tender to Barpa, an Australian Indigenous company. Site works were earmarked to begin in July 2021.
- The District welcomed \$30 million in funding from NSW Government for a new Wentworth Hospital, with planning to start in 2021-22. Clinical Service Planning is well underway to provide a service that matches community needs and an increasing service demand.
- We refurbished the radiology area at Broken Hill Health Service to improve BreastScreen services.
- We refurbished a wing of Medical Ward to provide a more home-like environment for palliative care patients and families.

In addition, the District is finalising its Aboriginal Workforce Plan, Aboriginal Health Framework and five-year Strategic Plan, and we increased our Aboriginal Nursing and Midwifery workforce, introducing three cadets.

We launched a new video ('Welcome to the Far West') to promote the District and help boost recruitment and retention of staff. This has improved our recruitment drive in the last 12 months.

A record 33 new nursing graduates joined the District in 2021.

We have implemented a new organisational governance model along with a revised executive structure to support the District's strategic goals and to realise its vision of being an accountable best remote and rural health service.

We are pleased that the District has retained its zero performance rating (no performance issues) for the 2020-21 financial year.

The Board and executive express our sincere thanks and appreciation to all staff for their continued hard work and dedication in 2020-21, which has occurred against a backdrop of a challenging and often rapidly changing environment.

### Key achievements

- Refurbished a wing of Medical Ward, Broken Hill Hospital, using \$395,000 of NSW Ministry of Health funding to provide a more home-like environment for palliative care patients and families.
- Welcomed three Aboriginal cadets under the NSW Health Aboriginal Nursing and Midwifery Cadetship program. The program provides financial support through paid clinical placements and a fortnightly study allowance to enable cadets to complete the undergraduate studies for first registration as a registered nurse or registered midwife.

- The Far West Local Health District Mental Health Drug and Alcohol Service became a finalist in the 2020 NSW Health Awards for 'Excellence in the Provision of Mental Health Services' with The Connections Program, an after-hours peer-led and peer-delivered program aimed at reducing social isolation and loneliness of people in our community. The program is operated in partnership with Mission Australia. Preliminary data showed a direct link to a downwards trend of people attending the emergency department compared with six months after the program was implemented.
- Officially launched Safe Haven Café as part of the Towards Zero Suicides initiative, in partnership with Mission Australia. It is a peer-led after-hours service where people who are experiencing mental health concerns, distress or suicidal thoughts can, where appropriate, go for support instead of attending an emergency department. The District has provided a purpose-built facility on hospital grounds.
- Leased land from the traditional owners for the Buronga HealthOne \$10 million facility build. The signing of the Agreement for Lease between the NSW Government, the District and traditional owners for use of land to build the facility is the first agreement of its kind nationally within the health sector.
- Appointed the inaugural Far West Local Health District Director of Research, which is a conjoint appointment role with the University Department of Rural Health (University of Sydney). The expanded Local Health District Research Program will seek to encourage research capability, enable rural health research, and establish and promote a culture of research in the Far West.
- Maintained high childhood vaccination rates, with 100 per cent of children (Aboriginal and non-Aboriginal) being vaccinated by the age of six.

- Trained 88 per cent of the District's early childhood services in the Munch & Move program and met 70 per cent of program practices. Trained 78 per cent of District primary schools in the Live Life Well @ School program and met 70 per cent of program practices. Referrals by health professionals to the Get Healthy Service were exceeded by 136 per cent.

## Hunter New England Local Health District

Lookout Road, New Lambton Heights NSW 2305

Telephone: 4985 5522

Email: HNELHD-SRC@health.nsw.gov.au

Website: [www.hnehealth.nsw.gov.au](http://www.hnehealth.nsw.gov.au)

Business hours: 8:30am-5pm, Monday to Friday

### Chief Executive: Michael DiRienzo



Michael DiRienzo holds tertiary qualifications in commerce and economics. He held senior positions in a range of manufacturing organisations prior to entering the health field. Michael has extensive experience in senior management roles within health support services and was senior operational leader of the District's major referral hospitals prior to becoming Chief Executive in January 2011.

### Year in review

This year, our District continued to deliver excellence in healthcare amid the demands and challenges of the COVID-19 pandemic.

Earlier in the pandemic, our focus was on preparing for the unknown, building clinical surge capacity and ensuring adequate personal protective equipment. During more recent times, we have moved our attention to vaccine delivery while continuing our vast screening efforts.

## Hunter New England Local Health District | Demographic summary

### Size

- 131,785 sq km

### Population size

- 962,390 residents
- Projected to increase to 1,038,920 by 2031

### Age

- 141,810 aged 70+
- 70+ age group predicted to increase to 187,160 by 2031

### Culture

- 7.1 per cent from Aboriginal or Torres Strait Islander background
- 20 per cent born overseas
- Five per cent speak a language other than English at home
- Kamilaroi, Gomilaroi, Geawegal, Bahtabah, Thungutti, Awabakal, Aniawan, Biripi, Worimi, Nganyaywana, Wonnarua, Banbai, Ngoorabul, Bundjalung, Yallaro and Darkinung peoples are the traditional custodians of the land

### Health issues

- Stroke
- Cancer
- Gastro-intestinal disease
- Kidney disease



As the vaccine became available in 2021, we worked to establish six vaccination clinics across our District, including at Tamworth Hospital, and a major vaccination hub at John Hunter Hospital. We have delivered more than 64,000 vaccinations to date and will continue to focus on ensuring our most vulnerable community members are vaccinated.

In June 2021, we announced the establishment of a mass vaccination centre at Belmont. This development took tremendous effort from staff and contractors and will enable the delivery of 20,000 vaccines each week.

While we worked hard to establish vaccination clinics, we also continued with our extensive screening program. We completed 629,687 swabs to 30 June 2021, across 25 clinics. The high screening rates are testament to the work of our staff in communicating core public health messages.

We maintained excellent communication with our staff and our community throughout the pandemic to ensure everyone was as well informed and safe as possible.

Amid the pandemic efforts, flooding impacted the New England and Mid North Coast regions within our District. Our staff rallied during the devastating time; many staff members could not get to work while others picked up additional hours to keep services running. Consult rooms at Manning Hospital were transformed into staff sleeping areas, and some staff who live in Taree generously opened their homes to colleagues who could not make it home.

Some of our service managers and staff even volunteered their time at evacuation centres to help coordinate local responses.

Despite the challenges, staff continued to put our patients first with inspiring resilience and adaptability, particularly during the response to COVID-19.

The Chief Executive and Executive Leadership Team commend the efforts of all staff across the District in providing positive healthcare experiences and outcomes for our communities.

### Key achievements

- Implemented the Sustainable Healthcare: Together Towards Zero 2030 initiative, to be carbon waste neutral by 2030. This will include the installation of solar panels on the rooftop of all our health facilities, including John Hunter Hospital where 12,000 square metres of roof (85 per cent) has been covered in solar panels.
- As part of COVID-19 surgical recovery, achieved a reduction in the number of overdue patients on the surgical waitlist from 1290 in September 2020 to five at the end of 2020-21.

- Completed major infrastructure projects including:
  - the \$60 million Inverell Hospital redevelopment, which delivered a purpose-built hospital and refurbished community health facility
  - the \$10 million investment into the Murrurundi Health Service, which delivered a new health service building
  - the almost \$8 million Port Stephens HealthOne Project, which brought together general practitioner, community health and hospital services into one purpose-built facility on the Tomaree Hospital site.

In addition, planning progressed on the \$780 million John Hunter Health and Innovation Precinct with the unveiling of the project's master plan.

- Implemented an integrated care model for trans and gender diverse adolescents and young adults in Northern NSW, including outreach services in other health districts. The initiative included the community-based Trans and Gender Diverse Centre in Newcastle.
- Delivered the concept design for the new Banksia Mental Health Unit in Tamworth in partnership with staff, carers and consumers. The new unit will provide an additional eight beds supporting services for older persons, as well as the flexibility and provision of short-stay accommodation for young and vulnerable people.
- Launched a pilot study into the management of children with attention deficit hyperactivity disorder in the primary healthcare setting, including the prescribing of stimulant medication by general practitioners. So far, more than 35 GPs are trained to deliver attention deficit hyperactivity disorder care, reducing wait times in outpatient clinics.
- Implemented the Assistants in Medicine initiative, which saw 76 medical students (20 full-time equivalent) placed in our hospitals. The initiative provided opportunities for upskilling and workload management in response to the COVID-19 pandemic.
- Began piloting the Emergency Department Did Not Wait strategy at 10 sites, to reduce Did Not Wait rates through communication within the emergency department waiting room explaining the triage process and the importance of completion of care. The project was initiated by Aboriginal Health in partnership with the emergency department stream in response to higher Did Not Wait rates among Aboriginal patients, but has been broadened to target all patients.
- Grew Aboriginal employment rates to 5.27 per cent through the Good Health, Great Jobs Aboriginal Employment Strategy and our own Aboriginal Employment Strategy 2021-2025, which is currently being rolled out.

## Illawarra Shoalhaven Local Health District

Suite 2, Level 2, 67-71 King Street

Warrawong NSW 2502

Telephone: 4221 6899

Email: ISLHD-CEOffice@health.nsw.gov.au

Website: www.islhd.health.nsw.gov.au

Business hours: 8:30am-5pm, Monday to Friday

### Chief Executive: Margot Mains



Margot Mains began her career as a nurse and held senior leadership roles in health in New Zealand and South Australia, before taking up the position of Chief Executive of the Illawarra Shoalhaven Local Health District in 2014. Margot has

extensive health executive leadership and management experience at hospital and District level. She also holds a Bachelor of Laws.

Margot has a strong focus on research and has led the District through a significant period of change, including leadership reform.

### Year in review

The past year has continued to challenge, as we in health reinforce our efforts to adapt and respond to the fight against COVID-19.

In the Illawarra Shoalhaven Local Health District, our focus has remained on strengthening preparedness. We upskilled staff in critical care; strengthened our protocols around availability and correct usage of personal protective equipment; and maintained a building program to support the ongoing response.

This included the establishment of dedicated COVID-19 wards and intensive care capacity, additional observation units and on-site storage capability, new staff amenities and specialised areas within emergency for the safe care of patients.

All of this occurred as we continued to see increasing demand on our health services. While we saw a reduction in patient presentations to our emergency departments for a brief period during the height of COVID-19, our numbers significantly increased in the second half of the year to record levels. To ensure timely access to care for our patients, we worked in close collaboration with private providers to increase elective surgery, particularly for those unable to receive their operations due to early COVID-19 measures.

The safety and wellbeing of staff was more important than ever before. We implemented a staff wellness program, known as SEED, starting at Milton Ulladulla Hospital. It grew to include other hospitals in the District, enhancing teamwork, building resilience and better supporting staff during challenging periods.

The community should be incredibly proud of the District's workforce. They have rallied in the face of adversity to continue to deliver high-quality and safe health services. Their hard work, drive and dedication was nothing short of inspirational and we thank each and every member of staff for their contribution over the past 12 months.

Our District also celebrated important milestones including the opening of the Bulli Hospital and Aged Care Centre, our innovative new community health facilities known as HealthOne at Ulladulla and Dapto, and a much-needed refurbishment of the Birthing Unit at Wollongong.

## Illawarra Shoalhaven Local Health District | Demographic summary

### Size

- 5687 km2

### Population size

- 404,000 residents#
- Projected increase to 470,000 by 2031#

### Age

- 13 per cent aged 70+^
- 70+ age group projected to increase to 87,000 by 2031#

### Culture

- 4.2 per cent from Aboriginal or Torres Strait Islander background\*
- 18 per cent born overseas^
- 11 per cent speak a language other than English at home^
- Dharawal and Yuin peoples are the traditional custodians of the land, which encompass five language groups: Wadi Wadi, Dharawal, Wandandian, Walbanga and Yuin

### Health issues

- Cancer
- Heart and vascular diseases
- Mental health conditions and substance abuse
- Muscular skeletal diseases
- Respiratory diseases

Sources: #NSW Department of Planning, Industry and Environment. ^ABS Census 2016. \*ABS Estimates of Aboriginal and Torres Strait Islander Australians, June 2016.

Planning continued on the major redevelopment of Shoalhaven Hospital and a preferred site for a new Shellharbour Hospital was identified.

In the past few months, the District contributed to the national COVID-19 vaccination program and, in the first five weeks, our local teams administered 10,000 doses to essential frontline workers.

The next 12 months will no doubt focus on bolstering vaccination efforts, while continuing to provide world-class services to our local community and supporting their health and wellbeing.

### Key achievements

- Strengthened the District's online and digital platforms to better enable patient communications, community information and dedicated COVID-19 advice.
- Launched innovative suicide prevention initiatives including Safe Haven – a peer-led alternative to attending an emergency department for people experiencing suicidal crisis. A Suicide Prevention Outreach Team was launched in Nowra to reduce deaths and suicide attempts by supporting people in their own homes.
- Enhanced the use of virtual care and telehealth technology including transitioning major services to the myVirtualCare platform. Telestroke was also launched in the Shoalhaven Hospital, with the hospital holding the quickest time to treatment in NSW.
- Launched the state's first Health Outcomes and Patient Experience IT platform for Patient Reported Measures. A Quality of Life tool was also implemented to better empower health staff to engage with patients in a more holistic way.
- Enhanced the District's research capacity with the development of a Clinical Trials Unit. More than \$8 million in competitive grants were awarded to District clinicians over the past 12 months and a total of 24 COVID-specific research projects were undertaken.
- Completed an international research project in partnership with two universities looking at nursing and midwifery measures, using performance indicators set by consumers. The results of the Implementing and Measuring Person-centredness and using APP for Knowledge Transfer study will inform a statewide sustainability plan.
- Achieved finalist status in the Personal Injury Education Foundation excellence awards in the category of Collaboration in Injury and Disability Management.
- Deployed a new Senior Assessment process, new FastTrack Model and new Short Stay Area to improve emergency department treatment times. Three new Patient Experience Officers commenced across the District to better support the patient experience.

## Mid North Coast Local Health District

Morton Street

Port Macquarie NSW 2444

Telephone: 1800 726 997

Email: MNCLHD-ConsumerRelations@health.nsw.gov.au

Website: [www.mnclhd.health.nsw.gov.au](http://www.mnclhd.health.nsw.gov.au)

Business hours: 8:30am-5pm, Monday to Friday

### Chief Executive: Stewart Dowrick



Stewart Dowrick began his career in healthcare administration at the then Children's Hospital at Camperdown in 1989. He moved to the Central Coast Area Health Service in 1993 and the Mid North Coast Area Health Service in 1999.

Since 2000, he has held numerous executive positions with the Mid North Coast and North Coast Area Health Service and was appointed Chief Executive at the beginning of 2011. Stewart has a particular interest in health service partnership and service partners working together. He holds a Doctorate in Health Studies, and tertiary qualifications from the University of New South Wales, the University of Newcastle and the Australian Institute of Company Directors.

### Year in review

In 2020-21, the Mid North Coast Local Health District faced a year like no other.

While managing the ongoing response to the global pandemic and recovering from the catastrophic bushfires that swept across the region, the Mid North Coast was hit by devastating floods in March 2021.

The emergency situation and its aftermath further challenged the resilience of local communities.

Healthcare workers, whose own homes had been inundated, went to work at the many evacuation centres established across the District. They provided around-the-clock clinical and mental health support, putting their own recovery on hold to help others.

The flooding coincided with the commencement of the Mid North Coast Local Health District's COVID-19 vaccination program and the establishment of vaccination hubs at Coffs Harbour Health Campus and Port Macquarie Base Hospital.

Through the hard work and dedication of the team, the program was able to quickly scale up to meet demand, vaccinating frontline and essential workers, and then was expanded to include eligible community members as the vaccination program expanded in line with the Australian Government eligibility criteria.

## Mid North Coast Local Health District | Demographic summary

### Size

- 11,335 sq km

### Population size

- 226,422 residents
- Projected increase to 241,184 by 2031

### Age

- 18.6 per cent aged 70+
- 70+ age group projected to increase to 23 per cent by 2031

### Culture

- 6.9 per cent from Aboriginal or Torres Strait Islander background
- 10.7 per cent born overseas
- 2.1 per cent speak a language other than English at home
- Gumbaynggirr, Dunghutti, Birpai and Nganyaywana peoples are the traditional custodians of the land

### Health issues

- High levels of health risk behaviours (obesity, smoking, alcohol consumption, cholesterol, blood pressure)
- Chronic disease
- Ageing-related
- Mental health
- Drug and alcohol misuse
- Family and domestic violence

Although the Mid North Coast had no locally acquired COVID-19 cases in 2020-21, testing clinics continued to operate across the region and have been able to rapidly increase capacity in response to outbreaks in other parts of the state.

The Mid North Coast Local Health District continues to work closely with councils, police, local businesses and partner organisations to ensure ongoing compliance and education about COVID-safe practices in the community.

The impact of COVID-19 was also felt in a very personal way when the smiling faces of volunteers were no longer seen in local hospitals and community health centres. To protect the community's most vulnerable during the pandemic, volunteer activities were suspended for more than a year.

Volunteers began returning to their roles in early 2021, having undertaken COVID-19 safety training and enthusiastically supporting the vaccination program.

### Key achievements

- Continued construction on major capital projects including the \$194 million Coffs Harbour Health Campus Expansion and HealthOne facilities at Bowraville, Nambucca Heads and Camden Haven.
- Launched regional Australia's first hospital-based Tresillian Residential Unit at Macksville District Hospital. This important partnership with Tresillian provides a service to assist local families struggling with the demands of parenting.
- Continued the District's comprehensive response to the COVID-19 pandemic, which included establishing a large-scale drive-through clinic at Port Macquarie to increase capacity in response to outbreaks in other parts of the state.

- Developed and implemented an Aboriginal Cultural Engagement Self-Assessment Tool to ensure the delivery of culturally safe and accessible health services for Aboriginal patients and clients as part of the District's Aboriginal Cultural Safety and Security Framework. Audit sessions were held with all directorates to look at ways to improve inclusivity and Aboriginal cultural safety within current practices.
- Developed and implemented a Midwifery Group Practice service for Coffs Harbour and Macksville hospitals. The District joins other regional NSW local health districts in the provision of best practice maternity care, including post-natal home visits by a midwife.
- Achieved two awards in the 2020 NSW Health Nursing and Midwifery Awards. Trauma Clinical Nurse Consultant, Trish Lemin, was named joint winner of the Nurse of the Year, and Mid North Coast Cancer Institute Nurse Unit Manager, Amelia Bolt, received the Aboriginal Nurse/Midwife of the Year award.
- Implemented the Health Grade Enterprise Network initiative to provide improved Wi-Fi performance for staff, patients and visitors thanks to a major upgrade of wireless network infrastructure. Coffs Harbour Health Campus was the first regional health facility to roll out the initiative.
- Presented the Your Health Link National Photographic Competition as a virtual event, receiving a record 1833 entries from every state and territory in Australia. The photo competition is part of the broader suite of Your Health Link programs designed to connect the community to evidence-based health information.
- Celebrated the achievements of staff and volunteers at the 2020 (virtual) and 2021 (face-to-face) Mid North Coast Local Health District Health Innovation Awards.



## Murrumbidgee Local Health District

Level 1, 193-195 Morgan Street

Wagga Wagga NSW 2650

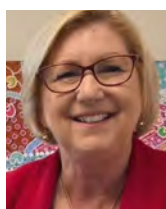
Telephone: 5943 2003

Email: MLHD-FeedBack@health.nsw.gov.au

Website: www.mlhd.health.nsw.gov.au

Business hours: 9am-5pm, Monday to Friday

### Chief Executive: Jill Ludford



Jill Ludford leads a team of more than 3500 staff who deliver healthcare across 47 health facilities in the Riverina Murray region. Having started her career as a registered nurse and midwife, Jill is passionate about improving access to essential healthcare in rural communities and advocates for digital clinical programs, including telehealth and electronic medical record systems.

Under Jill's leadership, the District has sponsored new models of patient care, improved patient experience and introduced staff wellbeing programs. Jill has strong links with the regional community and has fostered partnerships with a wide range of stakeholders, including non-government organisations, Aboriginal services and tertiary institutions.

### Year in review

The Murrumbidgee Local Health District strives to deliver exceptional rural healthcare for our communities while improving access to care across our region.

The health response to COVID-19 continued to be a priority and Murrumbidgee staff rose to the challenge of keeping our communities safe, undertaking pandemic-related work and sustaining services.

Our COVID-19 team responded to the changing environment, providing contact tracing and public health services, establishing testing and vaccination clinics, adapting clinical services to virtual care models, and configuring hospitals and community services to care for COVID-19 patients.

During this time, our commitment to safety and improving consumers' experience did not waiver. Clinical leaders in infection prevention enhanced our respiratory protection program to ensure staff safety. We started collecting patient-reported experience and outcome measures to help us better understand patient individual needs and improve their outcomes.

Our surgical teams fast-tracked elective surgery, which was unavoidably delayed following the National Cabinet decision to suspend non-urgent surgery due to the pandemic. This led to the highest number of elective surgeries ever performed from January to June.

To understand our workforce and the lessons learnt during this time of rapid change, we undertook pulse checks with staff, enabling a consolidation of our learnings and experiences, to plan for future enhancements.

Bushfire recovery supports continued across fire-affected regions, with clinicians actively making connections in communities with people needing psychosocial support. Fire Shed Fridays reached more than 20 local fire-sheds and their volunteers, to connect people and provide psychological support and opportunities for community development.

## Murrumbidgee Local Health District | Demographic summary

### Size

- 125,243 km2

### Population size

- 245,196 residents (30 June 2019 ERP)
- Projected to increase to 246,022 by 2031 (2019 NSW Department of Planning, Industry and Environment projections)

### Age

- 14 per cent aged 70+ (30 June 2019 ERP)
- 70+ age group projected to increase to 19 per cent by 2031

### Culture

- 5.8 per cent from Aboriginal or Torres Strait Islander background (2016 ABS ERP)
- 8.6 per cent born overseas
- 6.1 per cent speak a language other than English at home

- Wiradjuri, Yorta Yorta, Baraba Baraba, Wemba Wemba Perrepa Perrepa, Nari Nari and Muthi Muthi peoples are the traditional custodians of the land

### Health issues

- Cancer
- Chronic disease
- Heart disease
- Mental health
- Injury – motor vehicles crashes and falls

A close collaboration with local Aboriginal communities developed strong local models for culturally safe care. We partnered with the Brungle community in Tumut and the local Aboriginal community in Deniliquin to listen and establish localised solutions that will improve outcomes for Aboriginal people.

Several significant building projects continue within the District. Work continues on the Griffith Base Hospital Redevelopment site, construction began on the Hay Health Service Redevelopment in November 2020, and the new Tumut Hospital is due for completion in late 2021.

### Key achievements

- Launched the Murrumbidgee Rural Generalist Training Pathway, a locally developed training program for rural generalist doctors to boost the rural doctor workforce. The single employment model allows for seamless transition between hospital and community-based training placements for trainee GPs.
- Implemented the Safe Wards program, an initiative designed to support consumers in the acute mental health setting by enhancing staff's management of conflict. The program engages people with lived experience of mental health drawing on personal experience to educate staff, ultimately improving services and experiences of others.
- Stroke Unit was awarded the prestigious World Stroke Organization's Angels Gold Status in November 2020. Wagga Wagga Base Hospital was recognised for meeting the highest standards in stroke treatment, indicating that more than 50 per cent of stroke patients receive time-critical care within 60 minutes of presenting to hospital. It was the first Australian hospital to achieve gold status.
- Opened Wagga Wagga Health Service Hub, the third and final stage at the centre of the \$431 million Wagga Wagga Base Hospital Redevelopment. Sixty health services were relocated into the new building. This included an expansion to the Wagga Wagga Base Hospital Renal Unit, providing extra dialysis chairs and doubling the home training unit to support education for consumers undertaking home dialysis.
- Launched the new Health and Arts Outreach Program, an innovative program providing aged care residents access to a quality arts engagement experience, piloted in partnership with Art Gallery of NSW and Health Infrastructure. The program has a social and cultural approach, providing a meaningful way for aged care residents to connect with others, particularly during periods of isolation due to the COVID-19 pandemic.
- Piloted a multi-agency Health Expo for the community of Brungle, a holistic health day linking the Brungle Aboriginal and Torres Strait Islander community with internal and external outreach programs. The event aimed to improve health outcomes and boost community engagement, rebuilding rapport and trust between facilities, services and the community while addressing the ongoing holistic health and support needs of the community and surrounding areas.
- Day-only hip surgery began at Wagga Wagga Base Hospital. The first of its kind in the region, it enabled patients a short stay in hospital for hip replacements. Recovery is aided with a short-acting spinal anaesthetic drug, allowing people to mobilise quickly. They are often up and walking four hours after surgery. Since it began in July 2020, patients have reported positive experiences and outcomes.
- Launched the Murrumbidgee Collaborative Commissioning Initiative in partnership with the Murrumbidgee Primary Health Network, aiming to collaborate with patients, clinicians and communities to improve quality and demonstrate value in the care we deliver for people with chronic obstructive pulmonary disease and congestive heart failure.
- Released our Patient, Carer and Consumer Experience and Participation Framework, with the aim of improving people's experience in our care. Some initiatives included:
  - Patient Experience Officers and feedback kiosks trialled in emergency departments, with extremely positive feedback
  - the launch of the Patient Reported Outcome Measures program, with patients using electronic devices to record what matters to them, and data used to inform health discussions and individual healthcare plans with patients
  - Mental Health, Drug and Alcohol Lived Experiences Platform, which was created to give people with a lived experience opportunities to share experiences, ideas and feedback to help shape and improve services for their community. See <https://mhdaexperiences.com.au>.
- NSW Health Nurse of the Year Award awarded to Keiran Preston from Wagga Wagga Mental Health Unit. Keiran was announced as joint winner of the 2020 award at the NSW Health Excellence in Nursing and Midwifery Awards in November 2020. Passionate about nursing care and non-judgemental in his interactions with consumers, Keiran is most recognised and appreciated for his empathy for others.



## Nepean Blue Mountains Local Health District

Nepean Hospital

Derby Street, Penrith NSW 2750

Telephone: 4734 2000

Email: NBMLHD-mail@health.nsw.gov.au

Website: www.nbmlhd.health.nsw.gov.au

Business hours: 8:30am-5pm, Monday to Friday

### Chief Executive: Kay Hyman



Kay Hyman has proudly held the role of Chief Executive, Nepean Blue Mountains Local Health District, for more than 10 years. With tertiary qualifications in marketing and economics, Kay brings over 20 years' health management experience in New Zealand to the role.

### Year in review

Our commitment to keeping our community safe and healthy has not wavered despite a difficult year in our fight against COVID-19.

We welcomed the opening of the Nepean COVID-19 Vaccination Clinic, offering a level of protection in our community to ensure we can remain safe as the pandemic continues.

With extreme weather continuing to affect our region, we supported residents in the Hawkesbury and Nepean area when a one-in-30-year devastating flood restricted access to essential services. Our response ensured areas continued to have access to medical assistance, safe transfer to hospital and medicines.

The District's strong relationship with the local Aboriginal community was highlighted with the unveiling of a dedicated World War I memorial at Blue Mountains District ANZAC Memorial Hospital. The names of 35 Darug and Gundungurra soldiers take pride of place at the entrance to the hospital and remind our community of the role these soldiers had in our community and Country.

As part of a strong partnership, three senior mental health clinicians worked alongside first responders as part of the Police Ambulance and Clinical Early Response (PACER) teams in the Nepean area. The roles have reduced the number of emergency department presentations, improved mental health outcomes for affected individuals, and reduced stigma across the area.

For complex pregnancies, our participation in the Maternal Transfer Redesign Initiative has meant families have access to obstetric and neonatal expertise across our own and Western NSW Local Health District when experiencing complications during their pregnancy. We also increased our ability to deliver quality healthcare to people with intellectual disability.

We continued to embrace digital technology to provide safe and high-quality care through our telehealth service. Our new online surgery booking system has also enabled better decision making and information flow across the whole elective surgery journey.

A redesign of our care models has delivered dramatic improvements in Nepean Hospital's Ear, Nose and Throat service, with access improved following a reduction in wait times.

## Nepean Blue Mountains Local Health District | Demographic summary

### Size

- 9179 km<sup>2</sup>

### Population size

- 384,742 residents
- Projected increase to 468,777 by 2031

### Age

- 10 per cent aged 70+
- 70+ age group projected to increase to 14 per cent by 2031

### Culture

- 4.4 per cent from Aboriginal or Torres Strait Islander background
- 24 per cent born overseas
- 11.8 per cent speak a language other than English at home
- Darug, Gundungurra and Wiradjuri peoples are the traditional custodians of the land

### Health issues

- Cancer
- Circulatory disease
- Respiratory disease
- Injury and poisoning
- Mental disorders

We have also recognised the important role creative arts can play in wellbeing and healing. Our renal dialysis and palliative care teams have introduced art and music therapy programs to encourage patients to take charge of their rehabilitation through creative expression, which has been well received by patients and their families.

Our committed and hardworking staff, volunteers, community, consumers and advocates have our heartfelt thanks for making these achievements possible.

### Key achievements

- Supported the public health response to localised flooding incidents in the region, including the provision of pathology, palliative care, pharmaceuticals and essential supplies for residential aged care facilities, safe transfer of patients, and deployment of mental health staff. Public health safety and hygiene information was distributed to the community to caution those in floodwaters and as recovery efforts started.
- Implemented a safe and effective COVID-19 vaccination program for our staff and the community with almost 15,000 vaccinations having been administered since the clinic opened in April.
- Began an initiative to jointly manage mental health emergencies as part of a \$6.1 million investment by NSW Government to establish Police Ambulance and Clinical Early Response (PACER) teams across NSW.
- Employed a Specialist Intellectual Disability Clinician to provide care to people with an intellectual disability across the District. It is one of only nine such roles across NSW.
- Supported better connectivity between patients and clinicians with 214,488 telehealth occasions of service throughout the period.
- Since the introduction of the online surgery booking system, 2915 requests for admission have been entered. The system automatically recommends an operation date as a surgery is added to the waitlist and patients can be automatically referred to outpatient services at the start of their surgery journey.
- Achieved a 60 per cent reduction in waitlist times as a result of the comprehensive redesign of the Nepean Hospital Ear, Nose and Throat clinic, and in 90 per cent of cases, patients were referred, screened and triaged within five days.

## Northern NSW Local Health District

Crawford House

Hunter Street, Lismore NSW 2480

Telephone: 6620 2100

Website: [www.nnswlhd.health.nsw.gov.au](http://www.nnswlhd.health.nsw.gov.au)

Business hours: 8:30am-5pm

### Chief Executive: Wayne Jones



Wayne Jones started in health more than 35 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 a Bachelor of Health Management. Wayne 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, Wayne held a number of roles within the health service, including Manager of Planning, Director of Clinical Streams and Chief of Staff.

### Year in review

Responding to the COVID-19 pandemic was a large focus of our health district throughout 2020-21.

As case numbers grew throughout the middle of 2020, our COVID-19 response team collaborated with staff groups and external organisations to lead our community and our health service through the difficulties presented by the pandemic.

We held weekly meetings with police, NSW Ambulance, local councils, primary health partners, Aboriginal Medical Services, universities and infectious disease specialists to stay connected and respond to new challenges as they arose.

Weekly personal protective equipment governance meetings were held with clinicians and managers to review and discuss personal protective equipment supply issues.

Our COVID-19 Operational Planning and Policy Governance Committee provided oversight, coordination and endorsement of all planning activities (clinical, welfare and workforce) and related documentation to support the District's response to the pandemic. It also worked to oversee the development and approval of COVID-related internal policy, procedure and guidelines and to endorse any workforce changes and strategies.

## Northern NSW Local Health District | Demographic summary

### Size

- 20,732 km<sup>2</sup>

### Population size

- 304,857 residents<sup>1</sup>
- Projected increase to 319,755 by 2031<sup>2</sup>

### Age

- 17 per cent aged 70+<sup>1</sup>
- 70+ age group projected to increase by 63 per cent by 2031<sup>2</sup>

### Culture

- 21 per cent born overseas<sup>3</sup>
- Five per cent from Aboriginal or Torres Strait Islander background<sup>4</sup>
- Four per cent speak a language other than English at home<sup>3</sup>
- Bundjalung, Yaegl, Gumbaynggirr and Githabul peoples are the traditional custodians of the land

### Health issues

- Poor health behaviours such as risky alcohol consumption, smoking during pregnancy, physical inactivity, overweight and obesity
- Higher cancer incidence
- High rates of psychological distress, intentional self-harm and suicide
- Higher rates of death for cancers, circulatory diseases, injury and poisoning<sup>5</sup>

Sources: 1. NSW Health, 2019. ABS Estimated Residential Population (ERP) by age group (100+) and sex by: SLA (2007, 2011), LGA (2007), Planning clusters and local health districts. Available from: [Resources \(nswhealth.net\)](https://www.nswhealth.net.au/resources). 2. NSW Department of Planning, Industry and Environment, 2019. NSW 2019 Population Projections. Available from: [Projections](https://www.dpi.nsw.gov.au/population-projections). 3. Australian Bureau of Statistics. Census of Population and Housing, 2016, TableBuilder. Available from: [TableBuilder \(abs.gov.au\)](https://tablebuilder.abs.gov.au). 4. Australian Bureau of Statistics. Estimates of Aboriginal and Torres Strait Islander Australians, June 2016, Catalogue number 3238.0.55.001. Canberra: ABS, 2018. Provided to NSW Health by the ABS as a special request. Available from: [Population by Aboriginality](https://www.abs.gov.au/population-by-aboriginality). 5. NSW Health. 2021. HealthStats NSW. Available from: [HealthStats NSW LocationBasedAllIndicatorGroup](https://www.healthstats.nsw.gov.au/LocationBasedAllIndicatorGroup).

These challenges included responding to workforce and medical access issues arising from border closures, ensuring our hospitals and health facilities were adhering to strict infection prevention protocols, developing technical solutions to support the patient-focused activities, supporting businesses and industry with public health advice and resources around restrictions and COVID-safe practices, and keeping our community informed.

When COVID-19 vaccines became available in early 2021, we mobilised new vaccination clinics to provide vaccinations to the priority groups in our District, including setting up the first shopping centre-based vaccination clinic in the state, an innovative approach designed to encourage and reinforce the importance of vaccination in an accessible and public place.

Training and expanding our workforce to have the skills needed to keep themselves and our community safe was a key part of our District's pandemic response.

We recruited 62 additional nursing staff to assist with workload and additional requirements brought on by COVID-19. Our mental health directorate led the District's Staff Wellbeing response, conducting sessions, consultation and workshops with staff groups directly impacted by COVID-19.

We developed a supportive skills program for nurses and midwives to strengthen the ability of staff to surge in essential services both during COVID-19 and at other times. Also, 265 staff attended surge training in intensive care, emergency and immunisation specialties using the Qstream platform, which delivered learning/questions via mobile at timed intervals throughout the program duration. The training involved multi-media learning and scenario-based questions, with 98 per cent proficiency improvements across the three areas.

Physiotherapists were also supported with a new training package to prepare them in the event they were required to work in intensive care. This included self-directed learning modules, practical training in intensive care units and simulation training. Forty-six physiotherapists from across the District completed this training.

Workforce units assisted frontline workers to deliver the vaccine rollout by identifying program phases and priority groups for staff vaccinations, and developed new policies and procedures to support staff to work from home in line with the public health orders.

About 200 additional staff were recruited across clinical and non-clinical disciplines, supported by workforce teams to ensure onboarding and orientation requirements could be met in a business-as-usual environment.

The Lismore Base Hospital Stage 3c redevelopments began in February 2021, marking the final stage in the \$312.8 million redevelopment.

The NSW Telestroke Service was implemented at our hospitals in Lismore, Tweed and Grafton, providing regional patients with life-saving access to expert stroke care to improve clinical outcomes.

Throughout this challenging year, our staff have worked incredibly hard to overcome obstacles and adapt to the changes imposed on both their working and personal lives as a result of the pandemic. They have responded with resilience, leadership and compassion, and we thank them for their unending commitment to providing excellent patient-focused care to our community and to each other.

### Key achievements

- Rolled out the IDose Iris Scanner System across four Opioid Treatment Program sites, resulting in a 50 per cent reduction in medication errors and medication spillages.
- Set up the Homeless Health Outreach Team for the Tweed/Byron area, improving linkages and engagement to mental health services for individuals, community, government and non-government agencies to provide access to treatment, care and transition-to-housing services. So far, more than 100 referrals have been received, and a client list of about 50 consumers has been established.
- Implemented changes to reduce patient falls resulting in serious injury from 0.5/1000 bed days to 0.4/1000 bed days, and to reduce hospital-acquired pressure injuries from 0.08/1000 bed days to 0.05/1000 bed days. Initiatives included improved night lighting, post-fall huddles, falls management plan improvements in eMR, falls prevention training, District-wide changes to linen use, and equipment reviews.
- Improved the safety culture by supporting staff and managers to address safety risks of patient and visitor behaviours through strategy, procedure and processes to ensure a consistent approach when managing unacceptable behaviour of patients and visitors in our healthcare settings.
- Conducted a longitudinal, mixed-methods research study to assess development, resource and support needs of Midwifery Unit Managers and Nursing Unit Managers. The research led to the creation of the Leading Edge Assessment Program and leadership development framework to support Midwifery and Nursing Unit Managers to deliver positive patient outcomes, organisational goals, culture and staff engagement in their teams. Managers then created individualised learning plans to meet their needs.
- Maintained high rates of referral to the Get Healthy phone coaching service, with 617 people, including 573 pregnant women, referred to help them achieve a healthier lifestyle (twice the target set by the NSW Ministry of Health). Health promotion staff worked with over 90 per cent of early childhood centres and 80 per cent of schools to deliver healthy eating and physical activity programs to meet the target outcomes set by the Ministry.
- Piloted the Service Registration Assist program, in which medical practice records can be updated centrally through a single, secure system, ensuring other healthcare providers have their correct contact details and practice information. Before the pilot, three per cent of electronic discharge summaries were undeliverable from the District to participating general practitioners and medical practices due to missing information, and 10 per cent had invalid or missing identifiers. During the pilot, 100 per cent of electronic discharge summaries were delivered, and the project is now being rolled out nationally, led by the Australian Digital Health Agency.
- Piloted same-day hip and knee surgery at Grafton Base Hospital, enabling patients to have major surgery and return home the same day where clinically appropriate. Patients receive pre-operative physiotherapy and education, and are up and moving three to four hours after surgery, under the care of allied health and nursing teams. Twelve patients were selected for the pilot, with a 100 per cent same-day successful discharge rate and no complications. Patient satisfaction was rated nine out of 10.
- Funded nation-first research into the feasibility of the Optimul assay in diagnosis of platelet function disorders in a regional setting, with the aim of improving the care of patients with undiagnosed bleeding disorders in regional Australia. Results from research studies conducted in Lismore and Sydney will be submitted for publication in a national peer-reviewed journal.
- Improved regionally based training opportunities for local junior doctors in the Richmond Network through partnerships with the Northern NSW Regional Training Hub, University of Sydney Rural Clinical School, specialist colleges and NSW and federal health departments. Increased opportunities now exist in specialties including emergency medicine (90 per cent of training now available locally, up from 20 per cent in 2014), general practitioner training (100 per cent of training now available locally), and General Practitioner Advanced Training Skills in emergency medicine, obstetrics, paediatrics, critical care and rehabilitation. Locally available anaesthetics and basic physician training are now at 60 per cent. Eighty per cent of doctors who complete their internship at Lismore Base Hospital now stay in the region beyond postgraduate year three, working in hospital or general practitioner settings.



## Northern Sydney Local Health District

Reserve Road, St Leonards NSW 2065

Telephone: 9462 9955

Email: NSLHD-Mail@health.nsw.gov.au

Website: www.nslhd.health.nsw.gov.au

Business hours: 8:30am-5pm, Monday to Friday

### Chief Executive: Deb Willcox



Deb Willcox became Chief Executive 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. Deb 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

The COVID-19 pandemic continued to be a focus for our health district and amidst the unprecedented challenges, our staff came together to lead a monumental response to manage the COVID-19 pandemic while still delivering high-quality safe care to our patients.

Our District led a rapid public health response to COVID-19 exposure at Ryde Hospital and also to the Avalon COVID-19 cluster – which saw some of the highest testing rates in the state leading to the containment of the outbreak.

Efforts were also turned to the mass vaccination program by rapidly setting up vaccination clinics at Hornsby, Royal North Shore and Mona Vale hospitals.

We strengthened technologies such as telehealth to transform our services beyond COVID-19 to better serve our patients.

As we expanded our infrastructure, Hornsby Ku-ring-gai Hospital became the first public hospital in Australia to open a robotic pharmacy as part of a \$265 million redevelopment. The centrepiece of the redevelopment, the six-storey clinical services building, opened featuring a helipad, a specially designed dementia and delirium ward and a new rehabilitation department.

Planning is also underway for the \$479 million redevelopment of Ryde Hospital. Our transformation of Mona Vale Hospital has continued with the opening of its palliative care unit and geriatric rehabilitation unit. Construction also started on Australia's first adolescent and young adult hospice at the former Manly Hospital site.

The achievements of our staff were acknowledged at the NSW Health Awards with two nominations receiving top honours.

Our District also embarked on a planetary health project, taking a holistic approach to our healthcare system and how we can care for the health of our planet and our local community.

In what was another challenging year, which reinforced the skill of our health system, it was a pleasure to be a part of it. I would like to thank our hardworking staff, volunteers, patients and community for contributing to these wonderful achievements.

## Northern Sydney Local Health District | Demographic summary

### Size

- 900 km<sup>2</sup>

### Population size

- 985,708 residents
- Projected increase to 1,091,346 by 2031

### Age

- 11.8 per cent aged 70+
- 70+ age group projected to increase to 13.7 per cent by 2031

### Culture

- 37 per cent born overseas
- 0.4 per cent from Aboriginal or Torres Strait Islander background
- 28 per cent speak a language other than English at home
- Cammeraygal, Guringai and Dharug peoples are the traditional owners of the land

### Health issues

- Conditions relating to ageing (frailty, dementia, stroke, cancer)
- Higher rates of breast and skin cancer
- Unhealthy levels of alcohol consumption

## Key achievements

- Received the Patient Safety First NSW Health Award with Royal North Shore Hospital Intensive Care Unit's project 'Reducing Inappropriate Arterial Blood Gas Testing in a 58-bed Quaternary Intensive Care Unit'.
- Established a strike force in response to COVID-19 and the virus' threat in residential aged care facilities. The team, who were available 24/7 for the potential occurrence of an outbreak, had members from across disciplines including infection prevention and control, infectious diseases, public health, aged care outreach, allied health and general practitioners.
- Set up COVID-19 Care Teams to support staff during the pandemic. The care teams answered staff questions, passed on feedback to managers and offered general assistance as staff faced unprecedented challenges.
- Developed the District's first Diversity and Inclusion framework to support and empower our workforce. The aim was to reflect the diverse community served and create a place where all our staff felt their skills, perspectives and experiences were embraced and celebrated. We also developed a dedicated Diversity, Inclusion and Belonging Strategy, a number of employee networks which are led by our staff, and a Diversity, Inclusion and Belonging Council which meets regularly to discuss our progress on the strategy and targeted initiatives.
- Established the first Planetary Health Committee to ensure our hospitals and services are more environmentally conscious and sustainable. Driven by our staff, the committee began devising ways for workplaces to become more environmentally friendly and lead to better practices.
- Unveiled a consumer-centred website design, following engagement with our consumers and staff to improve engagement with our health services. The redesign has made the District and hospital websites accessible and more user-friendly.
- Began construction on the \$19.5 million Adolescent Young Adults Hospital. Upon completion, it will be Australia's first dedicated service for 15 to 24-year-old patients and will offer respite care, symptom management and end of life care.
- Awarded the Excellence in the Provision of Mental Health Services Award in the NSW Health Awards with Hornsby Ku-ring-gai Hospital Mental Health Intensive Care Unit's project 'Reducing Time in Seclusion in the Mental Health Intensive Care Unit'.

## South Eastern Sydney Local Health District

Corner, The Kingsway and Kareena Road

Caringbah NSW 2229

Telephone: 9540 7756

Email: [SESLHD-Mail@health.nsw.gov.au](mailto:SESLHD-Mail@health.nsw.gov.au)

Website: [www.seslhd.health.nsw.gov.au](http://www.seslhd.health.nsw.gov.au)

Business hours: 8:30am-5pm, Monday to Friday

### Chief Executive: Tobi Wilson



Tobi Wilson was appointed the Chief Executive of South Eastern Sydney Local Health District in April 2019.

Tobi began his career as a physiotherapist, before completing a Master of Health Science Management at the University

of South Australia.

Tobi has a wealth of experience in health service management and has held various executive positions. Prior to his appointment as Chief Executive he held the role of General Manager, Prince of Wales Hospital and Sydney/Sydney Eye Hospital. Prior to this he held senior roles in different jurisdictions including Chief Operating Officer roles at the Royal Melbourne Hospital and South Adelaide Local Health Network. In all the roles he has held, Tobi has demonstrated a proven ability to drive clinical change through redesign, including the delivery of capital redevelopments and large-scale transformational change.

Tobi is passionate about innovation in healthcare and has a strong history in external partnerships to leverage the knowledge and experience of other sectors to resolve the challenges that confront healthcare delivery.

### Year in review

It has been an exciting and challenging year for our health district as we steadily navigated our way through the COVID-19 pandemic. I thank our staff who have rapidly transitioned to the use of telehealth technologies and for their flexible and innovative approach to ensure patients continue to receive the best care.

More than 227,000 people attended emergency departments across the District in 2020-21. More than 36,000 surgeries were performed, and there were more than 196,000 admissions and over 8200 babies delivered at the Royal Hospital for Women, St George and Sutherland hospitals.

Our District published the Journey to Excellence Strategy 2018-21 three years ago, placing people at the centre of the delivery of care to our community.



## South Eastern Sydney Local Health District | Demographic summary

### Size

- 468 km<sup>2</sup>

### Population size

- 979,370 residents
- Projected increase to 1,080,291 by 2031

### Age

- 10.9 per cent aged 70+
- 70+ age group projected to increase to 12.9 per cent by 2031

### Culture

- 40 per cent born overseas
- One per cent from Aboriginal or Torres Strait Islander background
- 36 per cent speak a language other than English at home
- Dharawal, Gadigal, Wangai, Gweagal and Bidjigal peoples are the traditional owners of the land

### Health issues

- Diabetes
- Hypertension
- Cancer
- Mental health
- Ageing population

We are now embarking on a new strategy to guide the way we deliver healthcare over the coming years which will build on our achievements from the Journey to Excellence and respond to the challenges facing today's clinicians, leaders and patients. It has been developed in partnership with our staff, consumers and community members reinforcing the need to prioritise equitable, compassionate and person-centred care.

Our hospitals faced a significant challenge of managing increased waitlists following the suspension of non-urgent elective surgery by the federal government due to the COVID-19 pandemic. During the year, staff across the District worked tirelessly to provide patients whose surgery had been delayed with timely access to care.

In 2020-21, more than 24,000 patients had their elective surgery, a 27 per cent increase, or more than 5200 additional patients compared with the previous financial year, with more than 3000 patients receiving their surgery through collaborative arrangements with the private health sector.

We launched our Addressing Racism Strategy, Racism Harms: Act on It, with the campaign including a number of resources to support the District's managers and staff to have conversations about racism, and to act on it.

Several new services were also launched in 2020-21 across the District, including a 12-chair Kogarah Community Dental Clinic, SafeHaven in Kogarah to assist people to develop self-management skills to maintain their mental health and the Suicide Prevention Outreach Team at Sutherland Hospital, a service that supports people in the community.

We celebrated some key milestones this year, including: 50 years of pioneering treatment at Prince of Wales Hospital's Hyperbaric Unit, the 10-year anniversary of the Narrangy-Borris Strong Foundations Aboriginal Child and Family Health Service at Menai and the topping out ceremony to mark the Prince of Wales Hospital's new Integrated Acute Services Building reaching the highest point in its construction.

Thanks to our frontline and support staff who continue to provide safe, quality healthcare and essential services to our community during the COVID-19 pandemic and our volunteers and foundations who support us to deliver these services.

### Key achievements

- Opened one of the first COVID-19 vaccination hubs in NSW at St George Hospital, which administered over 30,000 vaccinations from March to June 2021. The NSW Premier, Minister for Health and Chief Health Officer were among the first in NSW to receive the AstraZeneca vaccine at the hub opening.
- Expanded the NSW Telestroke Service, hosted by Prince of Wales Hospital, throughout NSW. The service connected rural and regional patients to rapid stroke assessment, treatment and management allowing patients to access care closer to home.
- Launched a Virtual Health Strategy, setting out a plan for the District to become a leader in the use of virtual health at scale. The response to the COVID-19 pandemic accelerated the innovation of clinicians across the District with virtual models used in services as diverse as Bariatric, Antenatal and Aboriginal Health.

- Implemented SafeHaven, an alternative to the emergency department for people experiencing suicidal crisis. SafeHaven is a drop-in program where people receive rapid access to compassionate and trauma-informed care. This is a part of the Towards Zero Suicides Initiative and contributes to the NSW Premier's Priority goal of reducing the suicide rate in NSW by 20 per cent by 2023.
- Opened the 12-chair Kogarah Dental Clinic, bringing public dental services in the St George region under one roof. The new clinic has expanded the capacity to deliver public dental care, bringing staff together in a modern disciplinary clinic.
- Granted funding to assist a world-first national consortium of clinical, scientific and governance experts, including the NSW Organ and Tissue Donation Service, to develop bioengineered eye tissue to treat corneal blindness.
- Announced by the NSW Government, an \$81.5 million investment in the Sutherland Hospital Operating Theatres Complex Upgrade Project, along with an additional \$7 million for the installation of an MRI Suite.
- Welcomed the birth of The Royal Hospital for Women's first low-cost IVF babies. The hospital is one of three services offering affordable IVF for eligible families in NSW.
- Secured a number of research grants, including: Safer Medicines to Reduce Falls and Injury for Osteoporosis (\$2,337,170) and First 2000 Days Care Connect – a holistic first 2000 days model of care for migrant and refugee populations (\$840,547).
- Announced by the NSW Government, the fast-tracking of the third and final stage of the St George Hospital redevelopment, with the allocation of \$105 million to start work on the \$385 million Integrated Ambulatory Care Precinct.

## South Western Sydney Local Health District

Liverpool Hospital (Eastern Campus)  
 Scrivener Street  
 Warwick Farm NSW 2170  
 Telephone: 8738 6000  
 Email: SWSLHD-ESU@health.nsw.gov.au  
 Website: www.swslhd.nsw.gov.au  
 Business hours: 8:30am-5pm, Monday to Friday

### Chief Executive: Amanda Larkin



Amanda Larkin has more than 25 years of experience in health service management, a Bachelor of Social Work, an Associate Diploma in Environmental Science and an Honorary Doctorate from the University of New South Wales.

Leading more than 17,000 staff, her extensive experience in health management and commitment to safe, high-quality care for the people of south western Sydney and passion to further develop health and education precincts across the District places the region at the forefront of world-class healthcare.

Amanda serves as a board member of the Ingham Institute of Applied Medical Research, South Western Sydney Primary Health Network and Health Infrastructure and as the Chair of the Sydney Partnership for Health.

### Year in review

Through the evolving COVID-19 pandemic, our staff have provided outstanding care to our community. Their dedication and teamwork has been truly inspirational.

From the COVID-19 cluster in Casula to the opening of the Liverpool Vaccination Clinic, our District has responded with exceptional commitment to keeping our patients, consumers and community safe. We conducted 243,512 COVID-19 tests in drive-through, pop-up and hospital clinics across our region – an incredible effort from our team.

The new year brought new hope in the fight against COVID-19 with the opening of the Liverpool Vaccination Clinic. Our frontline staff were among the first to be immunised before we extended the protection of vaccination to the rest of our workforce, essential workers and the community. We conducted over 72,000 vaccinations in our District and as well as in country areas. I am immensely proud of the dedication of our staff and thank them for their excellent work.

The District's Transforming Your Experience Strategy provided support and reassurance for our staff with risk huddles and leader rounding now embedded into our practice.

## South Western Sydney Local Health District | Demographic summary

### Size

- 6243 km<sup>2</sup>

### Population size

- 1,038,534 residents
- Projected increase to 1,317,503 by 2031

### Age

- 9.6 per cent aged 70+
- 70+ age group projected to increase by 98 per cent from 2016 to 2031

### Culture

- 43 per cent born overseas
- 2.1 per cent from Aboriginal or Torres Strait Islander background
- 49 per cent speak a language other than English at home
- Cabrogal clan of the Darug Nation and peoples of the Dharawal and Gundungurra Nations are the traditional owners of the land

### Health issues

- Diabetes
- Respiratory conditions
- Circulatory disease
- Mental health
- Malignant neoplasms (tumours)

Through the introduction of quality-focused programs, the Improvement Science Learning Pathways and Mental Health Pathways in Practice, we continued to empower our staff to improve their skills.

The development of our One Service Multiple Sites strategy has provided a seamless network of services across the District's care. It is delivering a healthcare system of the future, an important priority of the District's Strategic Plan 2018-2021. Two District research projects also received NSW Health COVID-19 grants to explore virtual models of care in childhood development and intensive care, highlighting our commitment to the plan's strategic direction of research leadership.

The District's \$3 billion hospital redevelopment projects achieved significant milestones. We celebrated the completion of stage one of the \$68.7 million Bowral & District Hospital redevelopment and the \$25 million emergency department extension at Bankstown-Lidcombe Hospital. Both projects have brought world-class facilities to their communities. The \$632 million stage two Campbelltown Hospital redevelopment reached its highest point of construction, early works started on the \$740 million Liverpool Health and Academic Precinct and planning is well underway for the new \$1.3 billion Bankstown-Lidcombe Hospital.

It's been an amazing year of progress and achievement for our District and I am incredibly proud of our staff as they provide outstanding care to our community, not only through the challenges of the pandemic, but every day.

### Key achievements

- Opened the stage one redevelopment of Bowral & District Hospital to provide world-class care to the Southern Highlands community, including a new emergency department, purpose-built and paediatric inpatient wards and new maternity and birthing suites.

- Developed the Regional Mental Health and Suicide Prevention Plan to 2025 in partnership with the South Western Sydney Primary Health Network, pledging to work together to provide the best possible care to consumers in south western Sydney.
- Completed the emergency department redevelopment at Bankstown-Lidcombe Hospital, including additional treatment spaces, more paediatric beds, increased short-stay capacity and additional resuscitation beds.
- Expanded the Targeted Home Visiting Model of Care from Bankstown and Bowral Local Government areas to three additional Local Government areas to ensure families living with vulnerabilities receive more personalised and targeted support.
- Integrated the paperless NSW Health Vaccination Application COVAX into the opening of the Liverpool Vaccination Clinic to enable a seamless transfer of patient information directly into the electronic medical records.
- Launched the Improvement Science Learning Pathway to embed continuous improvement in the District's care and implement a structured approach for staff to plan sustainable quality improvements.
- Established a first-of-its-kind Aboriginal Metabolic Pathway in partnership with the Tharawal Aboriginal Medical Service to provide Aboriginal patients with centralised and culturally responsive and safe care.
- Introduced NSW-first FetaLink technology to Bankstown-Lidcombe and Liverpool hospitals to provide digital fetal and maternal monitoring from the bedside, clinical areas and via remote access.
- Received a NSW Health Award (Secretary's Award) for the Aged Care Rapid Assessment and Investigation Unit's work in improving older patient outcomes through targeted, streamlined and multi-disciplinary care.

## Southern NSW Local Health District

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Business hours: 8:30am-5pm, Monday to Friday

### Chief Executive: Margaret Bennett



Margaret Bennett joined the District on 2 March 2020 after nine years as Chief Executive Officer of Northeast Health, in Wangaratta, Victoria. Her broad clinical background includes senior executive roles in health and hospital services in NSW, Victoria and WA, with a proven track record as an experienced, capable and successful leader.

Margaret's leadership of significant and complex transformation includes successfully uniting six hospitals and 12 community health services across a large geographic area during her six-year tenure as Inaugural General Manager of Coffs Harbour Health Campus and the Coffs-Clarence Network of the (then) North Coast Area Health Service.

### Year in review

Renewal was the main theme for our community and staff at Southern NSW Local Health District this year. The District is recovering from the significant impact of bushfires, drought and floods, while the challenges of the COVID-19 pandemic continue.

Several significant organisational changes were implemented over the last year to improve efficiency, collaboration and workplace culture, which included:

- finalisation of a four-year business restructure
- establishment of the Elevate workplace culture and leadership framework
- creation of the Coastal, Monaro and Tablelands networks to align health services into geographical clusters
- development of strategic and operational plans for 2021-2026.

Our District recognises the extraordinary work of the Public Health and COVID-19 planning, screening, testing and vaccination teams this year. Our teams managed complex and changing border arrangements with the Australian Capital Territory and Victorian governments, airlines and shipping. Southern NSW testing clinics performed 82,644 COVID-19 tests in 2020-21 and there were 25 confirmed cases of COVID-19 in the Southern NSW Local Health District.

### Key achievements

- Introduced quantitative fibronectin testing by the Nursing and Midwifery Directorate, across maternity services to improve safety and reduce unnecessary transfers to tertiary facilities. The testing enables clinicians to predict the likelihood of preterm birth occurring within seven days of testing. As a result, there was a 97 per cent reduction of women with threatened preterm labour needing to be transferred.
- Developed a GradStart program at Goulburn Hospital and Mental Health Inpatient Unit, which supports new graduate nurses to become highly skilled in both General and Mental Health Nursing.

## Southern NSW Local Health District | Demographic summary

### Size

- 44,534 km<sup>2</sup>

### Population size

- 211,122 residents (estimated June 2019)
- Projected increase to 211,617 by 2031 (NSW Department of Planning, Industry and Environment)

### Age

- 14.3 per cent aged 70+
- 70+ age group projected to increase to 20.5 per cent by 2031

### Culture

- 12.4 per cent born overseas
- 4.2 per cent from Aboriginal or Torres Strait Islander background (estimated 2018)
- 5.9 per cent speak a language other than English at home (ABS Census 2016)
- Gundungurra, Ngarigo, Ngannawal and Yuin peoples are the traditional owners of the land

### Health issues

- Impact of ageing – demand for ageing service such as falls prevention, chronic disease, dementia, cancer, rehabilitation and palliative care

- High rates of disability in adults, and high rates of developmentally vulnerable children
- High oral health risk factors
- High rates of psychological distress and intentional self-harm
- Aboriginal population hospitalised for potentially preventable reasons – two times more likely than non-Aboriginal people
- Above state rates of premature and avoidable deaths



- Created the Quit4Bub project to research smoking in pregnancy. Population Health examined if smoking cessation during the second half of pregnancy could prevent low birth weight babies. Based on Phase 1 research of the project, it was hypothesised that women who received smoking cessation enhanced brief intervention during pregnancy would quit smoking in the second half of pregnancy compared with those who received usual smoking cessation care.
- Implemented the No Wrong Door initiative to improve the care of mental health patients who presented at Queanbeyan Hospital. The Queanbeyan Hospital Emergency Department and Community Mental Health Drug and Alcohol team's program helped to increase the number of patients diagnosed with mental health-related concerns to be seen by mental health services prior to discharge.
- Supported the healing of the local Bega Valley and Eurobodalla Aboriginal people following the fires and fostered interagency collaboration through the project, See the country recover through the eyes of the Yuin People. The project aimed to explore and understand the impact of the Black Summer fires on Aboriginal people and their lands, and how we can walk together on the journey called recovery.
- Created an online platform to make maternity-specific information easily accessible to consumers and reduce paperwork. Queanbeyan Hospital's Maternity Service's new platform was well received by patients who commented on the improved communication with the service and a significant reduction in administration time.
- Delivered two projects as part of the NSW Government's \$297 million Multipurpose Service program:
  - completed the Braidwood Multipurpose Service project in September 2020, which features health services co-located under one roof; in-patient rooms designed according to latest models of care requirements; a purpose-built facility delivering therapeutic benefits for patients and visitors; 37 single room residential aged care beds with multiple activity rooms, and shared lounge and dining facilities; acute care beds; an emergency department with dedicated ambulance entry and X-ray services
  - delivered the main works stage for the \$8 million Yass Hospital Redevelopment project in September 2020. Construction of the new emergency department was completed in June 2020 and the department commenced operations in July 2020. The redeveloped health facility includes 24-hour access to emergency care, an additional emergency department treatment bay, dedicated ambulance entry point, patient beds increased from 10 to 12, improved community and allied health facilities and ongoing access to X-ray services. The redeveloped health facility also includes a heritage timeline detailing the history of Yass District Hospital.
- Expanded the reach of the Cardiac Rehabilitation Program as Eurobodalla Cardiac Rehabilitation launched a telehealth project and new model of care to include home-based options for cardiac rehabilitation clients as an alternative to traditional gym-based group sessions. It allowed continuity of service during the COVID-19 pandemic and also improved patient outcomes compared with non-pandemic years.
- Recruited a temporary for seclusion and restraint reduction in November 2020. This role was created to implement the Six Core Strategies for Seclusion and Restraint Reduction across the mental health inpatient units and five declared emergency departments. A service-based seclusion and restraint reduction plan was developed and sensory modulation rooms were opened in our two acute mental health inpatient units. A clinical redesign project using redesign methodology (in conjunction with the Agency for Clinical Innovation) has commenced, which will support our emergency departments to identify solutions for change and support the reduction of seclusion and restraint in these spaces.
- Achieved all 14 Hospital Acquired Complications targets for 2020-21 and commenced implementation of the Patient Reported Measures Program with a rollout schedule planned for 2021.

## 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, and appointed a Member of the Order of Australia (AM).

Teresa 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 an active member of Sydney Health Partners Governing Council and Executive Management Group, an Advanced Health Research Translation Centre.

She is passionate about developing people, programs and services to support and improve the health and wellbeing of the community.

### Year in review

Twelve months into the COVID-19 response in NSW, the opening of the NSW Health Vaccination Centre – RPA Hospital in February brought hope and joy for our staff. It was a major milestone in the pandemic and provided further reassurance to those working in our border and quarantine programs, critical care areas and those in our flying squads and testing clinics.

Within months our District had an instrumental role in further amplifying the state's vaccination program. A clinic was set up at Sydney Airport and the state's first mass vaccination centre opened at Sydney Olympic Park.

The NSW Health Vaccination Centre was initially established with capacity to vaccinate 5000 people every day. Establishing it required the collaboration of hundreds of staff from engineering, ICT and communication, to workforce, administration and training, as well as clinicians and staff required for everyday operations including doctors, nurses, pharmacy and other clinical staff, cleaners and security, students, and partners from government and industry.

The model and design has since been utilised in other vaccination centres across the state. By end June 2021, the centre's daily capacity had doubled to 10,000 and almost 400,000 people had been vaccinated at the three Sydney Local Health District sites.

Our hospitals, Special Health Accommodation and RPA Virtual Hospital continued to care for community members who needed additional support, for people with COVID-19 and for returning travellers who needed additional care or who became unwell.

Since its launch as the state's first virtual hospital in February 2020, **rpavirtual** has had a critical role in the state's COVID-19 response. In 2020-21 alone, we delivered virtual care to almost 18,700 patients, including 1780 COVID-19-positive patients and more than 11,000 in Special Health Accommodation.

It was estimated that together the services have helped to avoid more than 700 hospital admissions. **rpavirtual** won the Premier's Award for excellence in digital innovation.

## Sydney Local Health District | Demographic summary

### Size

- 126 sq km

### Population size

- 722,492 residents, with more than a million people entering this local health district to work, study and visit each day
- Projected to increase to 855,351 by 2031

### Age

- 8.8 per cent aged 70+
- 70+ age group projected to increase to 91,498 by 2031

### Culture

- 1.1 per cent from an Aboriginal and Torres Strait Islander background
- 45 per cent born overseas
- 58 per cent speak a language other than English at home
- Gadigal, Bediagal and Wangal peoples of the Eora Nation are the traditional custodians of the land

### Health issues

- Insecure housing and homelessness
- Chronic conditions – cardiovascular disease, diabetes, obesity
- Mental health
- Infectious and communicable diseases – COVID-19, sexually transmitted infections, blood-borne viruses
- Drug and alcohol



We heightened measures to stop the spread of COVID-19. Our ICT service designed, built and supported the implementation of daily saliva testing for around 3500 quarantine and frontline staff at more than 24 sites. More than 67,000 virtual meetings or telehealth sessions were held. We tested more than a million people for COVID-19 at locations across Sydney, at times testing more than 4750 people in a single day. Our Public Health Unit managed over 4000 contacts and has surged as needed for contact tracing, surveillance and to inform decision making. We continued to support vulnerable people in our community with COVID-19 testing, vaccination, meal, welfare and other outreach services.

There were more than 3.1 million people cared for in our outpatient services in 2020-21, almost 165,000 people attended our emergency departments and there were over 165,000 admissions and discharges at our hospitals. Over 30,000 surgeries were performed in our hospitals and more than 6000 babies were born at Royal Prince Alfred and Canterbury hospitals.

Our Community Health Services delivered care to nearly 39,500 clients at our service locations and more than 11,000 services were delivered in people's homes. We also provided care to almost 40,000 children, tested the vision of 1100 children and offered 3300 talking and listening checks.

The Sydney Health Care Interpreter Service received 69,752 requests and spent almost 43,000 hours interpreting for patients and their loved ones.

We continued to focus on excellence in healthcare for all, launching Australia's first total body PET-CT scanner at Royal Prince Alfred Hospital, offering new opportunities to treat patients with cancer, neurological conditions and heart disease. The \$341 million redevelopment of Concord Hospital reached a significant milestone, with the new clinical services building reaching its highest point.

We opened Fussell House, a new residential facility to support the National Centre for Veterans' Healthcare at Concord Hospital, and spent \$6.5 million on the Canterbury Hospital Emergency Department upgrade. During NAIDOC Week, we officially opened the revamped Sister Alison Bush Lounge at Royal Prince Alfred Hospital, named in honour of one of the state's longest serving and most influential midwives. We also celebrated the announcement by the NSW Government that the \$750 million redevelopment of Royal Prince Alfred Hospital would be fast-tracked as a key investment in health infrastructure in NSW.

The last 18 months have required an indescribable resolve. What staff working in our health service have faced, found solutions for, and managed to overcome during 2020-21 is extraordinary. But, every day during this pandemic, staff have stepped forward to say 'I can help'. I am so proud to work alongside them and so very grateful for the work they do. Our team has been strengthened by new and existing partnerships – including other government agencies (especially the NSW Police), non-government organisations and private businesses. I would also like to thank our community for their support during this time.

## Key achievements

- Responded to COVID-19:
  - Established vaccination centres at Royal Prince Alfred Hospital, Sydney Olympic Park and Sydney Airport, vaccinating almost half a million people between February and June
  - Established daily saliva surveillance screening for all 3500 quarantine and police hotel workers at the start of every shift
  - Provided more than 1 million COVID-19 tests for our community
  - Supported the Quarantine Program with screening and testing at Sydney Airport, providing Special Health Accommodation for NSW to more than 16,200 people since February 2020 and virtual care through **rpavirtual** to more than 18,700 patients, including more than 1700 COVID-19-positive patients and more than 11,000 COVID-19-negative patients in Special Health Accommodation
  - Significantly changed service provision and prepared hospitals to respond to COVID-19
  - Supported residential aged care homes, people with disabilities and vulnerable populations during the COVID-19 response
  - Partnered with community leaders through our communication and diversity hub networks to support community and develop resources and messages in English and language for community
  - Developed consistent signage for vaccination and COVID-19 areas, utilised across NSW.
- Reached an important milestone in Concord Hospital's \$341 million redevelopment, with construction of the eight-storey, 214-bed clinical services building reaching its highest point of construction.

- Announced the \$750 million redevelopment of Royal Prince Alfred will be fast tracked as a key investment in health infrastructure in NSW.
- Announced and commenced building works for the state's first public inpatient unit for new mothers with severe mental illness.
- Completed the \$6.5 million upgrade of the emergency department at Canterbury Hospital featuring a dedicated waiting area with a play space, seven new treatment spaces, a resuscitation area, specialist isolation area and separate amenities for young patients and their families.
- Won the NSW Premier's Award for excellence in digital innovation for **rpavirtual**.
- Launched Australia's first total body PET-CT scanner at Royal Prince Alfred Hospital to revolutionise patient care, providing clearer images, at a lower radiation dose and in about a quarter of the time.
- Launched the new Bulbuwul Mudjin Midwifery Clinic at Concord Hospital, extending the District's midwifery group practice services for women in Sydney's inner west.
- Launched the new Statewide Intellectual Disability Mental Health Outreach Service to provide advice and consultation to healthcare professionals working with adults with intellectual disabilities.
- Released concept designs for Royal Prince Alfred HealthOne Green Square which will deliver a range of healthcare services focused on population health, early intervention, health promotion and prevention.

## Western NSW Local Health District

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Business hours: 8:30am-5pm, Monday to Friday

### Chief Executive: Scott McLachlan



Scott McLachlan leads a team driven by a commitment to improve health outcomes for rural people, and deliver compassionate, high-quality and connected health services.

Aboriginal and Torres Strait Islander people make up more than 13 per cent of the Western NSW Local Health District population. Scott is committed to developing services and places that welcome Aboriginal people and the whole community.

Scott'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

It has been another challenging year for our health system. Our communities have been relentlessly tested but continue to demonstrate resilience, courage and strength. As a community, we are feeling the fatigue associated with the pandemic. We enter a stage of recovery from the drought but now face the detrimental impacts of the mouse plague.

## Western NSW Local Health District | Demographic summary

### Size

- 247,000 km<sup>2</sup>

### Population size

- 279,422 residents
- Projected increase to 286,410 by 2031

### Age

- 41,220 aged 70+
- 70+ age group projected to increase to 52,880 by 2031

### Culture

- Eight per cent born overseas
- 13 per cent from Aboriginal or Torres Strait Islander background
- Four per cent speak a language other than English at home
- Barindji, Barrinbinja, Barundji, Gunu, Kamilaroi, Muruwari, Wailwan, Wiradjuri and Wongaibon peoples are the traditional owners of the land

### Health issues

- Cardiovascular disease
- Diabetes
- Cancer
- Alcohol-related deaths
- Suicide and self-harm
- Smoking

Despite the ongoing challenges, we continue to adapt to working and living in a pandemic. Our healthcare team has reached a point of substantial maturity with managing the challenges of COVID-19. We have established culturally appropriate communication strategies, workforce contingency measures including surge planning and emergency response teams to ensure continuity of care. We have tested more than 130,000 people and continue to work with the community and service providers to support and expand on the vaccine rollout in rural and remote communities.

As part of our commitment to provide sustainable healthcare closer to home, we continue to build on innovative technology solutions for remote and virtual care. We have implemented the statewide Telestroke Service, the District-wide pharmacy service incorporating virtual pharmacy, established a virtual Mental Health Drug and Alcohol team and piloted a virtual mental health emergency service.

We have managed the pressures of the pandemic while simultaneously managing the significant increase in the demand for services. Surgeries performed in the District have grown by more than 10 per cent in 2020-21 compared with the previous year, emergency attendances were up by almost 24 per cent and we have had a nine per cent increase in babies being born in our facilities.

The health and wellbeing of Aboriginal people remains a priority. We continue to implement and deliver a range of workforce strategies. We have introduced Aboriginal and Torres Strait Islander targeting for all recruitment, and have established an Aboriginal Workforce Training Coordinator to oversee and implement training and development initiatives.

We continue to work in partnerships with other service providers and Aboriginal communities to improve the health of Aboriginal people.

We have an incredible healthcare team. We are proud of the flexibility and resilience of the team. They have shown commitment to providing high-quality patient care during unprecedented times and we would like to thank the team for their ongoing efforts.

## Key achievements

- Improved services across the District, including the opening of the new Lightning Ridge Multipurpose Service and Mudgee Hospital and commenced construction on the new car parking at Dubbo Hospital.
- Implemented Towards Zero Suicides initiatives which included launching SafeHavens, establishing prevention outreach teams, implementing Safeside staff training and partnering with Bila Muuji Aboriginal Corporation Health Service to create rural counsellor positions in Dubbo and Orange.
- Secured a multi-year contract for the provision of medical services to the District health services, and General Practice, in six communities where continuous medical coverage has been difficult to sustain.
- Implemented a Cardiovascular Information System to integrate cardiac catheter lab, echocardiogram and other cardiology services at all sites.
- Launched the Specialist Palliative Care Service Unit. The Specialist team work in partnership with local health services to support patients and their carers to receive care closer to home.
- Developed family and carer spaces within Mental Health Drug and Alcohol services across the District in partnership with non-government organisations, in both community and inpatient settings. Worked with consumers, carers and Aboriginal communities to ensure the spaces are culturally safe for all users.
- Developed numerous training pathways. These include the development of a Western NSW Local Health District physiotherapy clinical school, training pathways for students across all levels of psychology, and the Aboriginal Administration Trainee program.
- Delivered improved services with the installation of CT scan services at Mudgee and Dubbo Health Services. Implemented a new MRI service at Dubbo Hospital and upgraded the MRI and interventional radiology suite at Orange Health Service.
- Implemented further adoption of the Symptoms of Strangulation card for non-fatal strangulation. This was developed by PARVAN (Prevention and Response to Violence, Abuse and Neglect) in Western NSW Local Health District. Over 50,000 copies have since been ordered across NSW, Victoria and the Australian Capital Territory. It has been translated into 21 community languages. It is accessible via Health Pathways intranet site and the Agency for Clinical Innovation website.

## Western Sydney Local Health District

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### Chief Executive: Graeme Loy



During the past 17 years, Graeme Loy has held several executive roles, including Chief Executive for Northern Sydney Local Health District. He was appointed to the role of Chief Executive of Western Sydney Local Health District in 2019.

His knowledge of both clinical and corporate services includes a strong focus on system performance through healthy relationships.

Graeme has accumulated significant experience in all aspects of leadership in both the public and private sectors, delivering highly complex clinical services and positive patient experiences through high-performing teams. His breadth of knowledge spans facility, district and statewide environments and enables him to ensure optimal provision of safe, high-quality and timely clinical and community health services.

### Year in review

The resilience and versatility of Western Sydney Local Health District came to the fore in 2020-21 as we grew and improved services, increased our commitment to research, looked after our staff and planned for the future of healthcare – all while continuing to tackle COVID-19 through testing, treating and now vaccination.

We opened the Central Acute Services Building as the \$1.1 billion Westmead Redevelopment continued. We also opened a new leisure and recreation hub for mental health consumers at Cumberland Hospital, and unveiled the refurbished Merrylands HealthOne community health centre. Work also commenced on significant upgrades to our mental health facilities at Blacktown Hospital.

We have conducted more than 800,000 COVID-19 tests, delivered more than 120,000 doses of the vaccine, and supported people in hotel quarantine with more than 100,000 interpreter sessions. We opened more than 40 COVID-19 testing clinics across western Sydney, and worked with community organisations to vaccinate more than 1000 vulnerable people at dedicated outreach events.

Westmead and Blacktown emergency departments launched a new model of care Rapid Assessment, Intervention, and Discharge-Emergency Department with allied health, significantly improving the patient

experience score from 53 per cent to 79 per cent at Blacktown and from 58 per cent to 92 per cent at Westmead. A new antenatal care model at Auburn Hospital saw the proportion of pregnant women engaged in early care rise from four per cent to 35 per cent.

We were thrilled to launch a new Dragonfly Midwifery Clinic for Aboriginal mothers. The proportion of our staff who identify as Aboriginal or Torres Strait Islander has nearly doubled over the past two years, and we began regular yarning circles with Aboriginal elders and the community to discuss how we can improve services.

The launch of a Collaborative Commissioning with the Western Sydney Primary Health Network is driving innovation in the way we manage heart health, urgent health concerns and COVID-19. Our mental health service is working with Blacktown Police to respond to mental health emergencies, responding to more than 400 call-outs and diverting two-thirds of consumers away from the emergency department.

Our commitment to research is stronger than ever with the appointment of our first District Director of Research, and successful grants covering every area of health from heart regeneration and liver cancer to parental health literacy and COVID-19 stress.

This is just the tip of the iceberg, and of course none of it would be possible without the incredible work of the people who make it happen. I could not be more proud of our staff and want to thank them for everything they do each day for the people of Western Sydney Local Health District.

### Key achievements

- Applied successfully for a National Health and Medical Research Council Partnership grant for a cluster-randomised controlled trial of the Parenting Plus intervention program. Child and Family Health, in collaboration with partners, designed the program for new parents to receive more education and guidance through the healthcare system. At the same time, Child and Family Health implemented the Circle of Security Parenting. The highly regarded evidence-based parenting program incorporates videos, teaching, discussion and reflection to help develop the capacity of the parents of western Sydney.
- Targeted priority populations with Youth Health, as *The COVID STREETFIGHTER* program communicated with stakeholders and rapidly scaled up messaging on Facebook. This resulted in many young vulnerable people receiving COVID-19 tests and information, access to telehealth for counselling appointments and mental health care packs for young people in isolation during the first wave of the pandemic.



- Provided a coordinated approach to COVID-19 communication through Multicultural Health Services, working in collaboration with internal and external stakeholders to ensure culturally and linguistically diverse communities in western Sydney received timely, credible, linguistically and culturally appropriate information. Two-way communication processes were established with culturally and linguistically diverse communities early in the pandemic to help identify fears, concerns, challenges and communication needs. Multilingual resources were developed to meet communication needs of a very diverse Western Sydney Local Health District population.
- Started our new Aboriginal Supportive and Palliative care worker, of which we have seen improved culturally appropriate services delivery and support for those and their families who are experiencing end of life.
- Implemented an innovative allied health model of care, the Rapid Assessment Intervention and Discharge in the Emergency Department team at Westmead and Blacktown hospitals. The team works extended hours across seven days including occupational therapy, physiotherapy and social work with the model of care enabling proactive screening of all patients who present to the emergency department.
- Delivered construction of the 14-storey Central Acute Services Building in accordance with the schedule program and handed over to Western Sydney Local Health District on 17 July 2020. The \$1.1 billion Westmead Redevelopment is the biggest health infrastructure project in the state – including the Westmead Hospital redevelopments and stage one of The Children's Hospital at Westmead. Stage 3 refurbishment works, to create a new specialist cardiology outpatient and administrative hub along with new high-acuity neurosciences inpatient beds, were completed on 21 May 2021.
- Achieved more than five percentage points improvement in patient experience through Auburn Hospital Emergency Department during the COVID-19 pandemic as reported by Bureau of Health Information as a result of strategies focused on transforming the patient's experience.
- Launched a pilot leadership program in February 2021, recognising the importance of fostering the next generation of leaders among nurses and midwives in western Sydney. The participants of the Nursing and Midwifery Directorate's leadership program were selected across facilities and services, and have been provided the opportunity to develop and grow on their leadership journey through the engagement with subject matter experts at specialised workshops focusing on patient safety, workforce, conflict and financial management.
- Delivered further progress on cultural transformation focusing on three key areas: leadership, behaviours and communication – including the development and launch of our Culture Vision of 'Our Place, Our People'
- Established a Health Academy for Aboriginal and Torres Strait Islander students to create pathways into employment in partnership with Indigenous Allied Health Australia Ltd, NSW Department of Education, NSW TAFE, South Eastern Sydney Local Health District and Nepean Blue Mountains Local Health District. Western Sydney Local Health District will be offering clinical placements for trainees with a view of transitioning to permanent employment.

## Western Sydney Local Health District | Demographic summary

### Size

- 780 km<sup>2</sup><sup>5</sup>

### Population size

- 1,144,280 residents<sup>1</sup>
- Projected increase to 1,467,610 by 2031<sup>1</sup>

### Age

- 7.9 per cent aged 70+<sup>1</sup>
- 70+ age group projected to increase by 141,144 by 2031<sup>1</sup>

### Culture

- 46.8 per cent born overseas<sup>2</sup>
- 1.5 per cent from Aboriginal or Torres Strait Islander background<sup>2</sup>

- 50.3 per cent speak a language other than English at home<sup>2</sup>

- Darug people are the traditional owners of the land<sup>4</sup>

### Health issues<sup>3</sup>

Coronary heart disease, heart failure, asthma, diabetes and mental illness

Sources: 1. NSW Ministry of Health CaSPA, NSW Department of Planning, Industry and Environment 2019 Common Planning Assumptions (CPA) population projections by Statistical Local Areas (2007, 2011), Local Government Areas (2007) and Local Health Districts defined by mapping ABS SA1 (ASGS2016) to these boundaries. 2. Based on 2016 Census. <https://www.wslhd.health.nsw.gov.au/SocialHealthAtlas/>. 3. Based on hospitalisation separation rates (2014-15 to 2018-19 combined). Epidemiology and Health Analytics. Epidemiological Profile – Western Sydney Local Health District Residents 2020. Sydney: Western Sydney Local Health District, 2020. <https://www.wslhd.health.nsw.gov.au/SocialHealthAtlas/>. 4. <https://www.wslhd.health.nsw.gov.au/Population-Health-Services/Services-and-Programs/Aboriginal-Health>. 5. <https://www.wslhd.health.nsw.gov.au/About-Us>.

# Appendix

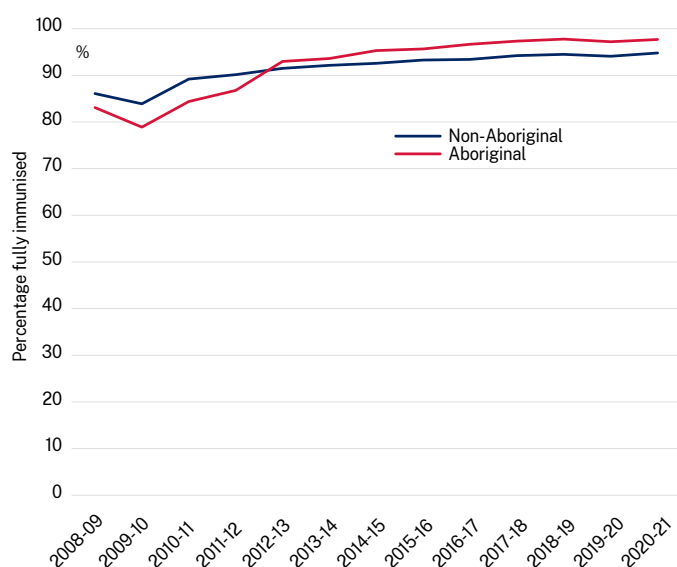


## Appendix 1

## Health statistics

## Early disease management

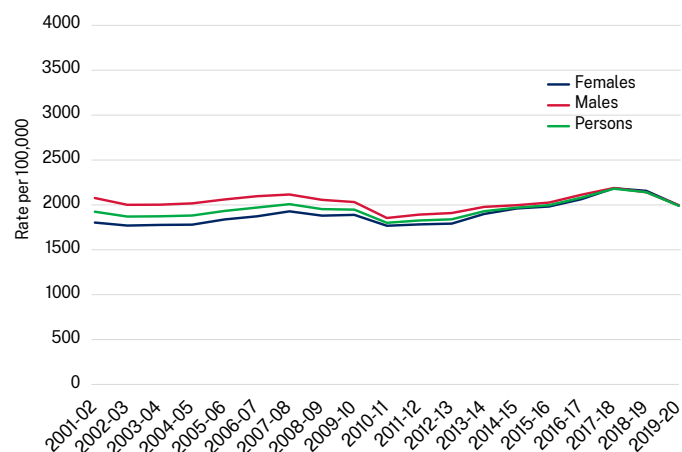
## Aboriginal and non-Aboriginal children fully vaccinated at five years of age



Source: Health Protection NSW.

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. This has closed the gap in coverage rates and resulted in Aboriginal children having higher coverage at 97.7 per cent than non-Aboriginal children at 94.8 per cent in 2020-21.

## Potentially preventable hospitalisations



Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

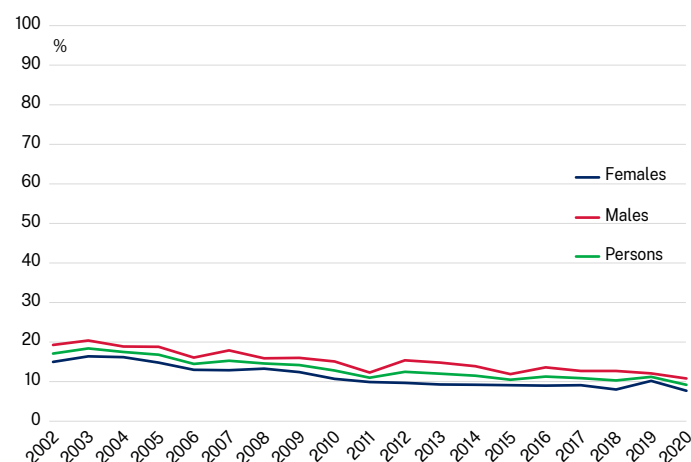
Conditions for which hospitalisation is considered potentially avoidable through preventive care and early disease management, usually delivered in an ambulatory (walk-in) setting, such as primary healthcare.

The term does not mean that a patient admitted for that condition did not need to be hospitalised at the time of admission. Rather, the hospitalisation may have been prevented by timely and appropriate provision of primary or community-based healthcare. 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. In 2019-20 in NSW, the rate of potentially preventable hospitalisations was 1995 per 100,000 population for both males and females or 180,305 hospital episodes in total.

## Smoking

## Daily smoking in adults aged 16 years and over

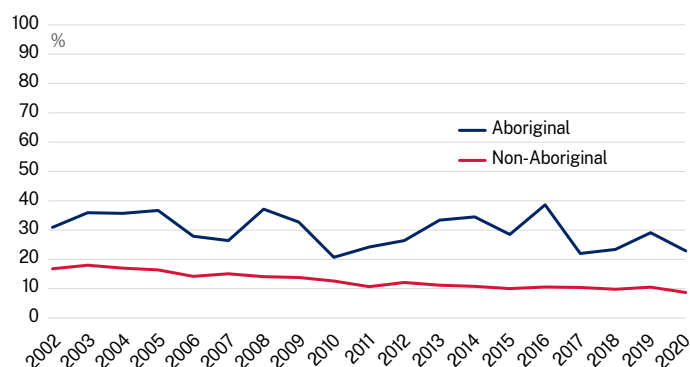


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

There has been a long-term reduction in smoking over the last 10 years, with 9.2 per cent of adults (10.8 per cent of males and 7.7 per cent of females) in NSW reporting daily smoking in 2020.

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

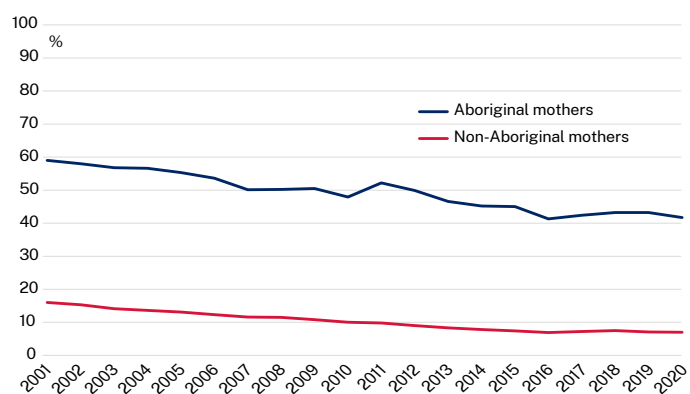


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

Aboriginal people are more than twice as likely to be daily smokers as non-Aboriginal people. In NSW in 2020, the rate of daily smoking in adults was 22.9 per cent among Aboriginal people, and 8.7 per cent among non-Aboriginal people.

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.

## Smoking during pregnancy by Aboriginal and non-Aboriginal mothers

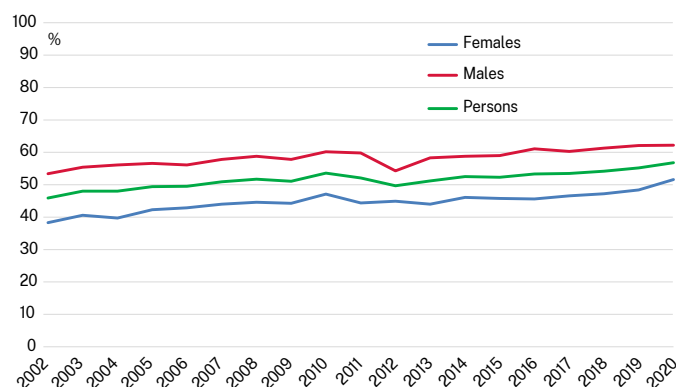


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

The proportion of mothers that reported smoking at some time during pregnancy has remained stable in recent years at around nine per cent. In 2020, 41.7 per cent of Aboriginal mothers reported smoking at some time during pregnancy, compared with 7.0 per cent of non-Aboriginal mothers. In 2020, 8.6 per cent of mothers reported any smoking during pregnancy. Of those mothers who smoked during pregnancy in 2020, 21.3 per cent stopped smoking in the first half of pregnancy (11.3 per cent of Aboriginal mothers and 24.4 per cent of non-Aboriginal mothers who smoked).

## Overweight and obesity

### Overweight or obesity in adults aged 16 years and over



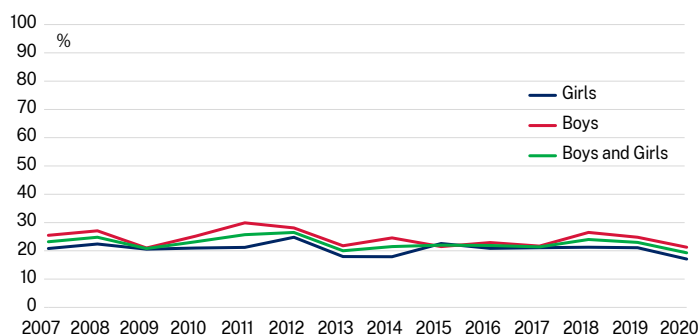
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

In NSW over the 10 years between 2011 and 2020, the rate of overweight and obesity in the population has gradually increased from 52.1 per cent to 56.8 per cent of adults. Underlying this trend, the rate of increase in overweight was lower than that of obesity (between 2011 and 2020, overweight rates increased from 33.1 per cent to 34.3 per cent whereas obesity rates increased from 19.1 per cent to 22.5 per cent).

In 2020, 56.8 per cent of adults aged 16 years and over (62.2 per cent of men and 51.6 per cent of women) were overweight or obese. Further, 34.3 per cent of adults (40.2 per cent of males and 28.4 per cent of females) were overweight and 22.5 per cent (22.0 per cent of males and 23.1 per cent of females) were obese.

Excess body weight is one of the main public health problems in Australia. The risk of developing chronic health conditions such as diabetes and heart disease increases with increasing levels of excess weight.

### Overweight or obesity in children five to 16 years

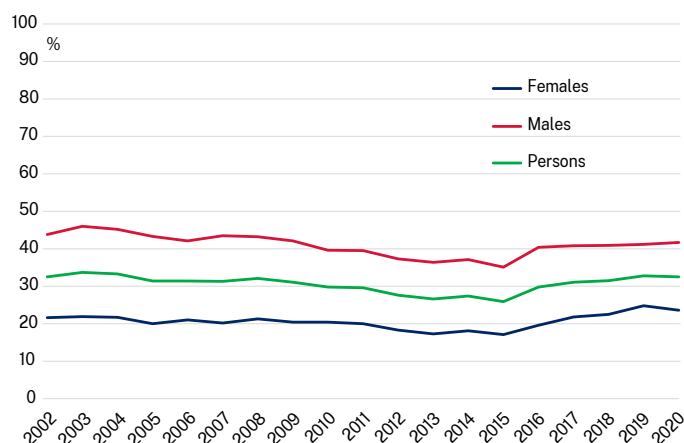


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

In NSW, the prevalence of overweight and obesity in children has been relatively stable over the 10-year period from 2011 to 2020. In 2020, 19.3 per cent of children aged five to 16 years (21.3 per cent of boys and 17.1 per cent of girls) were overweight or obese. 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.

In 2020 in NSW, 32.5 per cent of adults (41.7 per cent of men and 23.6 per cent of women) consumed more than two standard alcoholic drinks on a day when they drank alcohol, posing a long-term risk to their health.

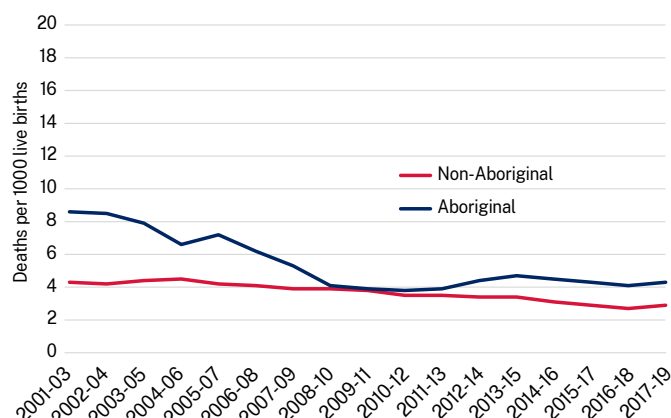
While alcohol consumption at levels that pose a long-term health risk was in decline over the 10 years prior to 2015 in NSW, rates have increased since then.

Excessive alcohol consumption is the leading contributor to the burden of illness and deaths in Australia for people aged up to 44 years and the third overall contributor to total burden of disease and illness for all ages, behind tobacco and high body mass.

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 alcohol is consumed, 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

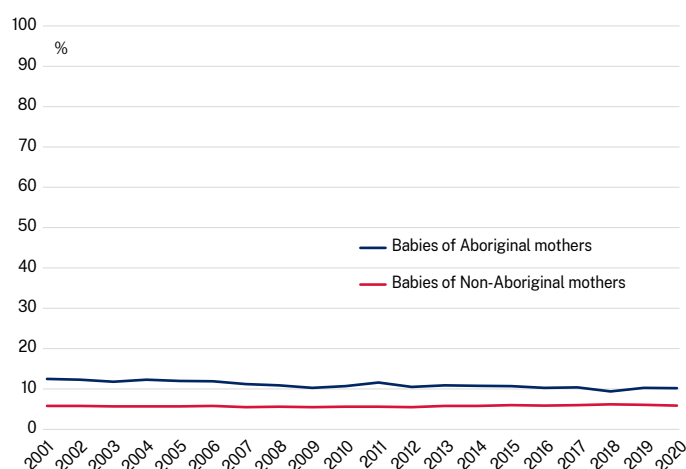


Source: Australian Bureau of Statistics. Deaths. Catalogue number 3302.0. Canberra: ABS and HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

The infant mortality rate is the number of infant deaths (up to one year of age) per 1000 births. During 2017-19, an average of 30 deaths of Aboriginal infants under one year of age per year were registered in NSW. Over the period 2001-03 to 2017-19, the infant mortality rate among Aboriginal infants halved from 8.6 to 4.3 deaths per 1000 births, while the rate among non-Aboriginal infants reduced by around one-third from 4.3 to 2.9 infant deaths per 1000 births.

The mortality rate among Aboriginal infants in NSW is lower than in other Australian states and territories. From 2017-19, the infant mortality rate for all Aboriginal infants in Australia was 5.4 compared with a rate of 4.3 deaths per 1000 births for Aboriginal infants in NSW.

### Low birth weight babies born to Aboriginal and non-Aboriginal mothers



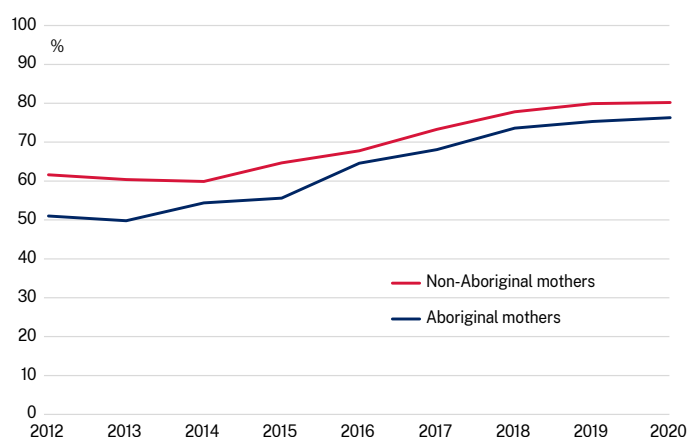
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

In NSW in 2020, the proportion of low birth weight babies born to Aboriginal mothers was around two-thirds higher than the proportion born to non-Aboriginal mothers. Between 2001 and 2020, the proportion of low birth weight babies among Aboriginal mothers decreased from 12.5 per cent to 10.2 per cent.

Smoking in pregnancy is associated with an increased risk of having a low birth weight baby.

The proportion of Aboriginal mothers who reported smoking at some time during pregnancy fell from 59.0 per cent in 2001 to 41.7 per cent in 2020. In 2020, 11.3 per cent of Aboriginal mothers who smoked quit during the first half of their pregnancy.

### First antenatal visit before 14 weeks by Aboriginal and non-Aboriginal mothers



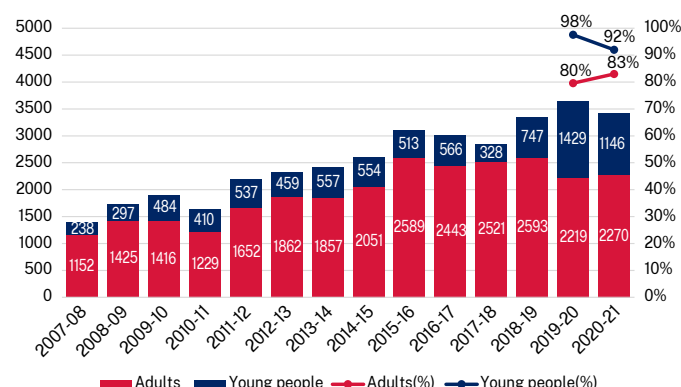
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

The purpose of antenatal visits is to monitor the health of the mother and baby, provide advice to promote the health of the mother and baby, and identify antenatal complications so that appropriate intervention can be provided at the earliest time.

The first comprehensive antenatal assessment should be carried out as early as possible in pregnancy. In NSW in 2020, the proportion of Aboriginal mothers who attended their first antenatal visit before 14 weeks of pregnancy was 76.3 per cent, compared with 80.2 per cent of non-Aboriginal mothers.

## Mental health

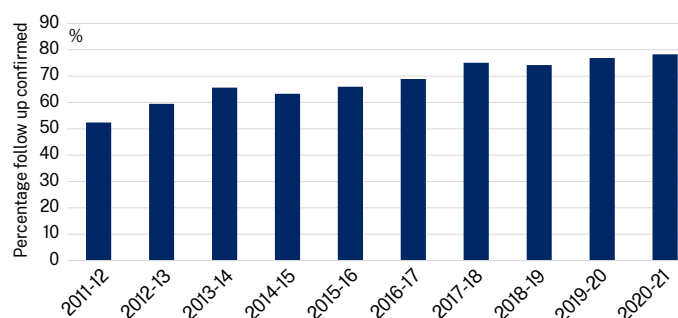
### Adults and young people with mental health illness or issues diverted into community-based treatment



Source: Justice Health and Forensic Mental Health Network.

In 2020-21, 2270 (83 per cent) adults in the criminal justice system with mental health illness were diverted away from custody into community-based treatment by the Justice Health and Forensic Mental Health Network (excludes diversions by Hunter New England Local Health District). Over the same period, there were 1146 (92 per cent) young people in contact in the criminal justice system identified as having mental health issues and referred to community-based treatment.

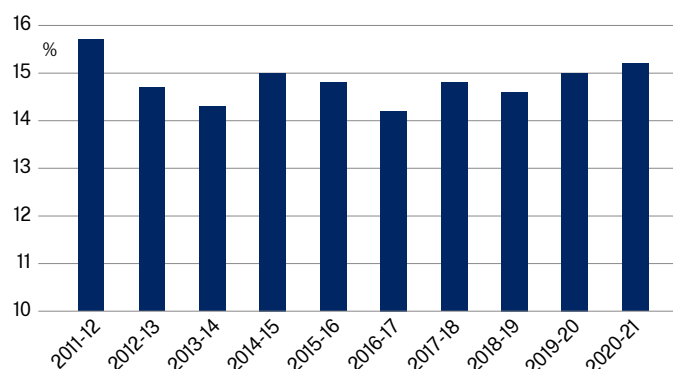
### Proportion of clients discharged from an Acute Public Mental Health Unit who are seen by a Community Mental Health Team within seven days of that discharge



Source: Health Information Exchange, InforMH.

This indicator shows the proportion of clients discharged from an Acute Public Mental Health Unit who are seen by a Community Mental Health Team within seven days of that discharge. It reflects the effectiveness of acute inpatient discharge planning and the integration of acute inpatient and community mental health services. In 2020-21, the rate of follow-up within seven days increased from the previous year to 78.3 per cent.

## Readmission to a mental health acute service within 28 days

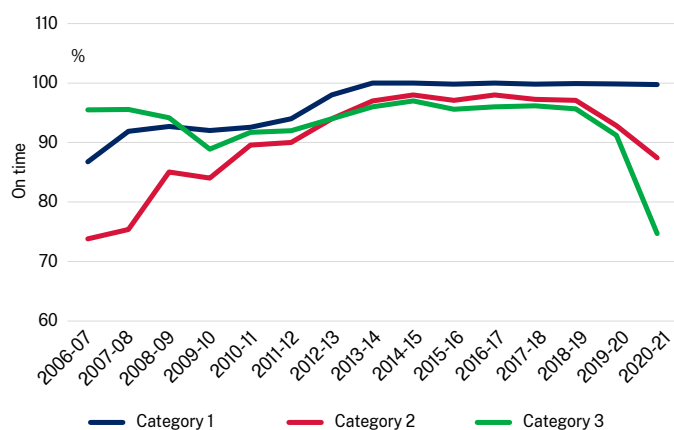


Source: Health Information Exchange, System Information and Analytics Branch, InforMH.

This indicator shows the proportion of separations from an Acute Public Mental Health Unit which were followed by a readmission within 28 days to any NSW Acute Public Mental Health Unit. The readmission rate increased slightly by 0.2 per cent from 2019-20 to 15.2 per cent.

## NSW hospital performance

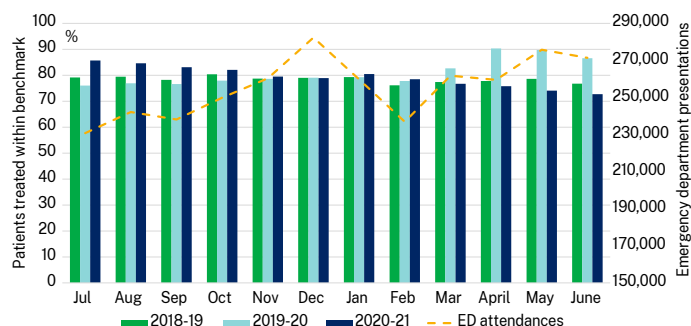
### Elective Surgery Access Performance target – percentage of patients admitted for elective surgery within clinically recommended timeframes



Source: Waiting List Collection Online System, NSW Ministry of Health.

The percentage of patients who received their elective surgery within clinically recommended timeframes declined in NSW. In 2020-21, the number of patients receiving their surgery on time remained at 100 per cent for category 1 (urgent surgery), with category 2 (semi-urgent surgery) at 87 per cent and category 3 (non-urgent surgery) at 75 per cent. Elective surgery activity and performance has been impacted by COVID-19 with restrictions placed on non-urgent elective surgery for a substantial portion in early 2020.

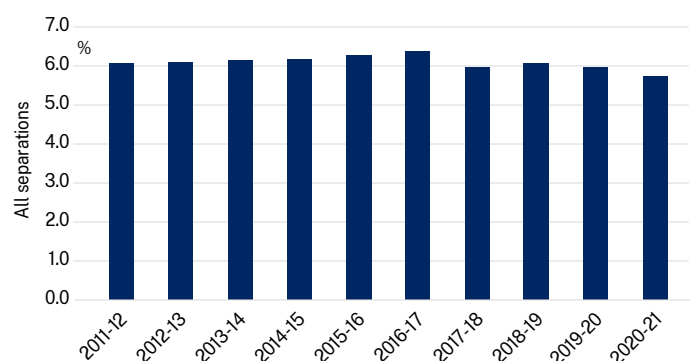
## Percentage of emergency department patients treated within benchmark times across three triage categories



Source: NSW Ministry of Health, Health Information Exchange.

In 2020-21, over 3 million patients attended a NSW public emergency department, over 148,000 more than in 2019-20. While presentations peaked in December 2020, the percentage of patients seen within clinically appropriate timeframes across all triage categories remained similar to those overall in 2019-20.

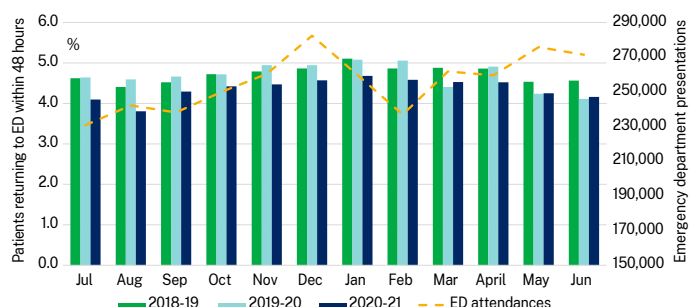
## Unplanned readmission within 28 days of separation



Source: Health Information Exchange, NSW Ministry of Health.

Unplanned readmissions in 2020-21 have decreased 0.3 percentage points from the previous year and the number is the lowest it has been in the last decade. This data reflects the volume of unplanned readmissions within 28 days but does not provide an indication of whether these readmissions were preventable or unexpected.

## Re-presentation to the same emergency department within 48 hours

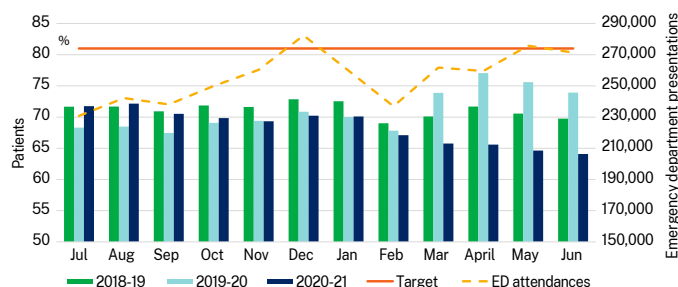


Source: NSW Ministry of Health, Health Information Exchange.



The percentage of re-presentations decreased in 2020-21 compared with 2019-20. Emergency departments are maintaining high levels of care while caring for an increased volume of patients. Districts and networks continue their efforts towards improving patient flow in emergency department and hospital wards despite the additional pressures brought on by the COVID-19 pandemic.

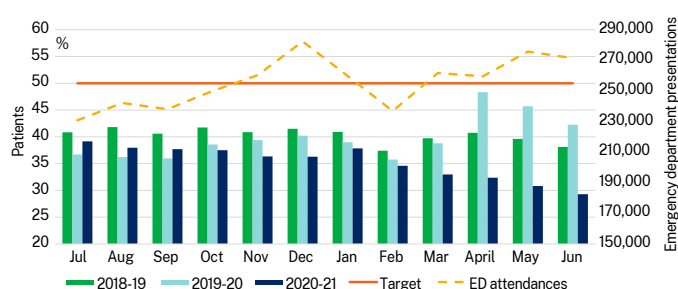
### Emergency Treatment Performance – percentage of patients with total time in an emergency department ≤ four hours



Source: NSW Ministry of Health, Health Information Exchange.

NSW continues its commitment to ensuring patients who present to emergency departments complete their treatment in a timely and clinically appropriate manner. Despite additional clinical protocols brought on by the COVID-19 pandemic, 68.3 per cent of patients who presented to a NSW emergency department left within four hours following treatment in 2020-21.

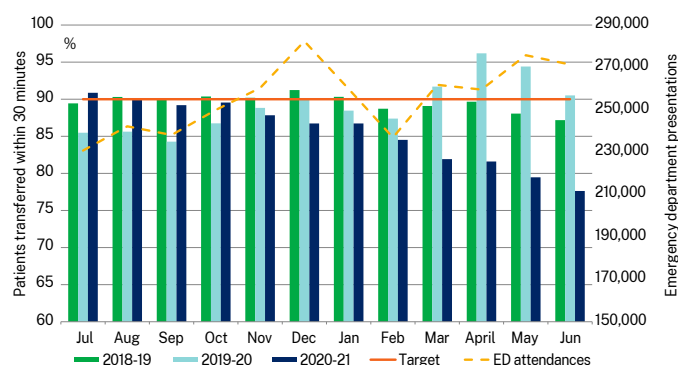
### Admitted Emergency Treatment Performance – percentage of patients with total time in an emergency department ≤ four hours



Source: NSW Ministry of Health, Health Information Exchange.

Emergency treatment performance for patients admitted to a ward, intensive care unit or operating suite followed a decreasing trend in 2020-21 as the health system experienced higher activity levels and impacts of the pandemic. The proportion of admitted patients in 2020-21 who spent four hours or less in the emergency department was 35.2 per cent.

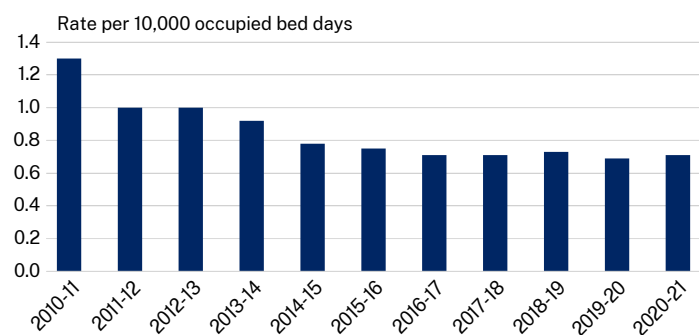
### Transfer of Care (TOC) Performance – percentage of patients whose care was transferred from ambulance staff to emergency department staff within 30 minutes



Source: NSW Ministry of Health, Health Information Exchange.

In 2020-21, NSW public hospitals experienced an increase in volume of patients attending the emergency department and the proportion of patients whose care was transferred from ambulance staff to hospital staff within 30 minutes followed a decreasing trend. The state target of 90 per cent was achieved in the July to October 2020 period with the subsequent months falling below target.

### Staphylococcus aureus bloodstream infections



Source: System Information and Analytics Branch, NSW Ministry of Health.

The above graph shows the aggregate rate of healthcare associated *Staphylococcus aureus* bloodstream infections (SA-BSI) for NSW public hospitals.

The data includes both methicillin-resistant and methicillin-sensitive isolates. The rate of SA-BSI has decreased from 1.3 per 10,000 occupied bed days in 2010-11 to 0.71 per 10,000 occupied bed days in 2020-21. The overall rate of SA-BSI in NSW has remained below the national benchmark of less than two cases per 10,000 bed days.



## Appendix 2

# Workforce statistics

## Number of full-time equivalent staff (FTE) employed in the NSW public health system

	June 2021
Medical	13,350
Nursing	51,794
Allied health	11,462
Other professionals and paraprofessionals	3,179
Scientific and technical clinical support	6,810
Oral health practitioners and therapists	1,316
Ambulance officers	4,764
<b>Sub-total clinical staff</b>	<b>92,675</b>
Corporate services	5,441
Clinical support	19,170
Hotel services	8,681
Maintenance and trades	857
Other	332
<b>Sub-total other staff</b>	<b>34,481</b>
<b>Total</b>	<b>127,156</b>

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 Wodonga Health. All non-salaried staff such as Visiting Medical Officers (VMO) and other contracted staff are excluded. 3. Staff employed by Third Schedule affiliated health organisations, non-government organisations and other service providers funded by NSW Health are not reported in the NSW Ministry of Health's annual report. 4. Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. 5. IT project implementation staff are included in clinical support. 6. The COVID-19 pandemic may result in additional or alternate care delivery requirements, which may affect the current reporting of NSW Health workforce numbers in lieu of normal variations. 7. Non-Emergency Patient Transport Officers (NEPTO) were realigned to the treasury group 'clinical support' from 'scientific and technical clinical support' (approximately 230 FTE).

## Number of full-time equivalent staff (FTE) employed in other NSW Health organisations

	June 2021
NSW Health organisations supporting the public health system*	2,071
Health Professional Councils Authority	168
Mental Health Review Tribunal	35

\*Includes the 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.

## Historical figures NSW public health system

	June 2018	June 2019	June 2020
Medical	12,137	12,503	12,997
Nursing	48,286	49,353	49,889
Allied health	10,445	10,697	11,084
Other professionals and paraprofessionals	3,057	3,093	3,064
Scientific and technical clinical support	6,650	6,758	6,909
Oral health practitioners and therapists	1,332	1,337	1,369
Ambulance officers	4,150	4,241	4,644
<b>Sub-total clinical staff</b>	<b>86,056</b>	<b>87,983</b>	<b>89,956</b>
Corporate services	5,248	5,219	5,428
Clinical support	16,340	17,118	17,389
Hotel services	8,189	8,271	8,579
Maintenance and trades	865	864	856
Other	349	330	329
<b>Sub-total other staff</b>	<b>30,991</b>	<b>31,801</b>	<b>32,582</b>
<b>Total</b>	<b>117,047</b>	<b>119,784</b>	<b>122,538</b>

Source: Statewide Management Reporting Service (SMRS).

**Notes:** 1. FTE is 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, Ambulance NSW, eHealth NSW and Albury Wodonga Health. All non-salaried staff such as Visiting Medical Officers (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. IT project implementation staff are included in clinical support.

## Number of full-time equivalent staff (FTE) employed in other NSW Health organisations

	June 2018	June 2019	June 2020
NSW Health organisations supporting the public health system*	1,584	1,787	1,797
Health Professional Councils Authority	112	134	143
Mental Health Review Tribunal	29	31	34

Source: Statewide Management Reporting Service (SMRS).

\*Includes NSW Ministry of Health, Clinical Excellence Commission, Bureau of Health Information, Health Education and Training Institute, Agency for Clinical Innovation, Health Administration Corporation – Health Infrastructure, Health System Support Group and Cancer Institute NSW.

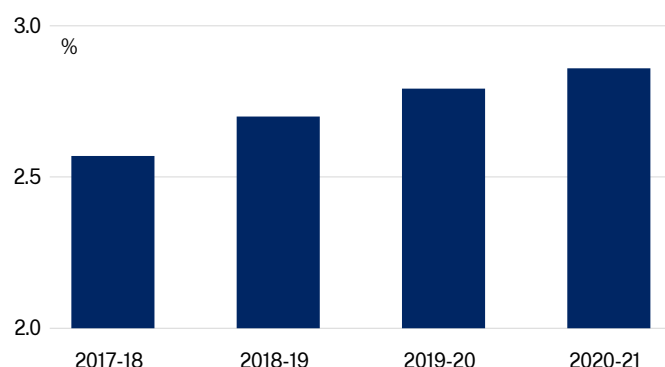
## Registered practitioners

Profession	NSW <sup>1</sup>
Aboriginal and Torres Strait Islander health practitioner	179
Chinese medicine practitioner	1,959
Chiropractor	1,945
Dental practitioner	7,420
Medical practitioner	38,874
Medical radiation practitioner	5,931
Midwife	1,677
Nurse	115,353
Nurse and midwife <sup>1</sup>	8,123
Occupational therapist	7,015
Optometrist	2,064
Osteopath	632
Paramedic	5,525
Pharmacist	10,509
Physiotherapist	11,009
Podiatrist <sup>2</sup>	1,631
Psychologist	13,541

Source: Australian Health Practitioner Regulation Agency, June 2021.

**Notes:** 1. Registrants who hold dual registration as both a nurse and a midwife. 2. Throughout this report, the term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise specified. 3. The 2020-21 data includes practitioners registered on the temporary pandemic sub-register created in response to the COVID-19 pandemic.

## Aboriginal staff as a proportion of total staff



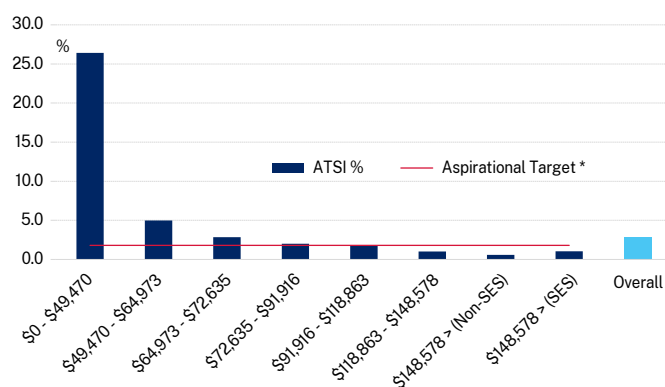
Source: Public Service Commission data collection 2020-21.

Note: NSW Public Health System.

Excludes Third Schedule facilities.

\*Note from the PSC Diversity Report 2020: The NSW Public Sector Aboriginal Employment Strategy 2014-17 introduced an aspirational target of 1.8 per cent by 2021 for each of the sector's salary bands. If the aspirational target of 1.8 per cent is achieved in salary bands not currently at or above 1.8 per cent, the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3 per cent (original overall target is 2.6 per cent).

## Aboriginal staff by salary band



Source: Public Service Commission data collection 2020-21.

Note: NSW public health system.

Excludes Third Schedule facilities.

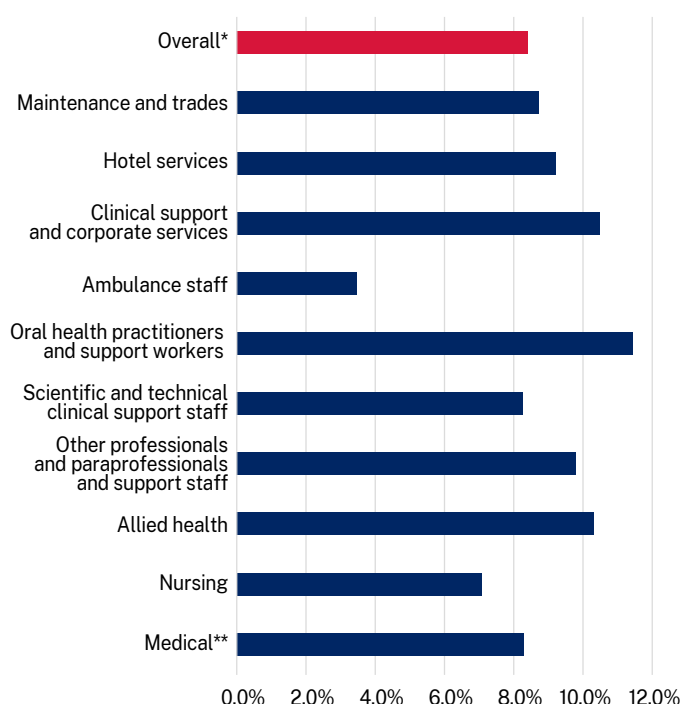
\*Note from the PSC Diversity Report 2020: The NSW Public Sector Aboriginal Employment Strategy 2014-17 introduced an aspirational target of 1.8 per cent by 2021 for each of the sector's salary bands. If the aspirational target of 1.8 per cent is achieved in salary bands not currently at or above 1.8 per cent, the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3 per cent (original overall target is 2.6 per cent).

## 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 enables 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 2021, the staff turnover rate was 8.4 per cent – an increase from 7.9 per cent in June 2020.

### Non-casual staff turnover rate by treasury group – FY 2020-21



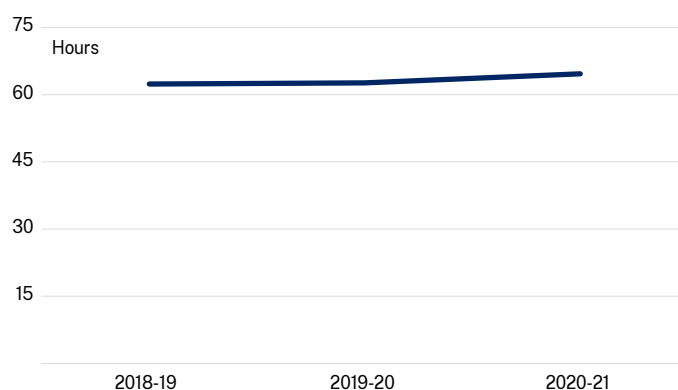
Source: Public Service Commission data collection.

Note: \*Excludes Third Schedule facilities, 'Other' treasury group and Junior Medical Officers. \*\*Excluding Junior Medical Officers (JMOs are on a term contract). Health system average inclusive of all 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 Wodonga Health 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 increased slightly from 62.65 hours per FTE in 2019-20 to 64.65 hours per FTE in 2020-21.

### Sick leave hours per full-time equivalent



Source: MOH-Statewide Management Reporting System (SMRS).

Note: Excludes Third Schedule facilities and casual employees. Health system 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 Wodonga Health and NSW Ambulance.

## Overseas visits

Due to the COVID-19 pandemic, there have been no overseas visits for Ministry employees travelling on Ministry-related activities.

## Key policies 2020-21

The following policies were implemented in 2020-21.

Policy number	Policy name
PD2020_023	Staff Specialist Emergency Physicians – Remuneration Arrangements for the Period to June 2021
PD2020_040	Prevention and Management of Workplace Bullying in NSW Health
PD2020_041	Prevention and Management of Unacceptable Workplace Behaviours in NSW Health JMO Module
PD2020_044	Managing Child Related Allegations, Charges and Convictions Against NSW Health Staff
PD2021_17	Service Check Register for NSW Health

## Workers compensation

### NSW Ministry of Health – Categories of accepted workers compensation claims

Injury or illness	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Body stressing	8	2	3	1	0	0	0	2	2
Slip, trip, fall	2	3	3	1	2	0	6	3	0
Hitting objects	0	0	1	1	0	0	1	0	0
Psychological	2	0	2	5	2	0	6	4	6
Motor vehicle	0	0	0	0	0	0	0	1	0
Other	1	0	0	2	0	0	0	0	0
<b>Total</b>	<b>13</b>	<b>5</b>	<b>9</b>	<b>10</b>	<b>4</b>	<b>0</b>	<b>13</b>	<b>10</b>	<b>8</b>

### NSW Ministry of Health – Number of new claims each year

Year	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
New claims	13	5	9	10	4	0	13	10	8

## Award changes and industrial relations claims

### Wage increases

Unions sought a wage increase for NSW Health staff of 2.5 per cent for the period 1 July 2020 to 30 June 2021, as the NSW Government submitted that wage increases should not occur due to the economic impacts of the COVID-19 pandemic.

The NSW Industrial Relations Commission awarded a 0.3 per cent wage increase to NSW Health Awards following arbitration. For paramedics, the Commission also awarded an additional bonus amount being the difference between \$1000 and the 0.3 per cent wage increase.

### Nursing hours per patient day

The NSW Government committed to increase the 'Nursing Hours per Patient Day' minimum award staffing requirements over four years from 2019-20. NSW Health implemented the second year of the commitment this year.

### Patient Transport Officer training arrangements

The Ministry made an application for the Award to be varied to modernise and clarify its qualification and training requirements for Patient Transport Officers. If not settled beforehand, this dispute will be arbitrated in the Industrial Relations Commission in late September 2021.

## Paramedics Claim for a New Transitional Benefits Award

The NSW Industrial Relations Commission rejected the union claim, which sought a new Award for Paramedics, providing a new allowance to compensate employees for reduced overtime as a result of enhanced staffing numbers as part of the Statewide Enhancement Program.

### Broken Hill Award application

The Ministry filed an award application for the staff of the Broken Hill Health Service, with the Award seeking to grandfather beneficial conditions existing staff presently have while employing new staff under the relevant state award.

In January 2021, the Industrial Relations Commission issued its decision, setting down the principles for the new Award. The new Award is subject to ongoing discussions between the Ministry, the Health Services Union and the Barrier Industrial Council. The new Award will provide clarity around conditions of employment and replace an outdated 1997 Industrial agreement between the parties, which continues to be the cause of ongoing disputation between the parties.

## ASMOF claim for Registrar classification dispute mechanism

The Australian Salaried Medical Officers Federation of NSW (ASMOF) lodged a dispute in the NSW Industrial Relations Commission about the classification of Registrars in local health districts. ASMOF seek to vary the Medical Officers' Award to remove the requirement of three years' postgraduate experience for a Medical Officer to be classified as a Registrar. The matter is listed for hearing in November 2021.

## ASMOF claim to maintain non-standard arrangements for Western Sydney Local Health District Radiologists

NSW Ministry of Health is seeking to remove unauthorised industrial arrangements covering radiology staff specialists at Western Sydney Local Health District dating back to 1999. The arrangements are being maintained until the matter is determined by the NSW Industrial Relations Commission as the status quo provisions of the Award have been invoked.

## Excess travel allowance dispute

On 8 March 2021, the Industrial Relations Commission determined that staff who were transferred temporarily to a new location were entitled under the Award to the excess fare and travel provisions for the duration of the transfer.

## Section 19 Award Reviews and further action on the Infectious Cleaning Allowance

The Ministry filed submissions and evidence and participated in a full bench arbitration in November 2020. Further conciliation efforts after the arbitration were unsuccessful.

On 30 June 2021, the Full Bench handed down its decision and proposed an updated infectious cleaning cause. The parties have an opportunity to raise comments or concerns about the proposed clause and file a further variation application if necessary.

## Restructuring processes with redundancy/excess staff implications

Ongoing advice and management has been provided to local health districts and public health organisations relating to their workforce change proposals. Major change processes included the Bulli Hospital restructure, Illawarra Shoalhaven Local Health District Anatomical Pathology Commissioning, Gloucester Aged Care transition to AnglicanCare, the closure of Liverpool Aged Care Respite Care Centre, the Mental Health Line outsourcing to MediBank and the restructure in Southern NSW Local Health District.

## Appeal of NSW Industrial Relations Commission decision in relation to On Call Allowance

The Secretary, NSW Health appealed the NSW Industrial Relations Commission's decision which required the continued payment of an on-call allowance to staff that were not required to be on call as per the Award. The Commission's decision has not yet been handed down.

## Public Service senior executives 2020-21

The table below details the number of senior executives employed, and those temporarily assigned, seconded or acting in a senior executive role at the end of the reporting year.

Band	2020		2021	
	Female	Male	Female	Male
Band 4	1	0	1	0
Band 3	4	3	2	4
Band 2	16	9	15	11
Band 1	48	27	44	25
<b>Totals</b>	<b>69</b>	<b>39</b>	<b>62</b>	<b>40</b>
	108		102	

Band	Range	Average remuneration	
		2020	2021
Band 4	\$487,051 - \$562,650	\$599,000	\$599,000
Band 3	\$345,551 - \$487,050	\$476,182	\$480,338
Band 2	\$274,701 - \$345,550	\$308,744	\$305,777
Band 1	\$192,600 - \$274,700	\$221,628	\$221,603

Twenty per cent of the NSW Ministry of Health's employee-related expenditure in 2021 was related to senior executives, compared with 22 per cent in 2020\*.

\*Total employee-related expenses have been calculated adjusting the expense for the Agency Performance Adjustment (APA) for Workers Compensation Insurance to reflect the NSW Ministry of Health portion only.

## Appendix 3

## Public hospital activity levels

Selected data for the year ended June 2021 Part 1<sup>1,2</sup>

Local health districts	Separations	Planned separation per cent	Same-day separation per cent	Total bed days	Average length of stay (acute) <sup>3,6</sup>	Daily average of inpatients <sup>4</sup>
Justice Health and Forensic Mental Health Network	1,013	94.2	60.8	25,088	9.8	69
Sydney Children's Hospitals Network	56,132	50.2	49.9	150,866	2.5	413
St Vincent's Health Network	44,552	55.6	58.0	165,115	3.0	452
Sydney Local Health District	166,554	48.4	47.8	598,411	2.9	1,639
South Western Sydney Local Health District	244,083	46.7	47.6	806,987	2.7	2,211
South Eastern Sydney Local Health District	196,523	42.8	48.2	659,700	2.8	1,807
Illawarra Shoalhaven Local Health District	93,720	41.4	41.6	389,468	3.1	1,067
Western Sydney Local Health District	183,358	45.6	48.5	625,370	2.8	1,713
Nepean Blue Mountains Local Health District	85,830	40.5	39.3	318,645	3.0	873
Northern Sydney Local Health District	117,880	36.5	40.3	495,166	3.2	1,357
Central Coast Local Health District	92,529	39.0	42.3	342,532	3.0	938
Hunter New England Local Health District	225,875	46.2	43.1	787,624	3.0	2,158
Northern NSW Local Health District	101,505	47.0	48.1	313,684	2.5	859
Mid North Coast Local Health District	78,732	47.9	50.1	247,163	2.6	677
Southern NSW Local Health District	49,883	52.5	49.7	144,749	2.2	397
Murrumbidgee Local Health District	66,859	54.5	43.9	207,534	2.4	569
Western NSW Local Health District	87,038	43.3	43.6	280,286	2.6	768
Far West Local Health District	8,653	53.9	50.7	25,175	2.2	69
<b>Total NSW</b>	<b>1,900,719</b>	<b>45.4</b>	<b>46.1</b>	<b>6,583,563</b>	<b>2.8</b>	<b>18,037</b>
2019-20 Total	1,830,062	43.7	45.0	6,802,115	3.0	18,636
<b>Percentage change (%)</b>	<b>3.9</b>	<b>1.8</b>	<b>1.1</b>	<b>-3.2</b>	<b>-4.9</b>	<b>-3.2</b>
2018-19 Total	1,912,489	43.2	44.2	7,276,803	3.1	19,936
2017-18 Total	1,918,130	42.9	44.3	7,219,575	3.0	19,780
2016-17 Total	1,961,400	41.3	45.2	6,982,063	3.0	19,129
2015-16 Total	1,886,668	41.5	44.9	6,983,473	3.2	19,133
2014-15 Total	1,840,632	41.9	44.8	6,815,650	3.3	18,673
2013-14 Total	1,803,458	41.8	44.4	6,650,650	3.2	18,221
2012-13 Total	1,737,103	41.5	43.7	6,551,065	3.3	17,948
2011-12 Total	1,682,685	41.3	43.3	6,490,848	3.4	17,783
2010-11 Total	1,629,572	41.6	43.1	6,389,471	3.5	17,505
2009-10 Total	1,598,991	41.6	43.2	6,429,314	3.6	17,615



## Selected data for the year ended June 2021 Part 2 <sup>1,2</sup>

Local health districts	Occupancy rate <sup>5</sup> June 21	Acute bed days <sup>6</sup>	Acute overnight bed days <sup>6</sup>	Non-admitted patient service events <sup>7</sup>	Emergency department attendances
Justice Health and Forensic Mental Health Network	n/a	8,302	7,687	329,208	n/a
Sydney Children's Hospitals Network	89.0%	137,986	110,824	592,989	97,698
St Vincent's Health Network	102.5%	125,470	99,928	389,138	45,497
Sydney Local Health District	84.4%	475,233	396,626	3,109,988	164,184
South Western Sydney Local Health District	94.6%	657,159	541,265	1,475,156	288,600
South Eastern Sydney Local Health District	98.2%	501,151	414,175	1,569,482	227,130
Illawarra Shoalhaven Local Health District	96.1%	275,000	236,094	880,608	168,371
Western Sydney Local Health District	97.3%	508,192	419,874	1,598,472	199,231
Nepean Blue Mountains Local Health District	88.2%	245,565	211,962	849,188	132,101
Northern Sydney Local Health District	94.1%	346,044	299,728	1,302,031	278,106
Central Coast Local Health District	92.7%	265,184	226,203	764,506	153,163
Hunter New England Local Health District	75.7%	658,697	561,666	2,523,517	450,113
Northern NSW Local Health District	91.0%	244,395	195,660	711,573	210,291
Mid North Coast Local Health District	90.0%	197,667	158,361	586,571	140,095
Southern NSW Local Health District	79.9%	101,348	76,715	417,646	114,529
Murrumbidgee Local Health District	80.8%	156,468	127,163	503,489	139,262
Western NSW Local Health District	72.0%	220,761	182,954	735,194	237,777
Far West Local Health District	78.3%	17,897	13,524	120,344	22,739
<b>Total NSW</b>	<b>89.0%</b>	<b>5,142,519</b>	<b>4,280,409</b>	<b>18,459,100</b>	<b>3,068,887</b>
2019-20 Total	88.4%	5,119,777	4,311,129	14,760,683	2,920,483
<b>Percentage change (%)</b>	<b>0.6%</b>	<b>0.4</b>	<b>-0.7</b>	<b>25.1</b>	<b>5.1</b>
2018-19 Total	0.9	5,536,493	4,706,766	16,367,143	2,980,872
2017-18 Total	90.3	5,459,506	4,632,188	15,701,453	2,880,708
2016-17 Total	90.7	5,631,650	4,768,339	15,212,465	2,784,731
2015-16 Total	89.9	5,840,865	5,009,910	13,478,446	2,733,853
2014-15 Total	85.2	5,675,482	4,865,590		2,692,838
2013-14 Total	89.0	5,533,491	4,746,307		2,656,302
2012-13 Total	87.8	5,484,364	4,735,991		2,580,878
2011-12 Total	88.6	5,475,789	4,757,507		2,537,681
2010-11 Total	89.1	5,449,313	4,757,219		2,486,026
2009-10 Total	88.3	5,549,809	4,869,508		2,442,982

**Note: 1.** Data sourced from Health Information Exchange (HIE). The number of separations includes care type changes. **2.** Activity includes services contracted to private sector. Data reported are as at 08/08/2021. **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. **6.** Acute activity is defined by a service category of acute or newborn. Results for Acute separations and bed days from 2018-19 onwards may not be directly comparable to previous years due to the impact of the implementation of the Mental Health Care Type classification. **7.** Service events measured from aggregate of patient level and summary data submissions for each non-admitted service/clinic. Pathology services are not included. Data for previous years is not comparable. Data as at 27/08/21. Source: EDWARD.

## Appendix 4

# Mental Health

## Section 108 of the NSW Mental Health Act 2007

In accordance with section 108 of the *NSW Mental Health Act 2007* the tables presented here provide an overview of mental health activities and performance in mental health public hospitals for 2020-21 in relation to:

- achievements during the reporting period in mental health service performance
- data relating to the utilisation of mental health resources.

Table 1 provides data against a set of measures for hospital activities related to bed utilisation (availability and occupancy of beds), hospital separations (same day and overnight), and community contacts. Activity measure is based on all acute, sub-acute and non-acute mental health facilities.

Table 2 provides rates for three national key performance indicators (KPIs). These indicators measure effectiveness (28 days readmission rate), appropriateness (seclusion rate, duration and frequency) and continuity (seven days post discharge community care) of care in acute mental health 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 (for example, Primary Care, Rehabilitation and Aged Care). Therefore, the numbers reported here may differ from those in national reports (for example, *Report on Government Services, Mental Health Services in Australia*, National Mental Health Commission *National Report*).

### Table 1. Mental Health – hospital and community activity 2020-21

Public psychiatric hospitals, co-located psychiatric units in public hospitals and specialist mental health community team activity.

Local health districts and health networks	Average available beds <sup>1</sup>	Average occupied beds <sup>2</sup>	Same-day separations <sup>3</sup>	Overnight separations <sup>4</sup>	Specialist mental health community contacts <sup>5</sup>
Justice Health and Forensic Mental Health Network	231	208	4	540	426,158
Sydney Children's Hospitals Network	15	13	23	443	52,813
St Vincent's Health Network	47	41	62	1,230	51,435
Sydney Local Health District	249	225	790	3,526	343,154
South Western Sydney Local Health District	203	193	268	4,217	578,643
South Eastern Sydney Local Health District	177	158	157	3,168	722,504
Illawarra Shoalhaven Local Health District	125	101	52	2,404	325,192
Western Sydney Local Health District	320	277	465	4,092	408,663
Nepean Blue Mountains Local Health District	85	77	71	2,108	169,292
Northern Sydney Local Health District	323	267	254	2,850	881,643
Central Coast Local Health District	84	68	46	1,590	602,098
Hunter New England Local Health District	324	263	143	5,113	504,553
Northern NSW Local Health District	89	81	18	1,653	352,567
Mid North Coast Local Health District	72	72	33	1,506	183,772
Southern NSW Local Health District	70	47	108	1,324	155,120
Murrumbidgee Local Health District	62	42	15	961	187,174
Western NSW Local Health District	170	134	45	1,663	295,545
Far West Local Health District	16	11	9	269	93,703
<b>NSW – Total</b>	<b>2,663</b>	<b>2,278</b>	<b>2,563</b>	<b>38,657</b>	<b>6,334,029</b>
2019-20 <sup>6</sup>	2,683	2,282	2,613	38,048	5,936,566
2018-19	2,744	2,340	2,512	39,244	5,828,793
2017-18	2,782	2,409	3,511	40,254	5,676,819
2016-17	2,803	2,392	4,056	42,008	5,227,475

**Definitions:** 1. 'Average available beds' are the average of 365 nightly census counts. This data is extracted from the Bed Reporting System by System Information and Analytics (SIA) Branch, NSW Health. An available bed is one that is staffed, open and available for admission of a patient. 2. 'Average occupied beds' are calculated from the total Occupied Overnight Bed Days for the year. Higher numbers of occupied beds than available can sometimes be reported due to use of surge beds to cope with high demands. 1,2. Components may not add to total in NSW due to rounding error. 3. 'Same-day separations' are those where the hospital episode begins and ends on the same day. 4. 'Overnight separations' are episodes of hospital care where the person stays at least one night in hospital, and are concluded by discharge, death, transfer to another hospital or change to a different type of care at the same hospital. 5. Ambulatory mental health care includes all care provided by specialist mental health services for people who are not inpatients of mental health units at the time of care. 6. Revised ambulatory contacts, NSW 2019-20.

## Table 2. Mental Health – Acute Indicators 2020-21

Rates of 28 days readmission, seven days post discharge community care, seclusion rate, duration and frequency in mental health service.

Local health district, network and hospital	28 days readmission rate (%) <sup>1</sup>	7 days post-discharge community care rate (%) <sup>2</sup>	Seclusion rate <sup>3</sup>	Seclusion average duration <sup>4</sup>	Seclusion frequency (%) <sup>5</sup>
<b>Justice Health and Forensic Mental Health Network</b>	<b>23</b>	<b>19.1</b>	<b>23.7</b>	<b>11.9</b>	<b>46.8</b>
Forensic Hospital	21.1	5.3	23.7	11.9	46.8
Long Bay <sup>6</sup>	13.8	27.5			
MRRC <sup>6</sup>	28.3	17.5			
Silverwater Women's Correctional Centre <sup>6</sup>	21.8	16.8			
<b>Sydney Children's Hospitals Network</b>	<b>21.7</b>	<b>82.7</b>	<b>5.4</b>	<b>0.5</b>	<b>1.1</b>
Children's Hospital at Westmead	20	83	0	0	0
Sydney Children's Hospital Randwick	23.8	82.3	10.1	0.5	1.5
<b>St Vincent's Health Network</b>	<b>19.1</b>	<b>64.9</b>	<b>1.8</b>	<b>1.1</b>	<b>1.6</b>
St Joseph's	6.5	91.3	0	0	0
St Vincent's	19.7	63.8	2.2	1.1	1.6
<b>Sydney Local Health District</b>	<b>15.3</b>	<b>78.6</b>	<b>9.2</b>	<b>12.7</b>	<b>5.8</b>
Concord	17	79.3	12.1	14.4	9
Royal Prince Alfred	13.3	77.7	3.9	3	2.2
<b>South Western Sydney Local Health District</b>	<b>17.2</b>	<b>78.6</b>	<b>6.8</b>	<b>6.6</b>	<b>4.3</b>
Bankstown	18.3	81	8.1	4	5.8
Braeside	7.9	80.9	0	0	0
Campbelltown	17.8	81.1	2	1.4	1.5
Liverpool	16.6	74	13.4	8.4	6.8
<b>South Eastern Sydney Local Health District</b>	<b>17.1</b>	<b>83.6</b>	<b>2.4</b>	<b>5</b>	<b>1.7</b>
Prince of Wales	15.5	77.1	1.4	7.1	1.1
St George	18.2	88.2	2.7	6.8	1.5
Sutherland	18.4	89.2	5	2.3	3.5
<b>Illawarra Shoalhaven Local Health District</b>	<b>13.6</b>	<b>84.6</b>	<b>5.7</b>	<b>3.7</b>	<b>4.1</b>
Shellharbour	14.4	83.5	7	3.8	4.7
Wollongong	12.5	86	4.1	3.5	3.3
<b>Western Sydney Local Health District</b>	<b>16</b>	<b>83.6</b>	<b>6.5</b>	<b>10.5</b>	<b>5</b>
Blacktown	18	85.4	4.3	5.9	2.5
Cumberland	15.5	80.5	9.4	11.3	7.6
Westmead	11.3	90.5	0	0	0
<b>Nepean Blue Mountains Local Health District</b>	<b>20.3</b>	<b>76.3</b>	<b>5.6</b>	<b>7.6</b>	<b>4.4</b>
Blue Mountains	14.1	84.5	1	4.4	1
Nepean	21.3	75	6.5	7.7	4.9
<b>Northern Sydney Local Health District</b>	<b>11.5</b>	<b>87.9</b>	<b>2.6</b>	<b>2.4</b>	<b>1.8</b>

Local health district, network and hospital	28 days readmission rate (%) <sup>1</sup>	7 days post-discharge community care rate (%) <sup>2</sup>	Seclusion rate <sup>3</sup>	Seclusion average duration <sup>4</sup>	Seclusion frequency (%) <sup>5</sup>
Greenwich	8.7	87.4	0	0	0
Hornsby	11.9	86.9	4.9	2.2	3
Macquarie	13.5	89.4	0.4	3.3	0.9
Royal North Shore	11.2	88.9	1.3	3.2	1.2
<b>Central Coast Local Health District</b>	<b>9.4</b>	<b>77.5</b>	<b>5</b>	<b>2.5</b>	<b>5.4</b>
Gosford	7.8	70.7	5.1	1.5	5.3
Wyong	10.3	81.1	5	3.1	5.4
<b>Hunter New England Local Health District</b>	<b>13.9</b>	<b>77.3</b>	<b>8.9</b>	<b>4.6</b>	<b>4.4</b>
Armidale	12.5	92	0	0	0
HNE Mater	13.6	75.7	11	5.7	5
John Hunter	15.5	94.6	3.6	3.1	0.6
Maitland	13	68.1	11.8	2.4	8.2
Manning	11.3	78.6	2.8	1.2	2.2
Morisset	15.4	61.5	3.1	3.2	13.6
Tamworth	16.7	75.4	6.5	2.2	3.3
<b>Northern NSW Local Health District</b>	<b>12.6</b>	<b>71.6</b>	<b>3</b>	<b>3.5</b>	<b>2.8</b>
Lismore	11.2	69.4	4	3.7	4.1
Tweed	14.1	74	1.3	2.6	1.4
<b>Mid North Coast Local Health District</b>	<b>16.1</b>	<b>77.5</b>	<b>3.2</b>	<b>7.9</b>	<b>2.1</b>
Coffs Harbour	14.6	76.4	3.6	8.4	2.7
Kempsey	16.1	81.8	0	0	0
Port Macquarie	19.6	76.1	4.2	6.6	2.7
<b>Southern NSW Local Health District</b>	<b>13</b>	<b>74.9</b>	<b>1.8</b>	<b>1.2</b>	<b>1</b>
Goulburn	13.2	77.2	2.5	1.3	1
South East Regional	12.7	69.3	0.7	0.6	0.9
<b>Murrumbidgee Local Health District</b>	<b>10.5</b>	<b>78.1</b>	<b>1.4</b>	<b>0.7</b>	<b>1.1</b>
Wagga Wagga	10.5	78.1	1.4	0.7	1.1
<b>Western NSW Local Health District</b>	<b>12.5</b>	<b>75.7</b>	<b>1.7</b>	<b>0.7</b>	<b>1.6</b>
Bathurst	0	85.7	0	0	0
Dubbo	11.2	65	0.4	2.2	0.3
Orange Health Service	13.2	77.8	2	0.7	1.9
<b>Far West Local Health District</b>	<b>21.3</b>	<b>90</b>	<b>12.4</b>	<b>2.3</b>	<b>7.6</b>
Broken Hill	21.3	90	12.4	2.3	7.6
<b>NSW – Total</b>	<b>15.2</b>	<b>78.3</b>	<b>5.6 (6.1)</b>	<b>7.3 (7.8)</b>	<b>3.7 (3.8)</b>
2019-20	15	76.9	6.1 (7.9)	6.3 (8.9)	4.1 (4.2)
2018-19	14.6	75.1	5.5 (6.0)	5.6 (12.7)	3.7 (3.8)
2017-18	14.8	75.1	5.8 (6.0)	4.7 (11.1)	4.0 (4.1)
2016-17	14.2	68.9	7.0 (6.9)	5.5 (11.1)	4.9 (5.0)

**Definitions:** 1. Overnight separations from acute psychiatric inpatient units that are followed by readmission to the same or another acute psychiatric unit. 2. Overnight separations from acute psychiatric inpatient units for which a community mental health contact, in which the client participated, was recorded in the seven days following that separation. 3. Rate: Acute Seclusion episodes per 1000 occupied bed days. 4. Duration: Average duration of acute seclusion episodes (hours per episode). 5. Frequency: Percent of acute mental health hospital stays where seclusion occurred.

**Note:** 3,4,5. NSW rate, duration and frequency for seclusion is calculated by including or excluding Justice Health and Forensic Mental Health Network. Figures in parentheses include Justice Health and Forensic Mental Health Network. 6. Use of seclusion is not reported by NSW Health due to shared model of service delivery with Corrective Services NSW.

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# Compliance and Glossary



# Compliance checklist

NSW annual reporting legislation requires all departments and statutory bodies to present to Parliament an annual report containing financial and non-financial information on their operational activities. Reporting requirements for specific public entities are contained in the legislation *Annual Reports (Departments) Act 1985*, *Annual Reports (Departments) Regulation 2015*, *Annual Reports (Statutory Bodies) Act 1984* and *Annual Reports (Statutory Bodies) Regulation 2015*.

NSW Health's reporting obligations and disclosure requirements are met in this annual report at:

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# Glossary

## Activity Based Funding

Activity Based Funding is a management tool which helps plan and assess performance and clinical needs as part of the approach to the funding, purchasing and performance of health services. Activity Based Funding helps make public health funding more effective because health service management can allocate their share of available state and Commonwealth funding based on real levels of patient care. The Activity Based Funding tool allows public health planners, administrators, consumers and clinicians to see how and where taxpayer funding is being allocated.

## Acute care

Short-term medical treatment, usually in a hospital, for patients with an acute illness or injury, or recovering from surgery. Acute illness/injury is one that is severe in its effect or approaching crisis point, for example acute appendicitis.

## Antenatal

The period before birth.

## 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 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 readmission to hospital.

## CORE values

The values that underpin all NSW Health activity: Collaboration, Openness, Respect and Empowerment.

## COVID-19 2019 Novel coronavirus

COVID-19 is caused by SARS-CoV2, a new strain of coronavirus that has not previously been identified in humans. It was first identified in Wuhan, Hubei Province, China in 2019, where it caused a large and ongoing outbreak. It has been declared a global pandemic. The COVID-19 virus is closely related to a bat coronavirus.

## Delta variant

A 2020 variant of the COVID-19 virus. The Delta variant is estimated to spread more than twice as easily as the original virus.

## Dementia

A general and worsening loss of brain power such as memory, understanding and reasoning.

## Diabetes

Refers to a group of syndromes caused by a malfunction in the production and release of insulin by the pancreas, leading to a disturbance in blood glucose levels. Type 1 diabetes is characterised by the abrupt onset of symptoms, usually during childhood, and inadequate production of insulin, requiring regular injections to regulate insulin levels. Type 2 diabetes is characterised by gradual onset commonly between 50 and 60 years old, and is usually able to be regulated through dietary control.

## e-learning

Education and training undertaken in electronic media, especially over the internet.

## Elective surgery

There are several categories of elective surgery.

- Category 1: Admission within 30 days desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency.
- Category 2: Admission within 90 days desirable for a condition which is not likely to deteriorate quickly or become an emergency.
- Category 3: Admission within 365 days acceptable for a condition which is unlikely to deteriorate quickly, and which has little potential to become an emergency.

## Electronic Medical Record (eMR)

An online record that tracks and details a patient's care during the time spent in hospital. It is a single database where patient details are entered once and then become accessible to all treating clinicians, with authorised access, anywhere in the hospital.

## Enrolled nurse

An enrolled nurse is an associate to the registered nurse who demonstrates competence in the provision of patient-centred care as specified by the registering authority's licence to practise, educational preparation and context of care.

## Finish with the Right Stuff

A public health program that supports junior sporting clubs to provide healthy food and drink options to their players and patrons.

## Go4Fun

NSW Health's overweight and obesity treatment and information program for children above a healthy weight involving children aged seven to 13 years and their parents. Go4Fun focuses on developing healthy eating habits, building self-confidence and getting children more active.

## Healthcare Observer

The Bureau of Health Information's interactive health data portal, where users can explore, discover and compare information about the performance of the NSW healthcare system.

## HealthNet

The clinical portal that gives clinicians secure and immediate access to recent patient medical histories from across NSW local health districts and My Health Record.

## HealthOne

An integrated care initiative, where general practice and various community health services are made available in a single location to work together for comprehensive patient care.

## Hepatitis A

An acute form of viral hepatitis transmitted by ingesting food or drink that is contaminated with faecal matter.

## Hepatitis B

A blood-borne viral disease that can result in serious liver 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.

## Hospital separation

Separation from a healthcare facility occurs any time a patient (or resident) leaves because of death, patient discharge, sign-out against medical advice, take own leave, or transfer.

## Hypofractionated radiotherapy

An external beam radiotherapy using a smaller number of doses, each providing a higher amount of radiation than standard external beam radiotherapy.

## ICU access block

A delay in admission of a patient to the intensive care unit for any reason, such as no available beds or limited clinical staffing levels.

## ICU exit block

The inability to discharge a patient from the intensive care unit who is otherwise medically fit to leave, due to no available ward beds or limited clinical or ancillary staffing levels in the wards.

## ims+

A new and improved incident management system replacing current incident reporting systems across NSW Health for reporting clinical, work health safety and corporate incidents.

## Integrated care

Statewide strategies to coordinate care and processes within the health system and with other service providers.

## Junior Medical Officer

A medical graduate with at least two years' postgraduate experience, extending to a medical graduate working in a graduate training period of five to 10 years.

## Key performance indicators

Indicators that measure agency effectiveness in achieving program objectives.

## Leading Better Value Care

A statewide program to identify and scale evidence-based initiatives for specific conditions. It focuses on managing conditions in the most appropriate setting and is accelerating value based healthcare in NSW.

## Live Life Well @ School

A program that creates environments which enable children to eat healthily and be physically active.

## Local health districts

Organisations which manage public hospitals and provide health services to communities within a specific geographic area. Eight local health districts cover the Sydney metropolitan region, and seven cover rural and regional NSW.

## Multi-Purpose Services

A flexible service model for regional and rural communities, providing communities with access to a range of integrated health services such as acute care, subacute care, allied health, oral health, aged care, primary and community services.

## Munch & Move

A community engagement and education program that aims to promote and encourage children's healthy eating and physical activity, as well as reduce small screen recreation. Munch & Move provides early childhood educators with resources and support to assist them in implementing fun, play-based approaches that support healthy eating and physical activity habits in young children.

## My Health Learning

Statewide learning management system for NSW Health staff, managed by the Health Education and Training Institute.

## My Health Record

The national digital health record system, providing healthcare providers, such as doctors and hospital staff, access to a patient's important health information from anywhere at any time.

## National Disability Insurance Scheme (NDIS)

A national system of disability support focused on the individual needs and choices of people with disability, their families and their carers. Provides access to support services and funding support.

## Neonate

An infant less than four weeks old.

## NSW Patient Survey Program

A NSW Health program of multiple surveys to ask people across the state about their recent experience with the public healthcare system, supporting improvement across the system and within individual care organisations.

## Nurse practitioner

A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The role includes assessment and management of clients using nursing knowledge and skills and may include the direct referral of patients to other healthcare professionals, prescribing medications and ordering diagnostic investigations.

## Oncology

The study and treatment of cancer and tumours.

## Osteoarthritis

Occurs when the cartilage between joints breaks down. This can cause chronic pain and stiffness, physical disability, functional impairment and social and vocational difficulties.

## Osteoporosis

A chronic disease that reduces bone density and strength causing ongoing pain, reduced mobility, loss of function and a lower quality of life.

## Out of Hospital Care packages

A short-term package of care (such as assistance with personal care, domestic assistance, transport and social support) provided to facilitate safe and early discharge of eligible patients from hospital.

## PACER

Police Ambulance and Clinical Early Response program.

## Palliative care

Care provided to achieve the best possible quality of life for patients with a progressive and far-advanced disease, with little or no prospect of cure.

## Patient flow

The movement of patients through a healthcare facility from the point of admission to the point of discharge.

## Patient Reported Measures

A NSW Health program giving patients and their carers the opportunity to provide direct feedback about their treatment and its results, informing improvement across the NSW public health system.

## Patient Transport Service

A transport service provided for patients who require clinical monitoring or supervision during transport, but do not require an urgent ambulance response.

## Pathology

The study and diagnosis of disease through the examination of organs, tissues, cells and bodily fluids.

## Performance Framework

The NSW Health Performance Framework measures the performance expected of NSW Health organisations to achieve required levels of health improvement, service delivery and financial performance.

## Perinatal

The period shortly before and after birth. The term generally describes the period between the 20th week of gestation and one to four weeks after birth.



## Pillars

The five pillar organisations in NSW Health provide expertise in the development of new models of care, quality and safety initiatives, training and development and performance reporting which helps local health districts and networks provide the best possible care. The pillar organisations are: Agency for Clinical Innovation, Bureau of Health Information, Cancer Institute NSW, Clinical Excellence Commission, and Health Education and Training Institute.

### Primary care

Provides the patient with a broad spectrum of care, both preventive and curative, over a certain period of time and coordinates all of the care the person receives.

### Primary Health Networks

Primary Health Networks have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes.

### QIDS

The Clinical Excellence Commission's Quality Improvement Data System (QIDS), which provides a single point of access to information and tools for the purpose of improving the quality and safety of health service delivery.

### Radiotherapy

The study and discipline of treating malignant disease with radiation. The treatment is referred to as radiotherapy or radiation therapy.

### REACH

A system that helps patients, their family and carers escalate concerns with staff about changes in a patient's condition. REACH – Recognise, Engage, Act, Call, Help is on its way – was developed by the Clinical Excellence Commission in collaboration with local health districts and consumers.

### SafeHaven

SafeHavens are a drop-in alternative to the emergency department for people experiencing emotional and suicidal distress.

## Specialty Health Networks

Two specialist networks operate across NSW with a focus on children's and paediatric services, and forensic mental health. A third network operates across the public health services provided by three Sydney facilities operated by St Vincent's Health Network.

### Take own leave

When an admitted or non-admitted patient leaves a hospital or healthcare setting before their treating provider has authorised discharge.

### Telehealth

The delivery of health services using different forms of communications technology, such as videoconferencing, giving access to healthcare services to people in rural and remote areas and to people as a response to the COVID-19 pandemic.

### Tranche 1

Eight initiatives were selected for Tranche 1 in 2016, as part of the Leading Better Value Care program, with implementation commencing in 2017-18. The eight Tranche 1 initiatives are: osteoarthritis chronic care program, osteoporosis refracture prevention, chronic heart failure, chronic obstructive pulmonary disease, diabetes mellitus, diabetic high risk foot services, falls in hospitals and renal supportive care.

### Tranche 2

In 2017, local health districts nominated five more initiatives as part of Leading Better Value Care. These Tranche 2 initiatives commenced implementation in 2019-20 and are: hip fracture care, wound management, bronchiolitis, hypofractionated radiotherapy for breast cancer, and direct access colonoscopy.

### Transfer of Care

Measures the percentage of patients arriving at hospital by ambulance whose care is transferred from ambulance staff to the emergency department staff within 30 minutes of arrival.

## Triage

An essential function of emergency departments where many patients may present at the same time. Triage aims to ensure that patients are treated in order of their clinical priority and that their treatment is timely.

### Unwarranted clinical variation

Where patients with similar diagnoses are treated differently when there is no clinical reason for this to happen.

### Value based care

Is focused on generating value for patients by improving health outcomes, reducing costs and enabling healthcare access across a greater geographical area. In NSW, value based healthcare means continually striving to deliver care that improves:

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

### Viral vector

Viral vectors are microscopic tools commonly used by molecular biologists to deliver healthy copies of genes to tissues and organs within patients or deliver the ability to correct the genetic error at its source. This process can be performed inside a living organism or in cell culture.

### Virtual care

Virtual care, also known as telehealth, safely connects patients with health professionals to deliver care when and where it is needed. It complements the face-to-face care that patients are used to.

### Visiting Medical Officer (VMO)

A medical practitioner in private practice who also provides medical services in a public hospital. VMOs are not hospital employees but are contracted by the local health district to provide specific medical services.





