
Sustainability

5

NSW Health Climate-Related Financial Disclosures

Health and our climate

Climate change is a global phenomenon that affects local environmental conditions, impacts human health and wellbeing, and health service delivery.

Today, climate-health risks in NSW are driven by global heating but their impacts on people and communities are also affected by policies and decisions in a range of other portfolios including infrastructure, land use, urban planning, housing, food systems, disaster management, water and many others. NSW Health has a role in responding to climate-health risks, but this must be in partnership with other NSW Government portfolios, as well as local government, community organisations, academic partners, and other stakeholders.

NSW has experienced an increasing number and severity of events including heatwaves, bushfires, floods and droughts. NSW Health is committed to working collaboratively with our diverse range of stakeholders including Government, industry, the community, and our staff, to address climate change and its impacts.

NSW Health recognises that the health of people and the health of our planet are intertwined, and addressing climate change and subsequent risks is essential. Across the state, teams are taking steps to reduce our carbon footprint, and transition to a low carbon and climate resilient health system. By reducing waste and emissions, and adopting greener and more cost-effective approaches, we can simultaneously improve patient care and create more resilient service delivery while contributing to overall public health through environmental benefits such as reducing waste and cleaner air.

The inclusion of climate-related financial disclosures within this report marks a first for NSW Health and is a milestone as we transition to becoming a more sustainable and resilient health system.

The climate-related financial disclosures outline the governance, strategy, risk management, and metrics and targets for NSW Health and provides consolidated information for all NSW Health entities including local health districts, speciality networks, statewide health services, shared services, and pillar organisations.

This disclosure should be read in conjunction with the consolidated entity's financial statements prepared in accordance with the Australian Accounting Standards¹ and the requirements of the *Government Sector Finance Act 2018* ('GSF Act')², the *Government Sector Finance Regulation 2024*³, and the Treasurer's Directions issued under the GSF Act. The disclosures cover a 12-month period for the year ended 30 June 2025 which is aligned with the reporting period of the related consolidated financial statements.

¹ Australian Accounting Standards Board (<https://aasb.gov.au/>)

² *Government Sector Finance Act 2018* (<https://legislation.nsw.gov.au/view/html/inforce/current/act-2018-055#statusinformation>)

³ *Government Sector Finance Regulation 2024* (<https://legislation.nsw.gov.au/view/html/inforce/current/si-2024-0251>)

The *Climate Change (Net Zero Future) Act 2023 (NSW)* legislates an objective for NSW to be more resilient to a changing climate, along with the following emissions reduction targets across Scopes 1 and 2 emissions for the NSW Government:

- 50 per cent reduction on 2005 levels by 2030
- 70 per cent reduction on 2005 levels by 2035
- Net Zero by 2050.

The legislation sits within a comprehensive *NSW Climate Change Policy Framework* for the NSW Government including the *Net Zero GoNSW Climate Change Adaptation Strategy Action Plan*.

Governance

NSW Health's overall governance structures, including where climate risk oversight and management are embedded

Steering Committee

The Environmental Sustainability Steering Committee (ESSC) was established in 2022 and delivers coordinated oversight and management of strategic priorities, functions, and responsibilities relating to climate and sustainability at NSW Health.

The ESSC is chaired by the Deputy Secretary, System Sustainability and Performance, and includes executive representatives from diverse Ministry functions and NSW Health entities, including infrastructure, finance, procurement, clinical services, and environmental health.

The ESSC is the oversight committee that develops and endorses the NSW Health system-wide approach that, at a minimum, aligns with NSW Government targets. It is also a guidance committee for all NSW Health organisations implementing climate risk programs.

The ESSC is responsible for guiding policy development to meet regulatory and legislative requirements and endorses specific statewide climate risk management policies. It also provides advice, assurance, and oversight to support the implementation and monitor progress of Outcome 6 of the NSW Health Future Health strategic roadmap - *The health system is managed sustainably*. The Future Health Outcome 6 executive sponsor is responsible for ensuring that environmental and financial sustainability are embedded in NSW Health's long-term vision.

Integration of climate risks and opportunities, including information sharing by the ESSC with other existing governance groups in NSW Health, currently occurs on an as-need basis. Formalising these processes, including updating terms of references, assigning specific controls and responsibilities, determining the frequency of reporting, revising mandates, role descriptions, and other policies is an immediate priority for the next financial year.

Executive oversight

The NSW Health Secretary chairs NSW Health's *System Governance and System Management Committee Framework*, which includes the Ministry Executive, and the Health System Performance Monitor and Senior Executive Forum. These groups lead and have oversight of system-wide activities.

Given the systemic nature of climate risks and opportunities, executive oversight is ongoing. NSW Health expects to expand the terms of reference to more explicitly encompass climate risk.

Management

Responsibility for leading climate risk and opportunity assessments, and decarbonisation and sustainability programs is shared by the relevant NSW Health teams and supported by leadership. Updates and progress reports are provided every two months to the ESSC. Escalation to other governance groups in NSW Health occurs as needed. The integration of climate risk management into standard controls and procedures is a current priority in maturing the organisation's approach.

NSW Health also continues to train and upskill executives and staff regarding climate risks and opportunities, supporting climate change related capability, maturity, and capacity across the NSW public health system. In 2025, executive and non-executive staff attended the Department of Climate Change, Energy, the Environment and Water (DCCEEW) Government Agency Leadership Accelerator course. This program enables staff to better manage and respond to climate-related risks and opportunities. Further training opportunities are considered as part of ongoing workforce development.

Looking ahead

NSW Health will continue the process of integration to ensure centralised oversight, management, and timely decision-making as our practices mature. This will include leveraging *NSW Health's System Governance and System Management Committee Framework*. Refer to the overview section of this report for NSW Health's overarching organisational and governance structure.

Strategy

NSW Health's strategy for managing climate-related risks and opportunities

All NSW Health entities completed an assessment of the physical risks and opportunities of climate change in 2025. The following information was submitted:

- List of risks and risk ratings for three-time horizons
- Outline of the current and anticipated impacts of each risk on the entity's business model/'values at risk'
- Description of any potential concentrations of risk
- Description of the methodologies, inputs, and parameters used, as well as how risks were assessed
- Overview of how climate risk management is integrated into business-as-usual risk management frameworks.

Transition risk assessments were excluded due to the lack of guidance available within the reporting timeframe and will be a priority for next financial year. In the meantime, NSW Health has adopted a strategic approach to reducing carbon emissions via the *NSW Health Net Zero Roadmap 2025-2030*.

Time horizons

All NSW Health entities used the following time horizons to identify and assess the physical risks of climate change: short term (2030), medium term (2050), and long term (2070).

A small number of entities did not assess risks against all horizons, and some only provided ratings against a sub-set of the time horizons in their disclosure submissions.

The prescribed time horizons align with planning horizons used by Health entities:

Time horizon	Rationale
Short term 2030	<p><i>Future Health</i>, the NSW Health strategic roadmap for how NSW Health delivers services across a time horizon of 10 years (2032).</p> <p>The NSW Health Policies and Other Policy Documents Policy Directive states the maximum review period for policy directives and guidelines is five years.</p> <p>Annual capital investment plans are prepared by NSW Health for clinical services and asset planning. These plans are prepared for a 10-year horizon.</p> <p>NSW and Australian Regional Climate Modelling (NARCLiM2.0) is a NSW Government led initiative that generates detailed climate projections and data for NSW. It provides climate projections across a 20-year ensemble period. This means projections for 2030 cover 2020-2039, effectively including current day to 2030. The ability to obtain projections data aligned with time horizons was a key factor in decision making.</p> <p>2030 aligns with the NSW Government target to reduce 50 per cent carbon emissions.</p>
Medium term 2050	<p>2050 aligns with NSW Government Net Zero legislated⁴ targets and commitments.</p> <p>2050 is identified as a significant time horizon within the Taskforce for Climate Related Financial Disclosures (TCFD)⁵ and CoastAdapt⁶ guidance, as it is the point at which climate changes are projected to become more apparent. That is, climate scenarios and projections show a larger number and range of physical threats from 2050.</p> <p>Review of disclosures from other private sector organisations, including health companies, and those with similar assets, found 2030 and 2050 were common time horizons.</p>
Long term 2070	<p>Decision lifespans for NSW Health include those involving capital investment in new assets. Hospitals are designed for a useful life of 40 years noting Sydney Eye and Royal Prince Alfred hospitals were both built in the late 1890s and are still operating today.</p>

⁴ [Climate Change \(Net Zero Future\) Act 2023](#)

⁵ 2017 TCFD *Final report: Recommendations of the Task Force on Climate-Related Financial Disclosures*. TCFD, Basel, Switzerland, p. 27

⁶ [CoastAdapt webpage](#) 'How to access climate change scenarios'.

Materiality

A materiality assessment was performed by NSW Health entities to identify climate-related risks and opportunities that have, or may have, a significant impact on the prospects of Health entities.

Material climate risks and opportunities were identified via two steps:

Step 1: Analysis of disclosure submissions from NSW Health entities. Risks rated high or extreme in any time horizon were considered material, as these ratings indicate the criticality of risks to entities' prospects, business model, financial outlook and ability to deliver core services and strategic objectives.

Risk Management on page 149 outlines the criteria used to assess the consequence and likelihood.

Step 2: Senior leaders and key stakeholders from across NSW Health were engaged to identify any risks rated low or medium by Health entities, that may be considered material by users of annual reports.

Business model

The physical risks of climate change have the potential to affect the business models of all NSW Health entities via damage, disruption or harm to their assets, staff, ability to meet their strategic objectives and/or deliver services.

NSW Health's structure and information about our functions and services can be found in the overview section of this report.

Approach to disclosure of material risks and opportunities

An analysis of NSW Health entity disclosure submissions indicated consistent risk themes, categories, and types of business model impacts. NSW Health also recognises the variance in underlying risks across the health system which differ due to a range of factors such as location; climate; service delivery; the local community and staffing; or asset types.

For this disclosure, NSW Health has developed a high-level summary of the risk themes and business model impacts in the 'Climate-related physical risks' section below (page 143).

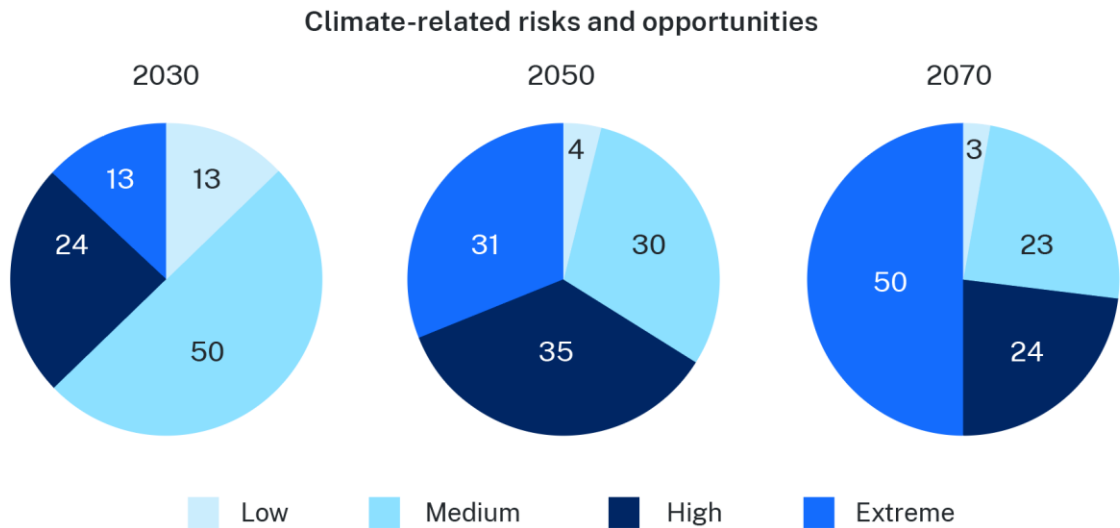
The four risk themes described below have been identified, grouped and assessed at an entity level in line with current governance within NSW Health. This approach will continue evolving as climate risk management practices mature and more quantitative information becomes available.

Enterprise-level assessments were conducted this financial year. Detailed technical quantification of risks, impacts, and costs for specific assets and services located in high-risk areas is being incorporated into ongoing assessment processes.

Climate-related physical risks

Climate-related physical risks for all NSW Health entities are grouped into the three time horizons and categorised by the severity of risk.

Figures 1 to 3 below show the percentage of physical risks by each time horizon and by risk severity. Refer to Appendix 5 for the risk matrix.



Source: Climate related risk assessment completed by each NSW Health entity.

Over time, more low and medium risks convert into high and extreme risks without successfully executed adaptation actions, with extreme weather events increasing and will be significantly higher from 2050 onwards.

Climate-related physical risks have been grouped into four risk themes: risks to population health, risks to assets and infrastructure, risk to staff, and risks to service delivery and administration.

A comprehensive list of material, physical risks identified can be found in Appendix 5 of this report.

Theme 1: Risk to population health

NSW Health entities identified the potential for population health risks at all services, facilities, and locations within their geographic footprint. A key theme across disclosure submissions was potential increases in injuries and illnesses, including mental illness, due to climate events and extreme weather. Identified public health issues include both direct and indirect impacts such as: heat stress due to heatwaves; and disruption of digital infrastructure subsequently causing internet enabled medical equipment to fail.

These risks were considered material because of their potential to impact business models including but not limited to:

- increasing demand for health services (including demand for specialised treatments, medication and clinical skills)
- impacting priority communities/those in vulnerable circumstances
- impacts to patient safety
- increasing costs for providing health services and undertaking administration
- the potential for reputational and liability risks if service delivery and quality of care does not meet community expectations
- undermining the ability of Health organisations to meet their strategic objectives
- impacting staff.

From 2050 onwards, the potential for increased impacts to population health were highlighted by Health entities. The number of population health risks rated high or extreme increased, with a higher number of entities rating risks higher over the medium and longer term. Six risks were rated low to medium at one or more time horizon and were identified as material in the materiality assessment.

2030: 17 risks rated high/extreme **2050:** 22 risks rated high/extreme **2070:** 22 risks rated high/extreme

Financial impact

Current financial impacts associated with climate risks are in the annual financial statements. Financial impacts of climate events and extreme weather risks over the short, medium and long term are due to increased demand for health services, resulting in subsequent increased operational costs, employee related expenses, and grants and subsidies expenses.

Looking ahead, NSW Health will continue working on strengthening and further maturing its approach, such as systems that enhance how we identify, quantify and report climate related data and financial impacts arising from the climate-related risks and opportunities.

Theme 2: Risks to assets and infrastructure

Risks include direct and indirect damage or disruption to health assets and infrastructure, health service delivery impacts, as well as risks of cascading failures due to interconnections and interdependencies with external assets and systems.

Examples include power, digital networks, water, or sewage systems which may also be damaged by extreme weather. Some Health entities reported the potential for asset damage to occur across all or multiple locations.

These risks were considered material because of their potential to impact business models including but not limited to:

- causing outages/disruptions, delays that could compromise the delivery of health services (for example, the ability to maintain continuity of service, hygiene and sanitation) and administrative functions (for example, the flow of critical information)
- posing health and safety risks to patients, visitors, and staff
- impacting population health, including priority communities or those in vulnerable circumstances
- the potential for reputational and liability risks if service delivery and quality of care does not meet community expectations
- rising costs for repair, maintenance, replacement, relocation of assets (especially aging assets/those designed for historic climatic conditions), and restoration of services, program, or service delays, and insurance premiums
- compounding, cascading, systemic failures across Health systems from asset damage and disruption at all time horizons.

Certain hospitals are identified as critical infrastructure under the *Security of Critical Infrastructure Act 2018*.

Risks to assets received high and extreme ratings by an increasing number of Health entities over the three time horizons. One risk rated low/medium at one or more time horizons was also identified as material in the materiality assessment.

2030: 13 risks rated high/extreme **2050:** 15 risks rated high/extreme **2070:** 15 risks rated high/extreme

Financial impact

Same as current financial impacts noted in Theme 1: risk to population health.

In the short, medium, and long term, risk to assets and infrastructure could result in increased operating expenses, capital expenditure, repairs and maintenance, asset impairment, insurance costs, and grants and subsidies expenses.

The anticipated financial effects of this risk are largely due to increased costs associated with repairing, replacing, and relocating health infrastructure after an extreme weather event occurs.

Insurance premiums may also rise in regions that are more subject to extreme weather events. NSW Health would also likely seek Government funding to cover these costs.

Theme 3: Risks to staff

Like the general population, our staff may experience both direct and indirect impacts from extreme weather, in addition to work-related impacts.

Examples may include impacts to the personal health of staff in health facilities compromised by storms and floods; or increased demand placed on health workers during extreme weather events. Impacts experienced outside of work such as the safety and wellbeing of family and friends, or damaged homes, also have indirect effects on our staff, and staffing, across Health entities.

These risks were considered material due to their potential to impact staff and business models including but not limited to:

- compromising service delivery, quality of care, administration functions, and the ability for Health entities to meet their strategic objectives due to disruptions to staffing and productivity, and a potential inability to attract and retain staff
- impacting population health, including priority communities and those in vulnerable circumstances
- causing rising costs (for example for locums, contingency staff, temporary accommodation for staff deployed from other organisations, work health and safety claims, and costs associated with service delays)
- potential for reputational and liability risks if service delivery and quality of care does not meet community expectations.

Health entities identified risks of consecutive, concurrent, or cumulative extreme weather events to staff at all time horizons. Many Health entities identified the potential for staff risks materialising at all services, facilities and locations within their geographic regions.

The number of risks to staff rated high/extreme, and the number of Health entities rating the risks high/extreme rose over time. There were no staff risks that only received low/medium ratings at one or more time.

2030: 12 risks rated high/extreme **2050:** 19 risks rated high/extreme **2070:** 19 risks rated high/extreme

Financial impact

Same as current financial impacts noted in Theme 1: risk to population health.

The anticipated financial effects of this are primarily related to and driven by increased costs associated with emergency procurement or supplier costs, logistics and transportations costs, service disruption costs, and digital and data recovery costs.

Similar to other climate risks, increased costs would lead to NSW Health requesting funding from the State and Federal governments.

Theme 4: Risks to service delivery and administration

Risks to service delivery and administration are anticipated as a result of other risks. They include the cascading and compounding effects of disruptions and damage to highly interconnected and interdependent assets, people, supply chains and systems both within and external to the NSW Health system.

For example, delivery of essential NSW Health services may be impacted for communities located in hazardous or hazard prone areas; or when domestic and international suppliers experience impacts. Service impacts increase should they occur simultaneously, or alongside other identified material risks such as asset damage.

These risks were considered material because of their potential impacts to business models including but not limited to:

- undermining the ability of Health organisations to address their strategic objectives and deliver core functions. These were consistent across all Health organisations and ranged from frontline clinical services that support the safety, health and wellbeing of the community, to services that underpin the functionality of the Health system (for example, digital systems and virtual care, management of supply chains, provision of treatment protocols, research, standards, and education), as well as critical administrative functions
- rising costs associated with outages, delays, and disruptions. These included the costs of restoring systems, the risk of increasing diversion of scarce funds to disaster response and recovery, and pressure to fund climate resilience within a context of competing critical clinical priorities
- potential for reputational and liability risks if service delivery and quality of care does not meet community expectations, as well as issues such as health and safety.

The number of risks to service delivery and administration rated high/extreme, and the number of Health entities rating the risks high/extreme rose during the three time horizons. Two risks rated low/medium at one or more time horizons were also identified as material in the materiality assessment.

2030: 18 risks rated high/extreme **2050:** 21 risks rated high/extreme **2070:** 22 risks rated high/extreme

Financial impact

Same as current financial impacts noted in Theme 1: risk to population health.

Anticipated financial impacts of extreme weather events which in turn lead to other risks to service delivery are primarily due to increased operational and asset planning costs associated with the shift in demand.

Similar to other climate risks, the increased costs would also require higher funding.

In the short, medium and long term, effectively executed adaption actions for weather events leading to service delivery risks may help address increasing costs such as operating expenses, grants and subsidies expenses and asset planning and development costs.

Climate-related opportunities

There were three climate-related opportunities identified by three Health entities:

- Digital services and infrastructure to support climate risk assessments and enable information storage and continuous care during disasters
- Training and education products to equip staff to manage and operate within the context of a changing climate
- New models of care and clinical guidance that leverage innovation to enable safe, efficient, and climate-resilient healthcare.

It is expected more opportunities will be identified during adaptation planning processes next financial year.

Strategy and decision-making

Adaptation planning was out of scope for climate risk management processes for NSW Health entities this financial year, pending the release of guidance from DCCEEW. Recognised as a priority, adaptation planning is expected to support clearer integration of climate risks and opportunities into NSW Health strategies, major transaction decisions, risk management processes, and related policies.

NSW Health's approach to reducing climate-related impacts, including emissions, commenced prior to, and now runs in parallel with, the climate risk program of work.

In terms of addressing transition risks, among the first steps were determining a baseline carbon footprint for NSW Health. Therefore, the baseline carbon footprints of three local health districts and specialty health networks and two additional hospitals – one regional base hospital and one tertiary metropolitan hospital - (14 hospitals in total) was undertaken in 2022-23. This data enabled a projected carbon footprint and identification of high priority areas in the *NSW Health Net Zero Roadmap (2025-2030)*.

Net Zero Roadmap 2025-2030

The Roadmap identifies six operational priority areas – healthcare, buildings, energy and water, transport, food, and supply chain – supported by five organisational enablers. It outlines a pathway to reduce operational emissions (Scope 1 and 2) in alignment with our commitment to deliver an environmentally sustainable footprint for future healthcare, and targets within DCCEEW's *Net Zero in Government Operations Policy* and the *NSW Climate Change (Net Zero Future) Act 2023*.

Based on the projected baseline carbon footprint, the Roadmap identifies 18 emissions sources which constitute 80 per cent of NSW Health's emissions. These 18 emissions sources will be our strategic focus, and appropriate lead teams/agencies have been allocated for each source. For example, HealthShare NSW is the lead agency for food products, textile products, cleaning, and general waste; eHealth NSW is responsible for electronic equipment among others. Each lead team/agency will be responsible for decarbonisation for their emissions source/s.

The Roadmap constitutes NSW Health's expression of strategic intent. It signals commitment and identifies broad themes for climate action.

Given requirements within both NSW Treasury's *Reporting framework for climate-related financial disclosures* (TPG24-33) and DCCEEW's recently released *Transition risks and opportunities Guidance*, NSW Health will increasingly bring together transition and physical risks over the coming years.

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

Future Health provides the strategic approach for achieving our organisational objective: the health system is managed sustainably.

NSW Health has a sustainability team within the NSW Ministry of Health Infrastructure and Asset Management Division, HealthShare NSW, Health Infrastructure, and the Ministry Climate Risk and Net Zero Unit. NSW Health views climate risk as a shared responsibility across our health system and is embedding sustainability considerations across a growing number of services and programs. Resourcing is varied across local health districts, specialty health networks, statewide and shared services.

Risk management

How NSW Health identifies, assesses, prioritises and monitors climate-related risks

The NSW Ministry of Health's Climate Risk and Net Zero Unit developed tailored tools, templates, activity guides, and data inputs based on the *Climate Risk Ready NSW Guide*⁷ to enable a standardised approach across the system.

Training on how to use the materials and conduct an assessment of the physical risks of climate change was provided via a dedicated Climate Resilience Community of Practice. One-to-one support including help facilitating workshops and analysing data was available.

The materials, training, and support were offered to all Health entities have already been widely adopted. Work continues to improve consistency and address differences in reporting methodologies, data inputs, and risk frameworks as part of progressing and maturing our approach.

Available materials included a template scope with the following prescribed parameters to enable a consistent, standardised system-wide approach:

- Assessing risks that could reasonably be expected to affect the entity's prospects, business model, ability to deliver goods and services, manage assets, strategy and decision making and climate resilience
- Considering an entity's 'values at risk' including but not limited to, strategic objectives, staff, service delivery and administration, infrastructure and assets (including external infrastructure with potential to cause cascading failures across Health entity systems)
- Considering complex, aggregate, compounding, and cumulative risks
- Assessments were qualitative and only the physical risks of climate change were considered
- Detailed technical/quantitative assessments, transition risks and adaptation planning were excluded
- Following a review of guidance and common practice, a high emissions scenario (SSP3-7.0) was used to identify and assess the physical risks of climate change
- Risks were to be assessed over short (2030), medium (2050) and long term (2070) time horizons. Almost all entities aligned with all three time horizons.

⁷ This is the process recommended for use by NSW Government agencies.

In alignment with *Climate Risk Ready NSW*, the following hazards were considered:

- Bushfire, sea level rise and associated hazards, mean temperature, relative humidity and extreme heat days, extreme rainfall, storms and flooding, and droughts.

Activities and data inputs for identifying and assessing the physical risks of climate change:

Recommended activities to identify and assess climate risks included:

- facilitated workshops engaging a diverse range of stakeholders from across entities
- activities to identify risks including impact mapping methodologies and using pre-developed risk statements to prompt small group discussions
- structured feedback sessions with forms to capture risk controls and ratings.

Each entity had access to data inputs to guide the process and enable informed feedback. Most entities used the data, but not all, for instance, some only used the NARCLiM2 regional snapshots, others used NARCLiM1.0 data. Ensuring standardised, high quality data inputs will be a priority focus in reviews and updates of assessments in coming years.

Available data inputs included climate data sourced from the following organisations:

- [NARCLiM2.0 interactive map and data](#)
- [NARCLiM2.0 Climate Change Snapshot 2024](#)
- Australian Government Bureau of Meteorology and CSIRO [State of the Climate 2024 Report](#)
- [AdaptNSW website](#)
- NSW Treasury [An indicative assessment of four key areas of climate risk for the 2021 NSW Intergenerational Report 2021](#)
- Australian Research Council and Climate Extremes (ARC centre of excellence) [Projecting Future Heat Stress In Australia Using Climate Models](#)
- [CSIRO Canute 3 tool](#) – the sea level calculator
- NASA [Sea Level Change Projection Tool](#)

Other data inputs included comprehensive research on common impacts to health and health organisations from extreme weather and natural disasters from NSW, Australia and across the world.

Some Health entities drew on historical data and information regarding past disasters. The lived experience and professional expertise of stakeholders (including those who had worked through previous disasters and/or have dedicated roles for emergency management) was also an important technical input for Health entities.

Considerations and inputs for assessing climate risks

Risks were assessed and rated by Health entities using either the consequence and likelihood criteria, as well as the risk framework in the Enterprise-wide Risk Management Policy Directive, the Draft Supplementary Guidance on Assessing Climate Risks, or other internal risk frameworks.

The Draft Supplementary Guidance incorporates the risk framework and likelihood and consequence criteria from the NSW Health Enterprise Risk Management Policy Directive. It also includes specific likelihood and consequence criteria focused on climate risks with categories developed for impacts.

This approach enabled relevant Health entities to assess climate risks using the same rating system used for assessing all other risks, and prioritise climate-related risks relative to other types of risk. The following additional information was also considered by most entities when assessing risks:

- Existing controls for each risk, and their effectiveness
- Climate projections showing the magnitude and severity of changes over time
- Whether risks could be caused by multiple hazards (making them more likely to materialise)
- Potential impacts to critical infrastructure
- Consecutive/compounding/cumulative events
- The potential for risks to impact multiple parts of an organisation simultaneously, and/or a concentration of assets and services.

Risk management framework, implementation, and monitoring

The NSW Health Enterprise-wide Risk Management Policy Directive requires all NSW Health entities to establish, implement, and maintain an enterprise-wide risk management framework that is tailored to achieving their strategic and operational plans, support the delivery of performance objectives, meet business needs, and be integrated with its systems and processes. The risk management framework must also recognise the entity's contribution to broader statewide health strategies and objectives.

The Policy Directive is consistent with both the Australian Standard *Risk Management – Guidelines* and NSW Treasury's *Internal Audit and Risk Management Policy for the General Government Sector*. It requires NSW Health entities to ensure that the identification and assessment of the impacts of climate change is integrated into their risk management frameworks, and that the projected impact on assets and services is actively managed and mitigated.

Consideration is being given by the NSW Ministry of Health as to whether climate risks could be classified as a type of enterprise-wide risk which would support integration into existing NSW Health risk management frameworks, in accordance with the Policy Directive. This would support climate risks being identified, assessed, reported and managed as a type of enterprise-wide risk for NSW Health entities, as well as for the State's public health system as a whole.

The climate risk assessments undertaken by NSW Health entities would be integrated into their own risk management frameworks in accordance with the Policy Directive. System-wide climate risks that could potentially impact all of NSW Health would also be identified, assessed, reported and managed in a manner that is consistent with the Policy Directive.

Metrics and targets

NSW Health Climate-Related Financial Disclosures

Emissions boundary

Included in emissions boundary	Included in emissions boundary	Excluded from boundary
Quantified <ul style="list-style-type: none">Stationary energy (natural gas, diesel, LPG)Vehicle fuels (diesel, petrol, Aviation Fuel, LPG)Electricity (purchased)Medical gases (e.g. nitrous oxide)	Non-quantified <ul style="list-style-type: none">Refrigerants (stationary and vehicles)	Outside boundary or not relevant <ul style="list-style-type: none">Wastewater treatment (on-site)Land use/LULUCFP

Note: Refrigerant data is incomplete and will be estimated in future. No on-site wastewater treatments facilities were identified. Land use/LULUCF is not applicable.

Emission calculation methodologies/guidance and emission factors

Emissions calculation methodology: NSW Government Greenhouse Gas Accounting and Reporting Guidelines (GHG Protocol).

Source of emission factors: DCCEEW National Greenhouse Accounts Factors: 2024 (Department of Climate Change, Energy, Environment and Water) and IPCC Sixth Assessment Report.

Emissions reporting

Scope 1 emissions

Stationary energy combustion

Emissions category	Reporting period emissions (tCO ₂ -e)
Natural gas	77,151
Diesel Oil	Not reported in current year
Liquified Petroleum Gas (LPG)	14,561

Vehicle fuels (including mobile plant and equipment)

Emissions category	Reporting period emissions (tCO ₂ -e)
Diesel Oil	25,518
Petrol	10,705
Aviation Fuel	23,677
LPG	0

Other emission sources (where deemed relevant and material)

Emissions category	Reporting period emissions (tCO ₂ -e)
Nitrous Oxide	19,087
Refrigerants (stationery and vehicles)	Not reported in current year
Wastewater treatment (fugitive emissions)	Not reported in current year
Land use, land use change and forestry (LULUCF)	Not reported in current year

Total Scope 1 Emissions	170,699 tCO₂e
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Scope 2 emissions (location based)

Emissions category	Reporting period emissions (tCO ₂ e)
Purchased Electricity (e.g, assets, electric vehicles)	535,310
Total scope 2 emissions (Location based)	535,310

Scope 1, Scope 2 emissions

Absolute gross	706,009 tCO ₂ e
Carbon offsets (if applicable)	Not applicable
Net total GHG emissions (Scope 1, Scope 2 less offsets)	706,009 tCO ₂ e

Diesel Oil (Scope 1) for use in backup generators is a data gap. This will be investigated and reported on in the next financial year.

Some limited contamination of data may be occurring between the Diesel Oil category for fleet vehicles. This will be investigated and resolved for the next financial year.

Nitrous Oxide data from one reporting entity could not be obtained for the reporting period. While this represents a small proportion of overall activity, its exclusion may result in a minor underestimation of reported values.

Off-contract purchased electricity (electricity purchased outside of the whole of government electricity contract) has not been included. This will be reported in the next financial year.

The 2024-25 NSW Health emissions data in this report is the 'base-year' and therefore no comparatives have been disclosed.

Measurement approach

Scope 1 emissions - Stationary energy combustion

Natural gas

Measurement approach: metered data provided by the utility.

Australian National Greenhouse Accounts Factors 2024 emission factor for natural gas distributed in a pipeline. Scope 1 Emission Factor (kg CO₂-e/GJ) Combined gases = 51.53.

Reason: This is primary source data with the highest level of accuracy obtainable. Emissions factors obtained from primary source (NGA 2024).

LPG

Measurement approach: data provided by the utility.

Australian National Greenhouse Accounts Factors 2024 emission factor for Liquefied petroleum gas (LPG) (Table 8 pg. 22) Scope 1 Emission Factor (kg CO₂-e/GJ) Combined gases = 60.6

Reason: This is primary source data with the highest level of accuracy obtainable. Emissions factors obtained from primary source (NGA 2024).

Nitrous oxide

Measurement approach: metered data provided by the utility.

Total volume of N₂O (kg) used is converted to tCO₂-e using GWP 273 from IPCC AR6.

Reason: This is primary source data with the highest level of accuracy obtainable. Emissions factors obtained from primary source (IPCC 2021, Ch. 7)

Scope 1 emissions - Vehicle fuels (including mobile plant and equipment)

Diesel Oil and petrol

Measurement approach - Data from Fleet Intelligence fuel transaction report (date range 1 July 2024 to 30 June 2025).

Australian National Greenhouse Accounts Factors 2024 emission factor for Direct (Scope 1) emissions from the consumption of transport fuels in different transport equipment (Table 9 pg. 25).

Diesel oil combusted in Cars and light commercial vehicles: Scope 1 Emission Factor (kg CO2-e/GJ) Combined gases = 70.41

Gasoline combusted in Cars and light commercial vehicles: Scope 1 Emission Factor (kg CO2-e/GJ) Combined gases = 67.62

Ethanol combusted in Cars and light commercial vehicles: Scope 1 Emission Factor (kg CO2-e/GJ) Combined gases = .4

This is primary source data with the highest level of accuracy obtainable. Emissions factors obtained from primary source (NGA 2024).

Aviation Fuel

Measurement approach - Data provided by the utilities to NSW Ambulance.

Australian National Greenhouse Accounts Factors 2024 emission factor for Direct (scope 1) emissions from the consumption of transport fuels in different transport equipment (Table 9 pg. 26). Kerosene for use as fuel in an aircraft; Scope 1 Emission Factor (kg CO2-e/GJ) Combined gases = 70.21

This is primary source data with the highest level of accuracy obtainable. Emissions factors obtained from primary source (NGA 2024).

Scope 2 emissions (location based)

Purchased electricity

Measurement approach - metered data provided by the utility.

Australian National Greenhouse Accounts Factors 2024 emission factor (Table 1 Pg. 8) for NSW Indirect (Scope 2) emissions from consumption of purchased or acquired electricity (kg CO2-e/kWh) = .66

This is primary source data with the highest level of accuracy obtainable. Emissions factors obtained from primary source (NGA 2024).

Greenhouse gas emission targets and metrics

The NSW Ministry of Health's target is to achieve 50 per cent reduction in emissions (Scope 1 and 2) by 2030, 70 per cent reduction in emissions (Scope 1 and 2) by 2035 and net zero (Scope 1 and 2) by 2050, in accordance with the NSW Government's Climate Change (Net Zero Future) Act 2023, the Net-Zero Government Operating policy, and the objective of the Paris Agreement, with relevant greenhouse gas reported as CO₂-eq.

An additional greenhouse gas emissions metric and target is in place for NSW Health climate-related financial disclosure reporting.

About the metric - Nitrous oxide emissions per patient service event

The additional metric, *Nitrous oxide emissions per patient service event*, measures the nitrous oxide-related greenhouse gas emissions attributable to specific patient service events within a specified reporting period.

Type: Intensity-based metric: It is expressed relative to relevant activity data from emergency departments, intensive care units, oral health, paediatrics, theatres, and birthing units.

Validation: Not currently validated externally

Calculation methodology:

- Numerator: Total N₂O used (kg), converted to tCO₂-e using GWP 273 from IPCC
- Denominator: Total number of related service events sourced from internal database EDWARD
- Calculation: N₂O Intensity = numerator/denominator

Metric targets – setting, reviewing and monitoring progress

The additional greenhouse gas emissions target for NSW Health entities is reducing nitrous oxide emissions per relevant patient service event, in alignment with the Paris Agreement target to reduce anthropogenic nitrous oxide emissions on average by at least 20 per cent by 2050 from 2019 levels. The target is an ongoing, multi-year, gross emission target.

NSW Health aims to reduce N₂O emission per patient event by 10 per cent relative to the 2023 financial year (baseline year).

It is applicable to all local health districts, the Sydney Children's Hospitals Network, and the St Vincent's Health Network.

Performance as of June 2025 indicates nearly 60 per cent of facilities have met the target.

Objective type: Mitigation target

Type of target: Intensity target (Quantitative)

GHGs covered by the target: N₂O

Emission scope: Scope 1

This target has not been validated externally. It is reviewed annually through service level agreements with the NSW Ministry of Health. There has been no revision to the target yet, however it will be periodically reviewed to ensure it remains feasible and evidence-based.

Modern Slavery Act 2018 reporting

In the 2024-25 financial year, NSW Health continued undertaking steps to ensure goods and services procured by and for NSW Health were not the product of modern slavery.

NSW Health reported against its requirements under the *Modern Slavery Act 2018* (Commonwealth) on behalf of local health districts. In the Commonwealth report, NSW Health outlined several activities that were relevant to its requirements under the *Modern Slavery Act 2018* (NSW). These activities are ongoing and address operational and supply chain related modern slavery risks. Activities included risk assessments, stakeholder engagement, education and training, and operational process changes.

NSW Health is a member of the Shared Implementation Plan Working Group. Established by the NSW Anti-Slavery Commissioner for NSW Government agencies, it works with the Commissioner's office to develop an implementation plan for the reporting requirements outlined by the Commissioner.

Actions taken by NSW Health in relation to issues raised by the Anti-slavery Commissioner

The NSW Anti-slavery Commissioner raised opportunities regarding modern slavery training, and policies and guidelines to prevent the viewing of inappropriate material on information and communication technology (ICT) platforms. NSW Health has policy measures that govern the appropriate use of its ICT platforms. NSW Health has also implemented a priority action plan that involves due diligence and training for internal staff and suppliers.

Work health and safety

NSW Health continued to ensure its NSW Health Policy Framework reflects best practice in workplace health and safety. Key enhancements made in 2024-25 include:

Other workers engagement

The NSW Ministry of Health revised and released the *Work Health and Safety - Other Workers Engagement Guideline*. This Guideline provides direction to all NSW Health entities to meet their duty of care under the *Work Health and Safety Act 2011* and *Work Health and Safety Regulation 2017*. It ensures when people that are not employed by NSW Health are working at a NSW Health workplace, they and all NSW Health staff are in a safe and healthy environment.

Better practice procedures

The NSW Ministry of Health revised and released the *Work Health and Safety - Better Practice Procedures Policy Directive*. This Policy Directive supports all NSW Health entities to implement an effective work health and safety management system that is consistent with NSW Work Health and Safety legislation; and provides information to clarify the duties and responsibilities of officers and managers/supervisors in contributing to a safe and healthy work environment.

Prosecutions under the Work Health and Safety Act 2011

This reporting information sets out notifiable incidents and prosecutions that reached a conclusion in 2024-25. Details of notifiable incidents and prosecutions under the *Work Health and Safety Act 2011* for NSW Health entities that have been reported to the NSW Ministry of Health in 2024-25 are as follows:

- the NSW Ministry of Health is aware of one work health and safety prosecution that was completed. The matter was withdrawn by Safework NSW during proceedings.
- the Ministry of Health is aware of 251 notifiable incidents across NSW Health subject to reporting to Safework NSW in 2024-25.

Workers compensation

NSW Health supported its workplaces with a range of practice guides to continue to improve rehabilitation, injury management, and recovery. The NSW Ministry of Health continues to progress strategies to:

- facilitate opportunities to enhance recovery at work through the identification and sharing of suitable duties
- identify and mitigate psychosocial issues for workers following a workplace injury.

NSW Health workers compensation claims

NSW Health entity	2023-24		2024-25	
	Physical	Psychological	Physical	Psychological
Health Administration Corporation	1,550	376	1,518	387
Local health districts and specialty health networks	3,640	540	3,658	628
NSW Ministry of Health including pillar organisations	21	9	15	15
Totals	5,211	925	5,191	1,030
	6,136		6,221	

Reportable workers compensation claims increased by one per cent from the previous financial year. The number of physical claims has decreased slightly and the number of psychological claims has increased.

Reportable workers compensation claims by category

Mechanism of Injury	Health Administration Corporation	Local health districts and specialty health networks	NSW Ministry of Health including pillar organisations	Total*	Per cent of all reportable claims in 2024-25* (%)
Being hit by moving objects	153	719		872	14
Biological factors	133	580		713	11
Body stressing	885	1,410	10	2,305	37
Chemicals and other substances	22	74		96	2
Falls, trips, and slips of a person	182	597	3	782	13
Heat, electricity, and other environmental factors	13	38		51	1
Hitting objects with a part of the body	59	117		176	3
Mental stress	349	577	15	941	15
Sound and pressure	16	19		35	1
Vehicle incidents and other	93	155		248	4
Total	1,905	4,286	30	6,219	100

* Mechanisms of injury with just one claim are not shown to uphold anonymity and privacy. This may cause differences in totals between workers compensation claims tables.

Source: icare TMF Dashboard. **Notes:** Reportable claims by date reported and entered as at June 2025. The iCare TMF Dashboard is refreshed monthly. The total number of claims can increase from month-to-month when a previously non-reportable claim becomes a reportable claim after the data is extracted. Non-reportable claims are incidents with no payments and nil estimates that are not yet classified as a “claim” at the time of reporting. Reportable claims are incidents where payments were made or estimates established.

Workforce diversity

Trends in the representation of workforce diversity groups

Workforce diversity group	Benchmark	2023	2024	2025
Women	50.0%	74.5%	74.5%	74.3%
Aboriginal and/or Torres Strait Islander People	3.3%	2.9%	2.9%	3.0%
People whose first language spoken as a child was not English	23.2%	25.4%	26.4%	27.4%
People with disability	5.6%	1.8%	1.8%	1.8%
People with disability requiring work-related adjustment	N/A	0.4%	0.4%	0.3%

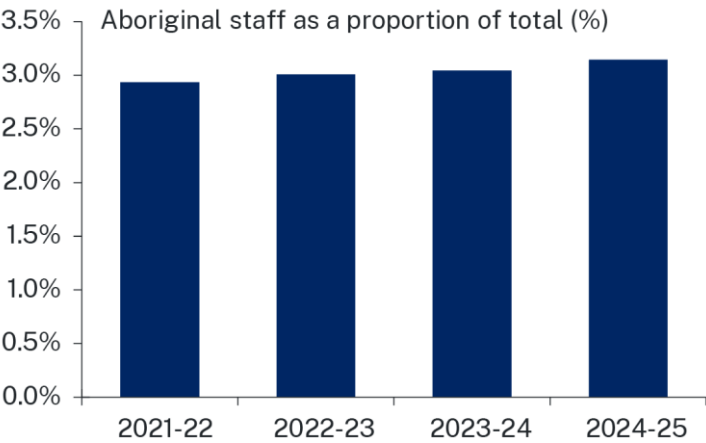
Notes: 1. The benchmark of 50 per cent for representation of women across the sector is intended to reflect the gender composition of the NSW community. 2. The *NSW Public Sector Aboriginal Employment Strategy 2019–2025* takes a career pathway approach in that it sets an ambitious target of three per cent Aboriginal employment at each non-executive grade of the public sector by 2025. 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. 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 2025. More information can be found at: [Age of Inclusion](#). The benchmark for people with disability requiring work-related adjustment was not updated.

Trends in the distribution index for workforce diversity groups

Workforce diversity group	Benchmark	2023	2024	2025
Women	100	93	93	93
Aboriginal and/or Torres Strait Islander People	100	77	78	79
People whose first language spoken as a child was not English	100	95	95	95
People with a disability	100	86	86	86
People with a disability requiring work-related adjustment	100	88	87	87

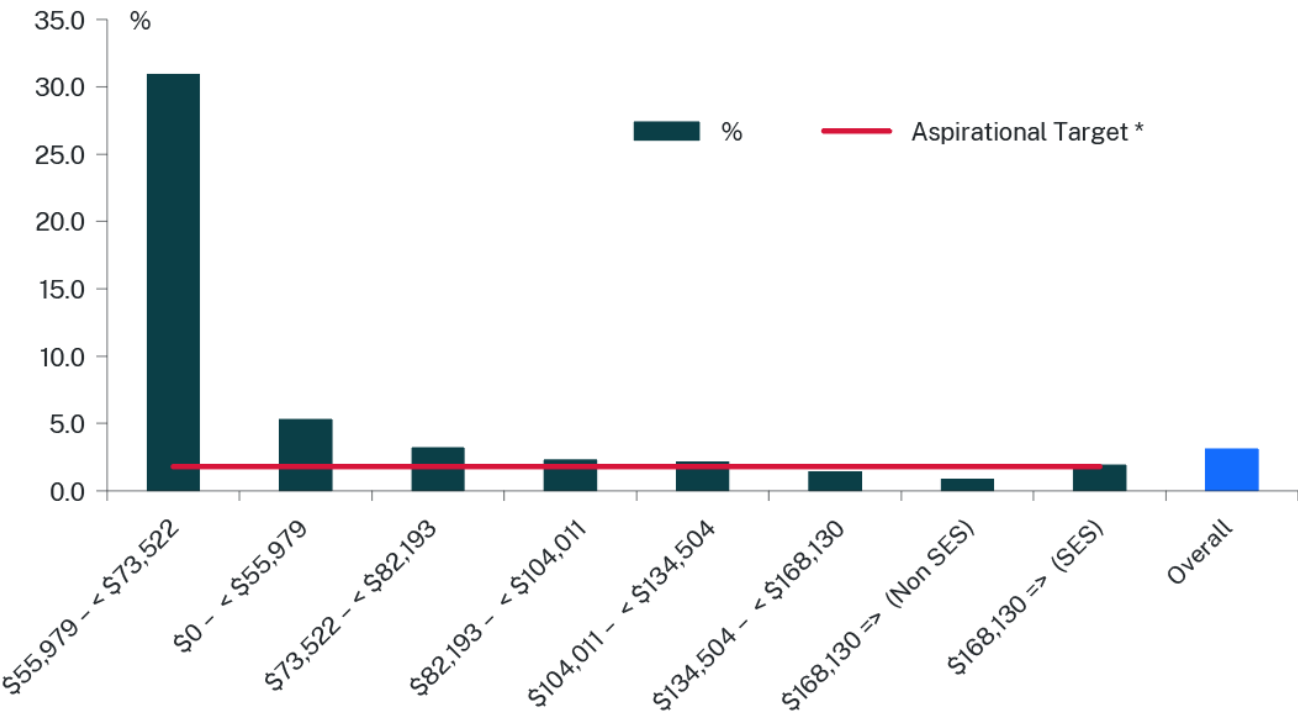
Notes: 1. A distribution index score of 100 indicates that the distribution of members of the workforce diversity group across salary bands is equivalent to that of the rest of the workforce. A score less than 100 means that members of the workforce diversity group tend to be more concentrated at lower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

Aboriginal staff as a proportion of workforce



Source: Premier’s Workforce Profile

Aboriginal staff by salary band



Source: Public Service Commission data collection 2024-25. Note: Includes all non-casual active staff as of June 2025. All non-respondents are excluded from this report. Data captures those that identify only as Aboriginal and/or Torres Strait Islander in the survey.

Key workforce diversity strategies

Disability Inclusion Action Plan

The NSW Health *Disability Inclusion Action Plan 2016-2019* (DIAP) has been further extended while the *NSW Disability Inclusion Plan* remains under review.

The NSW Health DIAP continued to support improved access to quality healthcare and employment for people with disability during 2024-25. The DIAP supports delivery of the *NSW Disability Inclusion Plan*, which identifies key focus areas for NSW agencies and local government to promote and enable full participation and inclusion of people with disability in the community.

In 2024-25, NSW Health undertook an independent evaluation of the NSW Health Intellectual Disability Health Service to understand implementation, reach, and insights for continuous improvement.

NSW Health delivered the Get Skilled Access Inclusive Healthcare project to improve disability inclusive practices of health professionals. The project included face-to-face disability inclusion champion training in 19 public hospitals and health centres at 7 local health districts and the Justice Health and Forensic Mental Health Network, and online training for all NSW Health staff at participating hospitals, available to access until 30 June 2026.

NSW Health LGBTIQ+ Health Strategy 2022–2027

Implementation continues on the *NSW LGBTIQ+ Health Strategy 2022–2027*, which provides direction to all NSW Health entities and staff, so that collectively the system can deliver the best care to LGBTIQ+ people. In 2024-2025:

- the NSW Ministry of Health collaborated with the Health Education and Training Institute to release the *NSW Health LGBTIQ+ Capability Framework 2025-2029*. The Framework identifies the educational capabilities needed to support LGBTIQ+ inclusive healthcare, and provides the foundational knowledge, skills, behaviours, and professional values required of the NSW Health workforce to deliver the health priorities for LGBTIQ+ people in NSW
- ACON opened the Kaleido Health Centre, NSW's first dedicated LGBTQ+ health centre for sexuality and gender diverse people with the support of NSW Health
- additional funding was provided to The Gender Centre to continue the Children, Families and Peer Support Program and improve rural and regional outreach support for trans and gender diverse people
- finalised projects funded by the NSW LGBTIQ+ Health Flexible Fund to support strategy implementation.

NSW Carers (Recognition) Act 2011

Under the *NSW Carers (Recognition) Act 2011*, NSW Health must take steps to ensure carers are recognised, valued, and consulted on policy matters that impact them.

Published during National Carers Week in October 2024, the *NSW Health Recognition and Support for Carers: Key Directions 2024–2028* outlines strategic priorities for supporting carers across the NSW Health System. This updated framework reflects extensive system-wide consultation, incorporating valuable input from NSW Health entities, community members, and non-government organisations.

The Key Directions reaffirm NSW Health's commitment to recognising the vital role of carers and reinforces its legislative obligations under the *NSW Carers (Recognition) Act*.

In 2024-25, NSW Health has demonstrated support for carers through targeted staff education initiatives, meaningful consultation with carers, and proactively strengthened support for working carers. Highlights include:

- improving data collection in the Central Coast Local Health District – the district successfully began recording carer consultations as part of broader revenue and activity targets, helping to improve data captured on the support provided to carers
- enhanced access to information for carers in the Nepean Blue Mountains Local Health District – the 'Carers on the Go' information trolley was introduced to increase awareness of and provide timely access to resources for carers and staff
- the delivery of community engagement events in the South Eastern Sydney Local Health District focused on understanding the needs of Aboriginal carers and delivering culturally safe information and screening. Events tailored for Aboriginal women carers saw a notable increase in participation compared with the previous year
- the Sydney Local Health District became the first Australian government organisation to attain Level 3 Carers + Employers Accreditation
- providing support to staff who are carers – during National Carers Week 2024, South Eastern Sydney Local Health District delivered a session exploring themes of grief and bereavement and featured the stories of working carers with lived experience.

Children's Guardian Act 2019 No 25

NSW Health has commenced implementation of the *NSW Health Child Safe Action Plan 2023-2027*. The Plan outlines the actions NSW Health will take to implement the 10 Child Safe Standards and support the safety of children in NSW Health services.

In the past year, NSW Health has maintained a strong focus on raising awareness and building capability across the health system to support implementation of the Child Safe Standards. Key initiatives included the delivery of five Child Safe Community of Practice Forums, which facilitated knowledge sharing and collaboration across the health system, and the development of four Child Safe E-Learning Modules to support staff capability in implementing the Standards.

To further embed the Child Safe Standards into organisational systems and processes, NSW Health has implemented mechanisms to ensure all new and revised statewide policies align with the Standards. In the past year, 19 policies were reviewed against the Standards. Progress was also made in integrating child safe practices into online recruitment systems, and consultation commenced with children and young people and across the health system to inform the development of a comprehensive Child and Youth Safe Policy.