

Annual Report

2019-20



Health



The NSW health system works to protect, promote and maintain the health and wellbeing of the people of NSW.

Our vision

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



NSW MINISTRY OF HEALTH

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The NSW Health Annual Report 2019-20 was edited, designed, coordinated and printed within the NSW Ministry of Health by the Strategic Communications and Engagement branch.

Cover images: 1. Sandra Leaver, Clinical Nurse Consultant on deployment from Northern Sydney Local Health District looks out on drought and bushfire-affected countryside in Murrumbidgee Local Health District beside Adelong resident, Mr David Casey. 2. Waltraud Galea has worked as a Cleaner at Liverpool Hospital in South Western Sydney Local Health District for 22 years. 3. Hospital Scientist, Sarah Lang and Technical Officer, Madeline Camacho work in the COVID-19 sample preparation area in the Microbiology Department at NSW Health Pathology. Photo credit: Lisa Maree Williams / Getty Images. 4. Grainne Ducat, Registered Nurse and Coordinator of the COVID-19 Clinic at Port Macquarie Base Hospital, Mid North Coast Local Health District.

SHPN (SCE) 200636
ISSN 0815-4961

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October 2020

Letter to the Minister

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

Dear Minister

In compliance with the terms of the *Annual Reports (Departments) Act 1985*, the Annual Reports (Departments) Regulation 2015 and the *Public Finance and Audit Act 1983*, I submit the Annual Report and Financial Statements of NSW Health organisations for the financial year ended 30 June 2020, 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 2019-20'. I am also sending a copy of the report to the Treasurer.

Yours sincerely



Elizabeth Koff
Secretary, NSW Health

About this report

This annual report describes the performance and operation of NSW Health during 2019-20.

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 2019-20.

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 2019-20.

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

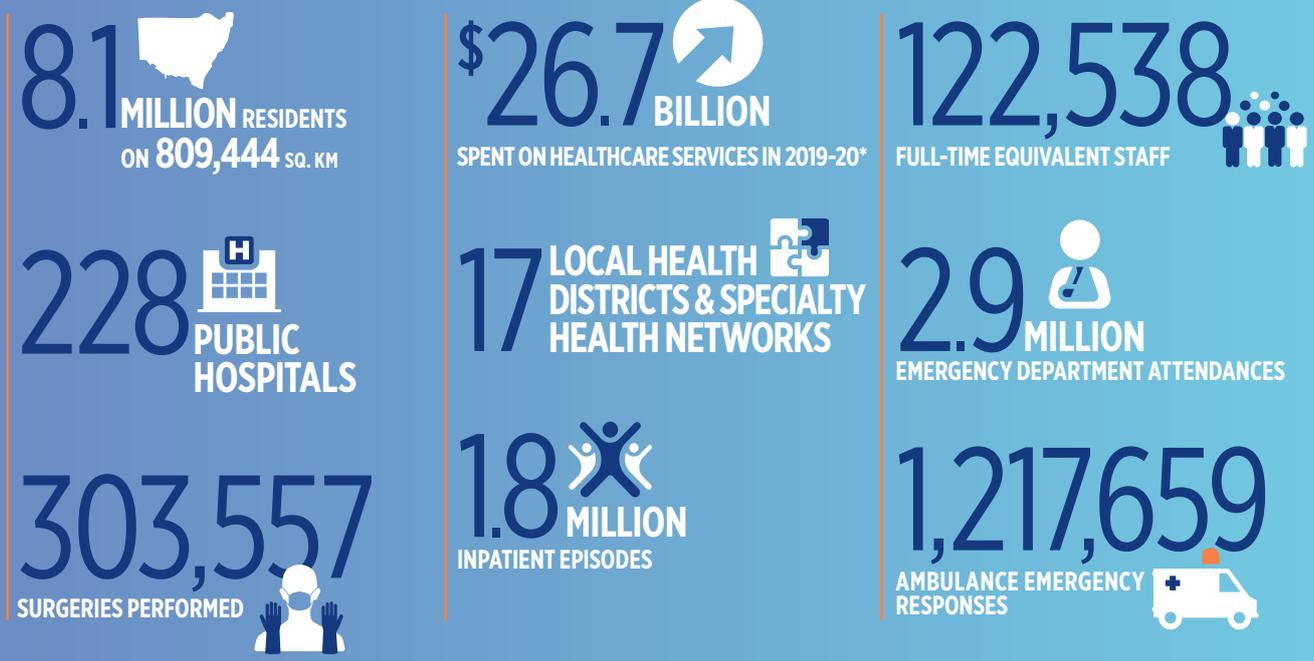
Provides additional information and data to supplement the report.

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NSW Health snapshot

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



The NSW community



*2020-21 budget deferred until November 2020.

On a typical day in NSW...



195

BABIES ARE BORN IN A PUBLIC HOSPITAL



66,000

MEALS SERVED TO PATIENTS



18,000

PEOPLE SPEND A NIGHT IN A PUBLIC HOSPITAL



6200

PEOPLE ADMITTED TO A PUBLIC HOSPITAL



930

PEOPLE HAD PLANNED SURGERY
IN A PUBLIC HOSPITAL



270

PEOPLE HAD UNPLANNED SURGERY
IN A PUBLIC HOSPITAL



56,000

NON-ADMITTED PATIENT SERVICES EVENTS

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

In 2019-20

990,098

Triple Zero (000) calls
for an ambulance

11,200

aeromedical responses

more than

500,000

COVID-19 tests performed
by Health Pathology NSW

37,000

clinicians consulted
1.03 million patient charts

3 million

doses of influenza vaccine
distributed

153,027

children cared for by the
Sydney Children's Hospitals Network

39 million

tonnes of clean linen
supplied to public hospitals

163,052

packs of red blood cells
issued to public hospitals

319,550

people received
public dental services

50+

notifiable conditions,
including COVID-19 tracked
by Health Protection NSW

Secretary's year in review



In what has been an unprecedented year, it has been a humbling experience to witness how courageously the employees of NSW Health continued to deliver high quality healthcare while responding to the impact of drought, devastating bushfires and floods, followed by a global pandemic.

The bushfire crisis decimated many parts of the east coast of NSW, impacting local communities, including our patients and staff. This was followed by the emergence of the COVID-19 pandemic which saw every part of our health system rise in response, working collaboratively to deliver a comprehensive and multi-pronged solution to an extraordinary situation. Our ability to pivot and respond to the year's emerging challenges can largely be attributed to the strength in operating cohesiveness across the whole of the NSW health system. Due to the immense system-wide response to these crises, we have included special reports outlining our efforts during the bushfires on page viii and the COVID-19 pandemic on page xi.

The skill and agility of our people, supported by a comprehensive health system governance framework enabled us to progress our vital work to provide high quality clinical, mental and community healthcare to the people of NSW. NSW Health made significant progress across all of our Strategic Priorities, despite the challenges that the year presented. These challenges however, showcased the outstanding commitment, dedication and passion of our incredible staff and I thank them for all that they have achieved this year.

As a health system that cares for and serves the citizens of NSW, we are guided by the NSW Health Strategic Priorities, which focus on eight key areas to improve results for patients and the community. NSW Health is the lead for three Premier's Priorities; to improve service levels in hospitals, improve outpatient and community care, and reduce the rate of suicide deaths in NSW. Our achievements demonstrate our commitment to deliver the best of health to the citizens of NSW and our progress towards realising a sustainable health system that delivers outcomes that matter to patients; is personalised, invests in wellness, and is digitally enabled.

An enhanced focus on value based healthcare to deliver results that matter

In NSW, value based healthcare means continually striving to deliver care that improves the experience of receiving and providing care, and the effectiveness and efficiency of that care. This year we continued our focus on value based healthcare, patient experience and healthcare in the community.

Our approach to implementing value based healthcare involved scaling and embedding statewide programs, while supporting change through a range of system-wide enablers. Programs link patients to evidence-based care, allowing them to self-manage through allied health and community care programs, improving quality of life and in some instances negating the need for surgery.

We published the conceptual framework for value based healthcare to support shared understanding, and our leadership in value based healthcare has helped shape a range of national work including key reforms in the 2020-2025 National Health Reform Agreement.

Innovative technology solutions for remote and virtual care

Unprecedented growth in demand for web and mobile-based videoconferencing software and associated support was a feature of this year, with a ten-fold increase in virtual clinics and virtual meetings peaking at 303,824 across NSW Health in May 2020. The virtual clinical waiting room, myVirtualCare, moved from pilot to production, connecting patients and clinicians online and enhancing videoconferencing infrastructure to embed virtual care as an effective and safe option. We also built telehealth capability across NSW via the Telehealth Strategic Advisory Group, Telehealth Collaborative and clinical networks, with all districts and networks experiencing a surge in use of telehealth during the pandemic.

“To improve access for patients in rural areas, we finalised the telestroke model of care in January, enabling patients in rural and regional NSW to have access to the same life-saving treatment as those in metropolitan areas.”

Major health infrastructure investment supports high quality healthcare

This year, we delivered more than \$2 billion in infrastructure planning and construction, and completed 23 projects across NSW, our biggest year to date. This represents a 75 per cent increase over the past two years, and was achieved despite the challenges of bushfires, floods and the pandemic.

Some major infrastructure projects were fast-tracked by the pandemic, including the 14-storey Westmead Redevelopment Central Acute Services Building. See page 51 for more.

We planned for the \$700 million Statewide Mental Health Infrastructure Program, which follows a co-design process and strong engagement with mental health facility users, and completed 86 projects under the \$20 million Therapeutic Environment Minor Capital Works Program to support the delivery of mental health care in NSW.

Improving the patient experience

In October 2019, we expanded our award-winning Emergency Department Patient Experience initiative to an additional 17 emergency departments. The initiative aims to improve each person's experience by creating an environment that helps patients, carers and their families feel welcome, safe, cared for and empowered. In April 2020 we received funding to recruit an additional 86 patient experience officers in emergency departments and COVID-19 clinics across the state, to combat the additional stress and pressure on patients and their families during the pandemic.

Improving delivery of healthcare within the community

This year saw us strengthen healthcare in the community, deliver specialist healthcare services in community settings, and invest in health technology and new models of care to improve the delivery of care.

Provision of around \$68 million to our districts and networks enabled implementation of five integrated care initiatives to support vulnerable and at risk populations, and people with complex health and social needs receive appropriate care at home and in their communities. As a result, 52,241 people were given the opportunity to live healthier lives for longer, manage their own care in more appropriate settings such as primary and community care, and reduce unnecessary hospital visits.

A further \$27.9 million was invested in Aboriginal Community Controlled Health Services and 42 health-related organisations to deliver culturally safe and tailored health services to Aboriginal people, including support for healthy lifestyles, prevention and management of chronic disease, oral health services and support for drug and alcohol prevention and treatment.

Towards Zero Suicides

NSW Health worked in partnership with other government agencies and non-government organisations to progress the 15 initiatives of the Towards Zero Suicides program, to help achieve the Premier's Priority of reducing the suicide rate by 20 per cent by 2023. All 15 initiatives, including Suicide Prevention Outreach Teams, Zero Suicides in Care, Enhancement to Rural Counselling and Building on Resilience in Aboriginal Communities, progressed towards implementation phase. Youth Aftercare is being piloted over the next three years and is providing a community-based crisis support and aftercare service for young people. See page 28 for more.

Additional support for mental health to alleviate the impact of the bushfires and the pandemic

The mental health impact on fire-ravaged communities was significant this year and in response, the NSW Government announced a recovery package that included \$14.8 million to recruit 30 new Bushfire Recovery Mental Health Clinicians in fire-affected districts. Similarly, to support mental health during the COVID-19 pandemic, the NSW Government invested an extra \$80 million in mental health support, including \$6 million to support Lifeline, to improve community wellbeing.

Supporting our workforce to care for citizens

We continued to invest in our people, increasing our workforce to 164,000 people (122,538 full-time equivalent staff) and placed a record 1029 medical interns, awarded 50 scholarships to rural generalist trainees, and filled 145 rural preferential intern positions to support the rural medical workforce.

In addition, we awarded 224 enrolled nurse scholarships at 24 campuses across NSW, and 93 cadetships for Aboriginal nursing and midwifery students, up 40 per cent from 2018-19. We also made 2600 nursing and midwifery positions available; an increase of more than 40 per cent since 2015. Planning for the expected demand on the healthcare system due to the pandemic was critical to support our frontline workers, and a dedicated online portal facilitated companies and individuals to register their interest, with more than 1200 clinical and non-clinical applications screened to support NSW Health during the pandemic.

The ongoing work to keep the community healthy and safe has been constant, both on the front line and hidden behind the scenes. The Pandemic Kindness Movement supported clinicians through the pandemic with peer-reviewed resources, and in June 2020 we launched COVID Connexion — an independent and professional wellbeing advice line for health workers.

It has been inspiring and uplifting to witness the way our staff across the health system have managed enormous challenges throughout the year, while continuing to improve care for our patients and communities across NSW.

I would like to thank all NSW Health staff for their unwavering commitment, dedication, compassion and kindness that they show every day to our patients and each other, and in particular, thank every frontline employee who has, and continues to provide, the best care to the citizens of NSW.



Elizabeth Koff
Secretary, NSW Health



NSW on fire

The bushfires of late 2019 and early 2020 devastated the east coast of NSW from Tweed Valley in the north to Bega and Merimbula in the south, across the Shoalhaven and Southern Highlands and down to the Murrumbidgee, resulting in a natural disaster being declared across much of the state.

Many of our local health districts were impacted by the fires; the Currowan fire raged for 74 days, burning almost half a million hectares of bushland and destroying 89 homes in the Conjola area, decimating parts of the Shoalhaven.

The 512,000-hectare Gosper's Mountain fire entered the Hawkesbury, Blue Mountains and Lithgow areas of the Nepean Blue Mountains Local Health District while Murrumbidgee Local Health District saw 185 properties destroyed, a further 50 damaged, and more than 750 rural landholders impacted. In Southern NSW Local Health District, the fires claimed seven lives; Batemans Bay and Moruya hospitals came under direct threat, and 280 homes and several communities, including Cobargo, were decimated.

NSW Health staff rose to the challenges of this natural disaster with skill, passion and strength, not only caring for patients in emergency departments and temporary emergency evacuation centres, but also evacuating hospitals and aged care facilities, and volunteering with the Rural Fire Service; fighting fires in their own communities and battling personal property loss.

Supporting a whole of government response

NSW Health activated the NSW HEALTHPLAN to coordinate the health response under emergency management arrangements. It detailed the coordination of all health resources for the prevention, preparation, response, and recovery from the impact and effects of a health emergency.

During this activation:

- an Incident Management Team under the direction of the State Health Services Functional Area Coordinator was embedded at the State Health Emergency Operations Centre
- Health Liaison Officers deployed to state and local emergency operation centres to act as a conduit of information between NSW Health and partner agencies
- more than 76 staff from unimpacted areas were deployed to provide assistance and relief to staff in bushfire-affected communities.

The Incident Management Team, working alongside NSW Ambulance, coordinated the evacuation of health facilities within districts impacted by the fires, and liaised closely with the Australian Government Department of Health to support evacuation and relocation of residential aged care facilities. The Patient Transport Service assisted more than 690 evacuations and repatriations of non-ambulatory people, working close to fire zones in extreme conditions.

Along with the Australian Defence Force and Australian Medical Assistance Teams, NSW Health staff supported displaced communities through mobile teams and established a self-sufficient field hospital.

A physical and emotional toll

The physical and mental health impacts on our fire-ravaged communities have been significant and distressing. In response, the NSW Government announced a recovery package that included \$14.8 million to recruit 30 new Bushfire Recovery Mental Health Clinicians in fire-affected districts. These positions worked closely with primary health initiatives, community and welfare agencies, to provide:

- psychological first aid
- home visits to vulnerable and isolated communities
- education about self-care strategies
- clinical support and counselling.

Mental Health Directors worked with their counterparts in the Department of Education to coordinate targeted responses to the needs of children and adolescents in bushfire-affected districts. All schools affected by bushfires received access to enhanced counselling services.

The numbers at a glance

November 2019 to February 2020

- NSW Ambulance responded to almost 30,000 emergency calls about asthma and breathing problems.
- More than 14,140 unplanned presentations to 67 emergency departments were for asthma and breathing problems.
- Approximately 900,000 P2 masks were distributed from the Commonwealth to health facilities, evacuation centres, Aboriginal Medical Services and community pharmacies in bushfire-affected areas.
- More than 4000 childcare centres were sent information on reducing the health risk of bushfire smoke.

NSW Health

- ✓ Liaised with the Department of Education on bushfire smoke information for schools.
- ✓ Distributed public health messages on ways to reduce exposure to bushfire smoke.
- ✓ Provided health alerts and information to general practitioners, pharmacists, childcare centres, and parents of young children and infants.

Our districts' disaster recovery and mental health teams, including dedicated Bushfire Recovery Mental Health Clinicians, continue to address community needs and are actively involved in the recovery effort; partnering with multiple service agencies to implement the recovery process, and remaining embedded within areas of need.





Teams from less-affected local health districts mobilised to support the delivery of health services in fire-affected areas, with staff including social workers, occupational therapist, counsellors and nurses quickly deployed to assist their colleagues across the state.

Left to right: Dr Justine Douthwaite, Elliott Williams, Kate Galbraith and Maureen Elliot on deployment from Northern Sydney Local Health District with Jenny Malone from Murrumbidgee Local Health District.

Frontline support provided by our agencies

HealthShare NSW Food and Patient Support Services teams provided ‘make ready’ services to help hospitals re-open their doors during the fires. In the worst hit areas, teams worked extra hours, organised food supplies and even hosed down sites. Linen and critical supplies were packed and delivered ahead of the fires. Emergency supplies, including P2 masks were rapidly delivered across the state, while the Logistics Team monitored conditions to ensure staff safety. Health Pathology NSW ensured pathology samples got through bushfire areas when air services and roads were cut, sometimes under police escort.

Time for our districts to rebuild

Minor works were undertaken at more than 80 health facilities and more than 90 NSW Ambulance stations.

Health Infrastructure worked with Infrastructure NSW and local health districts to provide practical assistance for evacuated and recommissioned facilities; carrying out repairs, maintenance and assessment of impacted assets, and assisting with longer-term resilience planning for energy supply and water recycling. Cleaners and other support staff assisted with recommissioning of facilities that were closed or impacted by fires. All patients and residents returned to evacuated facilities by 29 January 2020.

The response continues

NSW Health commenced development of nationally consistent monitoring and public information on air quality in Australia, and led a whole of NSW Government submission to the NSW Legislative Council Inquiry: *Health impacts of exposure to poor levels of air quality resulting from bushfires and drought*. The Acting Executive Director of Health Protection NSW appeared as a witness to the inquiry on 12 June 2020.

NSW Health provided a submission to the NSW Government-commissioned independent inquiry into the 2019-20 bushfire season led by Professor Mary O’Kane and former NSW Police Deputy Commissioner, Dave Owens. This inquiry will provide input to NSW ahead of the next bushfire season. NSW Health also responded to the Royal Commission into national Natural Disaster Arrangements established in response to the extreme bushfire season of 2019-20.



A pandemic emerges

With the announcement of an outbreak of infection from a novel coronavirus in late 2019, NSW Health began to prepare for the COVID-19 pandemic.

Drive-through testing clinic at Prestons, NSW.

The first four cases in NSW were identified in Sydney in late January 2020 and new COVID-19 protocols were followed to isolate infected people and quarantine their contacts.

NSW Health responds

The NSW Government's response built on previous pandemic planning informed by lessons from severe acute respiratory syndrome (SARS) and H1N1 influenza.

On 21 January 2020, NSW Health established the Public Health Emergency Operations Centre (PHEOC) to:

- ✓ undertake case follow-up and outbreak investigation, close contact tracing and high-risk-setting responses
- ✓ follow-up on pathology testing and liaise with laboratories
- ✓ promote compliance with isolation and quarantine requirements via public communications
- ✓ review and analyse data, and provide epidemiology expertise and intelligence.

The PHEOC drew staff from health services, government agencies, universities, and former employees, hiring more than 150 contact tracers and rapidly redeploying 30 public health officers and 17 biostatistics trainees.

The State Health Emergency Operations Centre (SHEOC) was established on 17 March 2020, to enact, operationalise and implement public health orders and help our local health districts and networks to:

- build critical care and emergency department capacity
- establish COVID-19 testing clinics
- coordinate the supply of personal protective equipment.

NSW Health established 30 multidisciplinary clinical Communities of Practice across key clinical specialties from aged care and intensive care to virtual care, with representation from all networks and districts, to:

- ✓ support clinicians to network and share strategies
- ✓ identify, prioritise and escalate issues and solutions requiring a system response
- ✓ provide expert clinical advice, and share advice and resources to all districts and networks.

The SHEOC team worked closely with Sydney Local Health District and the NSW Police to establish hotel quarantine in March 2020 to support more than 31,000* returning residents and travellers. In addition, more than 2000* people were cared for in Special Health Accommodation, dedicated to people with a positive COVID-19 test result as well as others who required medical or mental health support.

The Ministry regularly produced online content and webinars for physicians, health administrators, and other stakeholders, and implemented strategies to increase workforce capacity and ensure the workforce had the skills and capabilities to respond to a significant increase in COVID-19 cases.

Key strategies included:

- workforce surge capacity workshops
- aged care support workforce plans
- engagement with private hospitals to identify capacity and support
- supporting the graduation of the 2020 student workforce.

*As at 30 June 2020.

Districts and networks take action to keep our citizens safe

Districts and networks quickly moved to set up emergency operations centres and testing clinics, including onsite, pop-up and drive-through clinics. All districts:

- ✓ established alternative models of care using telehealth and videoconferencing to provide virtual consultations
- ✓ increased emergency department and intensive care unit capacity
- ✓ ensured appropriate staffing levels and upskilled staff in COVID-19 education programs
- ✓ secured critical supplies, including ventilators and personal protective equipment.

The health system surges in response to the pandemic

Each pillar agency, network and local health district, together with the Ministry, had a role to play, working collaboratively to provide a comprehensive and multi-pronged approach to the crisis.

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, supported by staff and data from the Agency for Clinical Innovation, the Ministry, eHealth NSW, Cancer Institute NSW and others.

The Agency for Clinical Innovation — led 12 Communities of Practice, leveraging clinical networks and mobilising clinical leadership.

eHealth NSW — created COVID-19-specific dashboards, providing comparable data and analytics across the NSW public health system.

Health Infrastructure — focused on maximising bed supply, identifying other accommodation including hotels, and preparing additional capacity including temporary hospitals.

HealthShare NSW — supplied personal protective equipment to COVID-19 clinics, airports, quarantine hotels and hospitals; and meals, transport and linen for returned travellers in hotel quarantine.

NSW Health Pathology — established COVID-19 specialist diagnostic testing at 12 dedicated laboratories, and evaluated and deployed new rapid testing platforms to 37 laboratories across NSW.

NSW Ambulance — brought forward the training of 180 paramedics to join the workforce by April 2020.

The Centre for Aboriginal Health — established a dedicated COVID-19 team to support Aboriginal organisations and communities; planning and managing responses to food security, travel restrictions, self-isolation, and health messaging, ensuring that culturally safe responses were embedded in local outbreak management plans, and supporting Aboriginal Community Controlled Health Services with COVID-19 testing, access to personal protective equipment, and clinical advice.

The Clinical Excellence Commission — formed a COVID-19 Infection Prevention and Control Response Team in March 2020 and engaged two additional specialist infectious disease and infection control experts. The Commission provided infection control and prevention advice to the aged care sector and was represented on all 30 Communities of Practice, taking the lead on Infection Prevention and Control and Infectious Diseases.



Hospital Scientist, Sarah Lang and Technical Officer, Madeline Camacho work in the COVID-19 sample preparation area in the Microbiology Department at NSW Health Pathology on 12 May, 2020 in Sydney, Australia. Photo credit: Lisa Maree Williams / Getty Images

Making mental health a priority

NSW Health recognised the mental health impact caused by public health interventions and controls, and the cumulative and ongoing impact of isolation, uncertainty and economic hardship. The NSW Government invested an extra \$80 million in mental health supports to improve community wellbeing; strengthening mental health services by providing targeted and practical measures.

These comprised:

- ✓ recruiting more than 180 additional community-based mental health clinicians and peer support workers to support vulnerable populations
- ✓ expanded virtual mental health services in all local health districts
- ✓ enhanced capacity and responsiveness of the 1800 NSW Mental Health Line
- ✓ expansion of the Police Ambulance Clinical Early Response (PACER) program to 12 additional Police Area Commands
- ✓ therapeutic activities in acute inpatient units
- ✓ free access to Tresillian's SleepWellBaby program
- ✓ support for homeless people living with mental illness
- ✓ a peer support line for people with mental illness
- ✓ training and certification of additional psychiatric assistance dogs
- ✓ boosting the capacity of Lifeline
- ✓ additional funding to Gidget Foundation to boost perinatal mental health support.

The response to the pandemic continues

By 30 June 2020, NSW Health had carried out more than 929,000 COVID-19 tests, with 3208 confirmed cases including interstate residents in NSW healthcare facilities, and 51 COVID-19 related deaths from confirmed cases in NSW.

NSW Health Pathology had achieved a testing rate of 5000 to 10,000 tests per day, and pioneered the automated delivery of negative COVID-19 results, providing SMS results to more than 300,000 people within 24 to 72 hours of lab testing.

NSW Health continues to implement measures to limit the risk of transmission; maintaining high testing numbers, rapid case identification, contact tracing, education, infection control and system capacity, along with delivering care and supporting the wellbeing of patients with COVID-19.

How the health system supported care

- Testing clinics established at more than 230 locations, including drive-through and pop-up sites.
- Thousands of staff redeployed, seconded and recruited across the state.
- 929,000 COVID-19 tests conducted.
- Automated delivery of negative COVID-19 results pioneered, providing SMS results to more than 300,000 people.
- Contact tracers across NSW identified and supported more than 24,000 close contacts associated with 3208 positive cases.
- More than 2300 nurses upskilled in intensive care from March to June 2020.
- More than 350 new ventilators delivered for use in NSW public hospitals.
- 226 personal protective equipment (PPE) clinical product assessments conducted.
- A direct PPE advice line provided to local health districts.
- 30 multidisciplinary clinical Communities of Practice established.
- \$80 million invested by the NSW Government in mental health supports.
- More than 180 mental health clinicians and peer-support workers recruited.
- 55 new resources on COVID-19 downloaded more than 200,000 times.



SECTION 1

Overview

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 164,000 (122,538 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 more than 3.7 million people, leads cutting-edge clinical research, supports community health and health promotion, and manages a \$10.1 billion portfolio of health capital works investment.

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 customer 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, 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 and culture
- support and harness health and medical research and innovation
- enable eHealth, health information and data analytics
- deliver infrastructure for impact and transformation
- build financial sustainability and robust governance.

Section 2 of this report outlines our key achievements for 2019-20 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:

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

To respond to these challenges, 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 drought, extreme bushfires, floods, and the COVID-19 pandemic, 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 by establishing emergency operating structures to coordinate our emergency response, as detailed on pages viii and xi.



Souraya Farah, Team Leader of a pop-up COVID-19 testing clinic, South Western Sydney Local Health District.

Our Strategic Priorities

1 Keep people healthy

- 1.1 Implement policy and programs to increase healthy weight in children
- 1.2 Ensure preventive and population health programs to reduce tobacco use
- 1.3 Embed a health system response to alcohol and other drug use and work across government agencies
- 1.4 Reduce the impact of infectious disease and environmental impacts on the community
- 1.5 Embed Aboriginal social and cultural concepts of health and wellbeing in programs and services
- 1.6 Support pregnancy and the first 2000 days

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

- 2.1 Continue to embed quality improvement and redesign to ensure safer patient care
- 2.2 Continue to move from volume to value based healthcare
- 2.3 Improve the patient experience and further engage with patients and carers
- 2.4 Ensure timely and equitable access to appropriate care
- 2.5 Use system performance information to drive reform to the system

3 Integrate systems to deliver truly connected care

- 3.1 Drive health system integration through funding and partnership agreements
- 3.2 Deliver mental health reforms across the system
- 3.3 Strengthen integrated approaches to frailty, ageing and end of life care
- 3.4 Support people with disability within the health sector and between agencies
- 3.5 Support vulnerable people within the health sector and between agencies
- 3.6 Share health information to enable connected care across the system

4 Develop and support our people and culture

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

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

6 Enable eHealth, health information and data analytics

- 6.1 Implement integrated 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 system infrastructure, security and intelligence

7 Deliver infrastructure for impact and transformation

- 7.1 Utilise capital investment to drive new models of health service delivery
- 7.2 Deliver agreed infrastructure on time and on budget
- 7.3 Deliver infrastructure plans and integrate with other agencies
- 7.4 Strengthen asset management capability

8 Build financial sustainability and robust governance

- 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 Deliver effective regulation, governance and accountability

Premier's Priorities

Improving service levels in hospitals

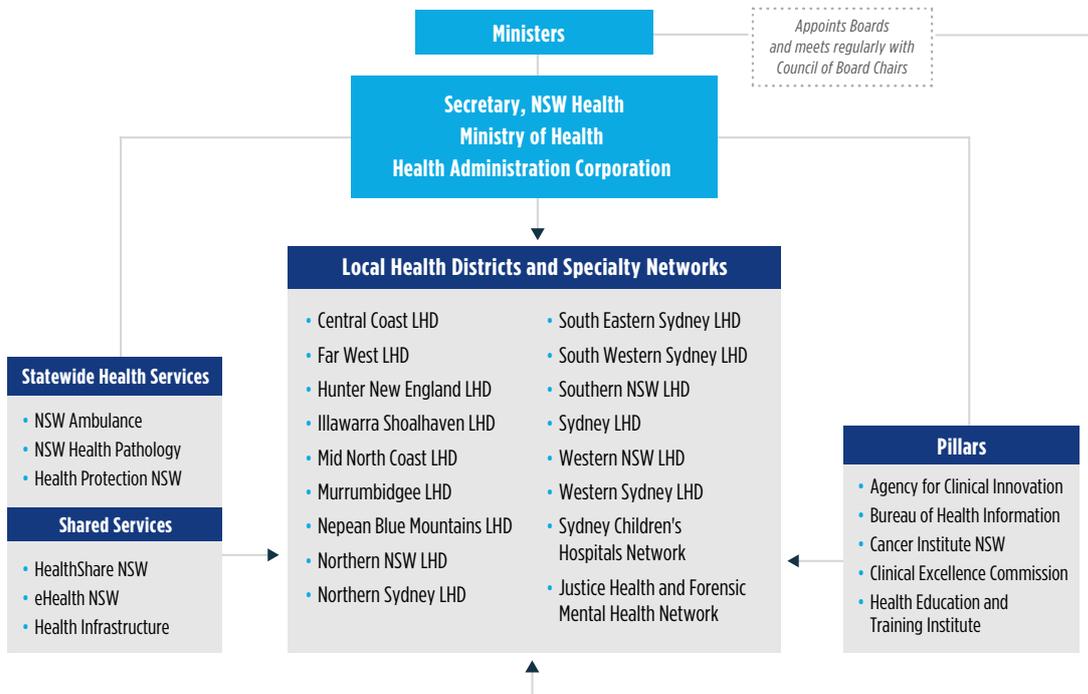
Improving outpatient and community care

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 2013*, Section 22 and Schedule One, to support relevant ministers to perform their executive and statutory functions.

Role and function of NSW Health organisations

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

Health Administration Corporation

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

The following entities have been established under the Health Administration Corporation to provide these functions.

Health Infrastructure

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

Health Protection NSW

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

HealthShare NSW

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

eHealth NSW

eHealth NSW is responsible for providing direction and leadership in technology-led improvements in patient care across NSW Health, in consultation with local health districts and specialty 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 1997*. They provide health services in a wide range of settings, from primary care posts in the remote outback to metropolitan tertiary health centres. Eight districts cover metropolitan NSW, with seven covering rural and regional NSW.

Statutory Health Corporations

Under the *Health Services Act 1997*, 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 2020, 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.

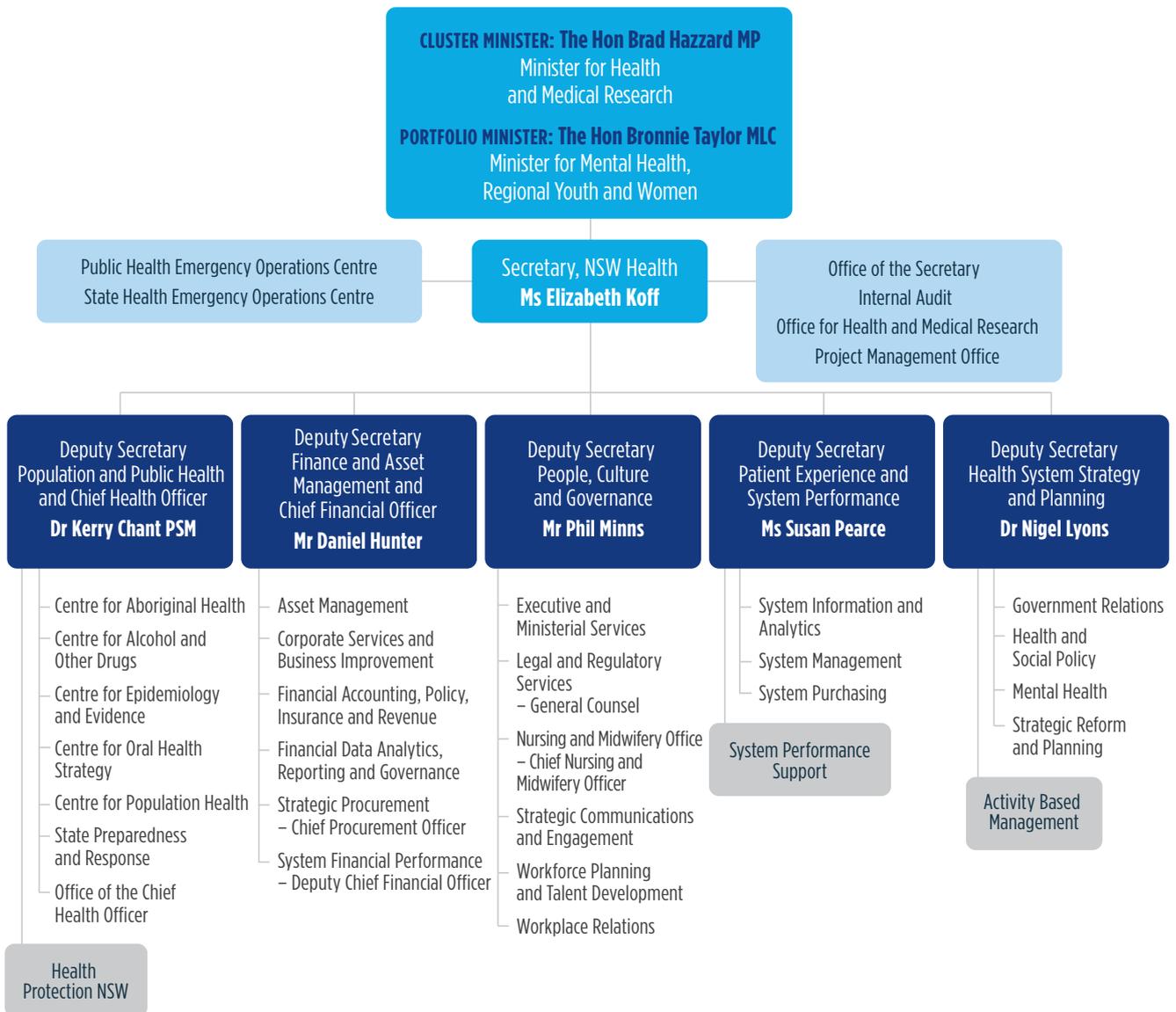
St Vincent's Health Network

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

NSW Ministry of Health

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

The NSW Ministry of Health is also the system manager for the NSW public health system and consists of ministry branches, centres and offices, and two temporary emergency operations centres.



Legend Health System Support Group

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 1997*.

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 Executive Team

Secretary

Ms Elizabeth Koff

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

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.

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



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.

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, statewide asset management, and private hospital liaison in response to the COVID-19 pandemic.

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

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

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

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

Patient Experience and System Performance

Ms Susan Pearce

B App Sci (Nursing), Dip Law

Deputy Secretary

Patient Experience and System Performance, 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.

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, NSW 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, inter-jurisdictional 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 Australian Health Ministers' Advisory Council 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.



SECTION 2

Performance

Priority 1:

Keep people healthy

In a year like no other, we faced drought, devastating bushfires and the COVID-19 pandemic.

The NSW health system responded to these unprecedented emergencies to keep NSW citizens safe and to minimise the harm caused by these events. At the same time, we continued to tackle major health issues that impact our community, from supporting pregnancy and the first 2000 days of life, to improving the health of children, reducing tobacco, alcohol and other drug use, and improving the health and wellbeing of Aboriginal people. Our goal is to keep our community healthy through public health programs, campaigns and initiatives to prevent disease, reduce injuries and encourage healthier choices.

Our priorities

- 1.1 **Implement policy and programs to increase healthy weight in children**
- 1.2 **Ensure preventive and population health programs to reduce tobacco use**
- 1.3 **Embed a health system response to alcohol and other drug use and work across government agencies**
- 1.4 **Reduce the impact of infectious disease and environmental impacts on the community**
- 1.5 **Embed Aboriginal social and cultural concepts of health and wellbeing in programs and services**
- 1.6 **Support pregnancy and the first 2000 days**

Key achievements

To **respond to the COVID-19 pandemic**, the Public Health Emergency Operations Centre coordinated the public health response, supporting more than 24,000 contacts to self-isolate and minimise community transmission, and issuing 22 new COVID-19 Ministerial public health orders by 30 June 2020.

Reducing tobacco use was prioritised by implementing the NSW Health Tobacco Strategy Work Plan 2019-2021 and investing \$17.3 million in tobacco controls, including public education campaigns, smoking cessation support, programs for vulnerable communities, and enforcement of smoke-free and tobacco retailing laws.

To **deliver culturally safe and tailored health services**, \$27.9 million was provided to Aboriginal Community Controlled Health Services and 42 health-related organisations for healthy lifestyle programs, prevention and management of chronic disease, oral health, and drug and alcohol prevention and treatment.

More than 700 health workers across all districts, the Justice Health and Forensic Mental Health Network and the Medically Supervised Injecting Centre trained to supply take home naloxone to help people who may be opioid dependent.

More than 11,700 pregnant women received support through the Get Healthy in Pregnancy Program, to help achieve healthy gestational weight, meet nutrition and physical activity requirements, quit smoking (through referral to cessation services), and abstain from alcohol.

Keeping people healthy by responding to emergencies

The 2019-20 year commenced with NSW Health providing mental health support to drought affected communities, including funding for Rural Adversity Mental Health Coordinators, counselling support and mental health research. In December 2019, NSW Health played a major role in the public health response to the bushfires, activating the NSW HEALTHPLAN to coordinate the health response with local health districts under emergency management arrangements. The Health Incident Management Team was embedded in the State Health Emergency Operations Centre, working alongside NSW Ambulance to coordinate the evacuation of health facilities within fire-affected districts, while public health professionals provided advice and education on air quality, asthma and mental health services, and HealthShare NSW coordinated the delivery of P2 masks. Teams from less-affected local health districts mobilised to support the delivery of health services in fire-affected areas, with staff caring for patients in emergency departments and temporary evacuation centres.

In January 2020, the Public Health Emergency Operations Centre was established to lead the public health response to the COVID-19 pandemic, supported by teams of contact tracers, planners and epidemiologists. The State Health Emergency Operations Centre was re-established in March 2020, to enact, operationalise and implement public health orders including establishing statewide COVID-19 testing clinics, increasing intensive care unit capacity and staff training, and working to quadruple the number of available ventilators in NSW public hospitals.

The best possible start in life

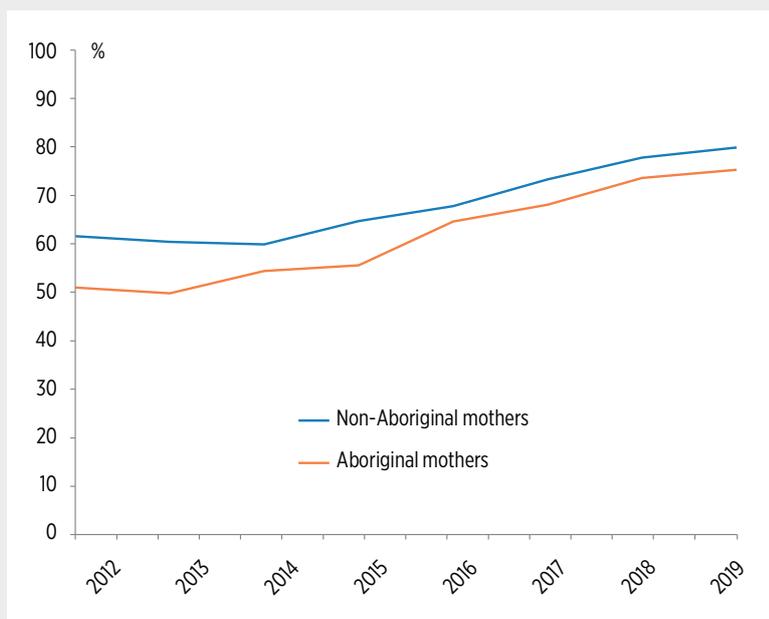
The first 2000 days is a critical time for physical, cognitive, social and emotional health, and has been shown to have an impact throughout life. Driving awareness of the First 2000 Days Framework, which outlines the importance of the first five years of a child's life and the actions required across the health system to ensure the best start in life, continued by:

- delivering 56 presentations to 2848 health professionals at weekly sessions across the state
- convening a Child and Family Health Community of Practice to ensure essential child and family health services are delivered using these service models
- co-chairing a whole of NSW Government First 2000 Days Cross Agency Steering Committee.

The Steering Committee:

- promoted cross-agency understanding of the First 2000 Days Framework through presentations, events and workshops
- mapped consumer experience of the first 2000 days of life
- encouraged participation in child health checks.

During the pandemic, antenatal care and child and family health services were increasingly delivered virtually, with districts and networks combining telehealth with face-to-face visits, ensuring early identification of risk factors. To support fathers, \$2.4 million was allocated under the Commonwealth Health Innovation Fund to offer new dads parenting information and ways to improve their emotional wellbeing in the perinatal period, and provide pathways into care if required.



First antenatal visit before 14 weeks by Aboriginal and non-Aboriginal mothers

In NSW, pregnant women are encouraged to have their first antenatal visit before 14 weeks' gestation. In 2019, the proportion of Aboriginal mothers who attended their first antenatal visit before 14 weeks was 75.3 per cent, up from 73.6 per cent in 2018, and for non-Aboriginal mothers it was 79.9 per cent, up from 77.8 per cent in 2018. Early antenatal visits monitor the health of the mother and baby, provide advice, and identify antenatal complications so that appropriate intervention can be provided.

Programs to keep our kids healthy

A range of statewide programs help kids stay active and healthy.

Munch & Move

- supports health eating and physical activity from birth to five years
- 3522 (87%) centre-based childhood education and care facilities participated
- 94 (58%) family day care services participated.

Live Life Well at School

- creates environments which enable children to eat healthily and be physically active
- 2144 (83%) schools participated.

Go4Fun

- a program for children aged seven to 13 years who are above a healthy weight
- 1641 children and their families helped to adopt a healthier lifestyle.

Finish with the Right Stuff

- supports clubs to provide healthy food and drink options to their players and patrons.
- 64 junior community sporting clubs participated.

Keeping mums healthy during pregnancy

To care for pregnant women and provide their babies with the best possible start, the statewide Get Healthy in Pregnancy Program provided 11,778 women (an increase of 34 per cent on 2018-19) with free telephone health coaching and resources to help achieve:

- ✓ healthy gestational weight gain
- ✓ nutrition and exercise requirements
- ✓ quitting smoking (through referral to smoking cessation services)
- ✓ abstinence from alcohol.

Enhancements to the Get Healthy Information and Coaching Service included online health professional referral forms and the inclusion of support information and electronic referral within NSW Health maternity electronic management systems.

To provide holistic antenatal care to women who smoke during pregnancy, referral to smoking cessation services was integrated into the Get Healthy in Pregnancy Program, part of the NSW Get Healthy Information and Coaching Service. Support for women to stop smoking was also embedded into routine antenatal care in 2020 as part of the NSW Safer Baby Bundle National Collaboration program, which recognises reducing smoking in pregnancy as one of five important elements for reducing stillbirths.

Alleviating substance use in pregnancy

The NSW Drug Package increased support for families, and significantly expanded Substance Use in Pregnancy and Parenting Services. A key target of these services was to expand the role of home visiting for mothers once the baby is born.

Achievements included:

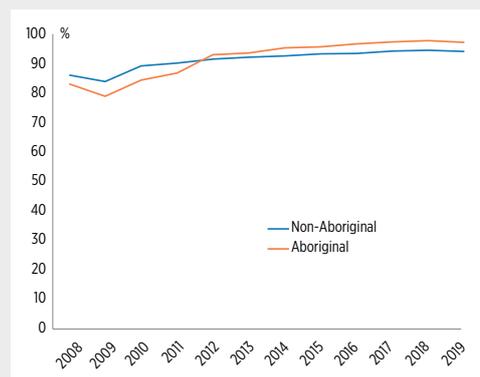
- ✓ all newly funded services conducted home visits
- ✓ 386 new clients accepted
- ✓ 1366 clients received assessment, consultation, counselling, case management, withdrawal management and home visiting.

Saving the date to vaccinate

To remind parents when their child's vaccination is due, the refreshed 'Save the Date to Vaccinate' social marketing campaign continued, with the phone app downloaded more than 63,000 times, while the campaign provided key messages about the importance of on-time vaccinations. By age one, 94.5 per cent of children were fully vaccinated and by age five, 97.2 per cent of Aboriginal children and 94.3 per cent of non-Aboriginal children were fully vaccinated.

Aboriginal and non-Aboriginal children fully vaccinated at five years of age

Immunisation coverage has improved significantly for Aboriginal and non-Aboriginal children in NSW since 2012. The Aboriginal Immunisation Healthcare Worker Program uses targeted interventions to improve the timely vaccination of Aboriginal children which has closed the gap in coverage rates, and resulted in Aboriginal children having higher coverage than non-Aboriginal children.



Keeping People Healthy

Supporting Delivery of Safer Music Festivals

NSW Ministry of Health

To keep festivalgoers safe, the team at the NSW Ministry of Health coordinated the Ministry's response to severe drug related harm over the 2018-19 summer festival season in NSW. This included promotion of safe behaviours, supporting safer festival environments, and enhancing the onsite medical response. The team worked closely with festival organisers, onsite medical providers and harm-reduction services to implement a harm-reduction approach comprising advice, support, surveillance, and toxicological testing, which was used to improve both policy and service response. The team won the Keeping People Healthy category of the 2019 NSW Health Awards for their efforts.



Back row: Anthony Cooke, Mick Bray, David Koop, Daniel Madeddu, Caren Friend, Graeme Loy, Chief Executive, Western Sydney Local Health District, Jill Ludford, Chief Executive, Murrumbidgee Local Health District, Robin Auld, Santiago Vasquez, Catherine McDonald. Middle row: The Hon. Brad Hazzard MP, Minister for Health and Medical Research, Elizabeth Koff, Secretary, NSW Health, Sergei Bidny, Shanmugam Banukumar, Vanessa Shaw, Laura Changizi, Michelle Cretikos, Claire Harper, Lauren Mason, Sophie Tyner, Anna Do. Front row: Dr Kerry Chant, NSW Chief Health Officer, Gary Tall, Sarah Coombes, Deb Welsby, Caroline Sharpe, Kavita Varshney, and Andrew Dawson.

Keeping kids healthy

Improving healthy weight in children to tackle childhood overweight and obesity is a NSW Health Strategic Priority. The NSW Healthy School Canteen Strategy, a collaboration between the Ministry and the education sector, enabled 1535 NSW schools to increase availability of healthy food and drink options in school canteens; 1432 of these were public schools representing 86 per cent of all NSW public schools with a canteen.

The pro.healthykids.nsw.gov.au website continued to support health professionals to care for children above a healthy weight, with 282,785 unique visitors to the website during 2019-20, and resources downloaded or viewed 13,201 times; a five per cent increase in visitors to the site, and a 53 per cent increase in downloads from 2018-19.

The Ministry supported local health districts to increase the availability and promotion of healthy food and drink options and decrease the availability of unhealthy options, including removal of sugar-sweetened drinks, across all 953 food outlets in 160 NSW Health facilities.

Keeping people healthy by reducing tobacco use

Tobacco use is the leading contributor to the burden of illness and deaths in Australia. The Ministry prioritised reducing tobacco use by implementing the NSW Health Tobacco Strategy Work Plan 2019-2021 and investing \$17.3 million in tobacco controls, including public education campaigns, smoking cessation support, programs for vulnerable communities, and enforcement of smoke-free and tobacco retailing laws.

Supporting our citizens to quit smoking

Cancer Institute NSW continued to drive awareness of smoking cessation services and quit support with the social marketing campaign 'You Quit, You Win' and launched a quit smoking chatbot, Quitly, to provide support to people trying to quit using digital channels.

Consumers engaged 620,899 times with iCanQuit.com.au while Quitline worked with the Get Healthy Information and Coaching Service to:

- ✓ improve integration of digital communication channels to reduce tobacco use
- ✓ enhance referral pathways between the two services
- ✓ offer brief interventions to participants who want to quit.

The Institute also implemented the Smoking Cessation Framework in NSW cancer services, including training health professionals to integrate smoking cessation interventions into routine clinical practice.

Empowering Aboriginal communities to quit smoking

NSW Health worked with the Commonwealth-funded Tackling Indigenous Smoking program to better align services and share approaches to reduce smoking rates in Aboriginal communities. The Centre for Aboriginal Health supported the Aboriginal Health and Medical Research Council of NSW to provide access to smoking cessation activities and interventions, including free nicotine replacement therapy, for smokers attending one of 42 NSW Aboriginal Community Controlled Health Services.

The Cancer Institute NSW invested \$500,000 in provision of nicotine replacement therapy to support the quit attempts of Aboriginal people who smoke, including pregnant women, by eliminating cost of treatment, which was a barrier.

Reducing tobacco use for people with mental illness

The Ministry worked in partnership with Cancer Council NSW to conduct a tackling tobacco trial to improve smoking cessation for people with mental illness in community-supported living programs. These programs; Housing and Accommodation Support Initiative (HASI), HASI Plus, and Community Living Supports, are funded by NSW Health. Work continued to embed a range of strategies, including quit support and offering smoking cessation training for staff while results from the trial were finalised.

Improving compliance with tobacco legislation

The Ministry developed a statewide Public Health Information Management System to improve data collection, monitoring and reporting of tobacco compliance activity.

Health inspectors continued to monitor and observe high compliance levels (of 90 per cent and above) with tobacco legislation. Inspectors visited 127 retailers to enforce electronic cigarette laws, seizing more than 7600 bottles of illegal liquid nicotine. Five retailers were successfully prosecuted.

Support for quitting in the workplace

The Get Healthy at Work program supports the development of healthy workplaces and aims to reduce chronic disease risk among workers. About 11 per cent of registered workplaces accessed telephone support, digital communication and online tools and resources to support workplace initiatives focused on reducing tobacco use.

Support to reduce alcohol and other drug use

The Alcohol and Drug Information Service (ADIS) and Family Drug Support continued to provide telephone and online information, support and referrals, to support NSW citizens to reduce alcohol consumption, and launched its online chat function as an adjunct to the existing ADIS telephone services.

Get Healthy at Work registered workplaces also accessed tools and resources to support workplace initiatives focused on reducing alcohol use, with the program's referral pathway integrated with the Get Healthy Service, which includes an alcohol reduction program.

The Centre for Alcohol and Other Drugs' Stay OK social marketing campaign educated music festival goers on the signs and symptoms of drug-related harm via social media, stayok.nsw.gov.au, and by providing educational materials at 18 festivals for the first time in 2019-20. The campaign evaluation showed significant potential to positively influence festivalgoers' behaviour.

Opioid Treatment and Take Home Naloxone programs

To better assist people with opioid dependence, the Opioid Treatment Program introduced a new formulation of long-acting injectable buprenorphine (depot). A total of 1305 clients were prescribed depot, more than 700 clinicians participated in training, while the publication of guidelines for its use, commissioning training workshops, and hosting webinars for general practitioners, supported the program.

In response to the COVID-19 pandemic, the program introduced:

- physical distancing
- surge planning for community pharmacies, prescribers and public clinics
- options to safely minimise the requirement for daily dosing based on clinical risk assessment.

More than 50 per cent of clients on the Opioid Treatment Program received treatment at a community pharmacy. A partnership with the community pharmacy sector produced a self-audit tool to support Ministry audits and inspections, and delivered an education program to build communication skills for pharmacist-led discussions with patients.

The Take Home Naloxone program provides naloxone medication kits to people at risk of a potential opioid overdose. More than 700 health workers from across all districts, the Justice Health and Forensic Mental Health Network and the Medically Supervised Injecting Centre were trained to supply take home naloxone. Services were also supported to obtain naloxone medications for eligible people, and the community pharmacy sector was engaged to support the program.

Special Commission of Inquiry into the drug 'Ice'

In January 2020, the Special Commission of Inquiry into the Drug 'Ice' made 109 recommendations in a report from Professor Dan Howard SC to the NSW Government on a broad range of health, social and criminal justice issues regarding the prevalence and impact of crystal methamphetamine and other illicit stimulants, and the adequacy of existing measures to target these substances.

The NSW Government issued its interim response in February 2020 and committed to providing a final response by the end of 2020. Throughout 2019-20 NSW Health organisations delivered programs to address methamphetamine-related harm, such as stimulant treatment services in Sydney and regional NSW. NSW Health also supported regionally-based non-government drug and alcohol services.

Volunteer of the Year

Isabelle Wilson

South Eastern Sydney Local Health District

For more than three years, Isabelle Wilson has been a consumer representative for Headspace Bondi Junction and a member of the Youth Reference Group since its inception. She is an inspiring young leader who has maintained active involvement with the group for its duration. Isabelle has provided leadership to South Eastern Sydney Local Health District by participating in consumer forums and providing ideas for the Youth Mental Health First Aid project, including training as a facilitator.



Elizabeth Koff, Secretary, NSW Health, the Hon. Brad Hazzard MP, Minister for Health and Medical Research, Isabelle Wilson, Rebecca Wark, Chief Executive, Health Infrastructure, and Amanda Larkin, Chief Executive, South Western Sydney Local Health District.

Screening for cognitive impairment to assist treatment

Cognitive impairment is prevalent among people accessing drug and alcohol treatment, and is a barrier to good treatment outcomes. The Agency for Clinical Innovation developed a suite of resources, including a screening tool, executive function assessment tool, and a cognitive remediation program, designed to screen for, assess and respond to cognitive impairment. A study with 527 participants in 10 residential rehabilitation treatment services trialled and evaluated the tools and resources.

Keeping people healthy by reducing the impact of infectious diseases

NSW Health organisations continued to make progress towards the virtual elimination of HIV transmission in NSW, with 12 per cent fewer citizens diagnosed with HIV than the previous five-year average. The Centre for Population Health continued the NSW Dried Blood Spot program for HIV and hepatitis C testing at home, and also ensured access to pre-exposure prophylaxis (PrEP) for those at risk of HIV.

The elimination of hepatitis C as a public health concern by 2028 remains a priority. The Centre for Population Health continued to focus on access to testing and curative treatment for vulnerable populations including peer-led programs in alcohol and other drugs settings, and enhanced access to testing and treatment by engagement with Aboriginal Controlled Community Health Services.

The Ministry also supported the work of the Hepatitis C Strategy Clinical Action Group, to enable access to hepatitis C treatment for Aboriginal people and support the uptake of GP-prescribed antivirals.

Delivering culturally safe and tailored health services

The Ministry provided \$27.9 million (an increase of \$1.4 million from 2018-19) to Aboriginal Community Controlled Health Services and 42 health-related organisations to deliver culturally safe and tailored health services for Aboriginal communities. This included:

- support for healthy lifestyle programs
- prevention and management of chronic disease
- oral health services
- drug and alcohol prevention and treatment.

The Centre for Aboriginal Health released the Aboriginal Cultural Engagement Self-Assessment (Audit) Tool on the Quality Audit Reporting System, to embed a culturally safe and inclusive organisational culture within existing reporting mechanisms across NSW Health. The Centre also strengthened the use of the Aboriginal Health Impact Statement across the health system, to ensure the needs of Aboriginal people are fully considered in all new policy and program initiatives, and to improve consultation with authoring branches. In addition, the NSW Aboriginal Health Governance and Accountability Framework was progressed, supporting system reform to deliver improved Aboriginal health outcomes.

Priority 2:

Provide world-class clinical care where patient safety is first

Improving patient care and safety, and delivering outcomes and experiences that matter to patients and our community, is of primary importance to NSW Health.

The Ministry collaborates with pillar agencies to:

- lead system-level strategy to drive value based healthcare
- transform the way health services are provided
- enhance the experiences of patients and carers
- ensure timely and equitable access to appropriate care across the lifespan of our consumers, from birth to end of life care.

Staff in local health districts and networks put these strategies into action, to provide exceptional care to the citizens of NSW.

Our priorities

- 2.1 **Continue to embed quality improvement and redesign to ensure safer patient care**
- 2.2 **Continue to move from volume to value based healthcare**
- 2.3 **Improve the patient experience and further engage with patients and carers**
- 2.4 **Ensure timely and equitable access to appropriate care**
- 2.5 **Use system performance information to drive reform to the system**

Key achievements

Under the Mental Health Patient Safety Program, the Clinical Excellence Commission supported five districts and networks to commence safety programs, **delivering quality improvement training to 83 clinical leads and 51 improvement coaches to support 73 frontline mental health teams** in safety and quality improvement projects.

NSW Health provided pasteurised donor human milk to support vulnerable infants in neonatal intensive care units, through a partnership with the Australian Red Cross Lifeblood Milk Bank. These infants include preterm, very low birth weight and others at risk of necrotising enterocolitis — a serious gut illness.

In collaboration with the Nursing and Midwifery Office, the Clinical Excellence Commission supported development and implementation of local district improvement plans for comprehensive care for older people; **seeing a sustained reduction in the number of falls resulting in serious harm.**

The Agency for Clinical Innovation, the Ministry and eHealth NSW are partnering to develop the Health Outcomes and Patient Experience (HOPE) IT system to **support collection and reporting on patient-reported measures to drive a more patient centred healthcare system.**

A partnership between the Ministry, local health districts, Service NSW, Healthily and the Pam McLean Centre, improved the Emergency Department Patient Experience Program to **provide world-class customer service for people attending emergency departments.**

Moving from volume to value based healthcare

Value based healthcare is a way of organising healthcare to maximise value, where value is defined as the outcomes and experiences that matter most to the people receiving and delivering care, relative to the costs of achieving those outcomes. To support shared understanding, the Ministry published the conceptual framework for value based healthcare and helped shape a range of national work including key reforms in the 2020-2025 National Health Reform Agreement. Highlights included:

- ✓ Publication of the article *Implementing value-based healthcare at scale: the NSW experience* by Elizabeth Koff and Dr Nigel Lyons, in the *Medical Journal of Australia*.
- ✓ Launching the inaugural Secretary's Award for Value Based Healthcare at the 2019 NSW Health Awards.
- ✓ Hosting the first NSW Health Value Based Healthcare Forum for more than 400 delegates from districts, pillars, primary health networks, consumer groups, medical colleges, and other jurisdictions.
- ✓ Delivering digital content, tools and resources about value based healthcare initiatives. By June 2020, the digital newsletter for Leading Better Value Care reached more than 400 clinicians and stakeholders across Australia.

Leading Better Value Care

The Ministry, Agency for Clinical Innovation, Clinical Excellence Commission, Cancer Institute NSW and local health districts and networks, collaborated on the Leading Better Value Care program, which continued to scale and embed Tranche 1 initiatives, and implement Tranche 2 initiatives.

The program achieved several milestones during the year to improve care for people with chronic conditions:

- ✓ The *Standards for Wound Management* was released to improve clinical practice and capabilities, optimising outcomes and experiences for patients with chronic wounds.

- ✓ The *NSW Colonoscopy Categorisation Clinical Practice Guide* was produced to support clinicians and managers to appropriately triage referrals for colonoscopy services and support the success of the direct access colonoscopy initiative.
- ✓ Supporting analyses was finalised for the diabetes case for change, the electronic medical records business case, and the osteoporotic refracture prevention longitudinal analysis.
- ✓ To support a more coordinated approach to diabetes management, a joint statewide initiative with the Integrated Care Team and the Agency for Clinical Innovation commenced.

To continue to improve and support patient outcomes, the Agency for Clinical Innovation completed five formative evaluations informing a review of approaches and opportunities for districts to further embed the Tranche 1 initiatives, and published organisational models for all initiatives.

Leading better value care by reducing unwarranted clinical variation

Reducing unwarranted clinical variation (i.e., variation that can only be explained by differences in health system performance) is critical to ensure patients receive the safest, highest quality care. The Agency for Clinical Innovation supported efforts to reduce unwarranted variation across a range of clinical areas, with a focus on bronchiolitis and chronic heart failure. User-friendly audit tools and feedback processes were developed from an audit and feedback review and scan of international approaches, in order to reduce unwarranted clinical variation and deliver meaningful practice change.

Leading better value care for older people

The Clinical Excellence Commission's Older Persons Patient Safety Program worked with the Nursing and Midwifery Office to support the development of local district improvement plans for comprehensive care for older people. The plans used a combined approach to:

- reduce falls
- reduce pressure injuries
- improve nutrition
- improve cognitive function
- improve medication safety
- improve end of life care.

The Leading Better Value Care initiatives

Tranche 1



Osteoarthritis chronic care



Osteoporosis Re-fracture Prevention



Chronic heart failure



Diabetes high risk foot services



Diabetes mellitus



Falls in hospital



Chronic obstructive pulmonary disease



Renal Supportive Care

Tranche 2



Hip fracture care



Chronic wound management



Bronchiolitis



Hypofractionated radiotherapy for early stage breast cancer



Direct access colonoscopy

The 40-team Falls Improvement Collaborative saw a sustained reduction in the number of falls resulting in serious harm. To embed and scale this work, the Commission provided ongoing support to districts, including:

- quality improvement training
- coaching and site visits
- workshops.

eHealth NSW enhanced the electronic medical record to enable clinicians to improve outcomes for patients with osteoarthritis and osteoporosis.

Leading better value cancer care

The Cancer Institute NSW worked with clinicians to implement Tranche 2 direct access colonoscopy and breast cancer hypofractionation initiatives, establishing two clinical reference groups to oversee the development of a direct access colonoscopy model of care and baseline data collection methodology, including patient-reported experience measures. The model of care includes recommendations and requirements for implementing services across NSW, with 15 districts and networks completing baseline data collection.

For women with early-stage breast cancer undergoing radiation therapy, the Institute delivered a workshop to co-design resources and conducted qualitative research to understand barriers and enablers to uptake of hypofractionated radiotherapy.

Commissioning for Better Value

Commissioning for Better Value is a key initiative in ensuring world-class care and patient safety. After establishing key concepts and methodology, the Ministry tested the approach of Commissioning for Better Value across a range of clinical and non-clinical projects in medical imaging services, pathology, radiation oncology services and wound management products. The Ministry developed resources, including:

- ✓ program logic workshops
- ✓ presentations
- ✓ videos and a booklet
- ✓ a business case practice guide.

These resources were shared with districts to support capability development to commission for better value.

Ensuring safer patient care and quality improvement

The Clinical Excellence Commission continued to build capacity within NSW Health to improve patient safety and quality of care, including training frontline teams in quality improvement, and developing tools to support improvement programs.

The Quality Improvement Data System (QIDS) provided tools and resources for district clinicians and managers to monitor hospital-acquired complications data and improve safety for patients.

The Commission worked in collaboration with eHealth NSW on system preparedness for coming legislative changes on serious incident management, and the introduction of ims+ incident management system.

In partnership with the University of Technology Sydney and the Sax Institute, the Clinical Excellence Commission designed evidence-based changes to investigation methodologies for serious incidents.

In addition to chairing policy development to prevent and minimise seclusion and restraint, leading to the release of the *NSW Health Seclusion and Restraint Policy* in March 2020, the Mental Health Patient Safety Program supported:

- ✓ five districts to commence work on safety programs
- ✓ quality improvement training for 83 medical and clinical leads
- ✓ training of 51 improvement coaches to support 73 frontline mental health teams in safety and quality improvement projects.

In the area of board governance, the Commission conducted annual workshops for district and network boards on safety and quality, enabling boards to prioritise patient safety monitoring and assurance.

The Commission contributed to exploring and testing reliable mechanisms for measuring and monitoring patient safety culture; collaborating to establish safety culture indicators:

- locally — with clinical teams supporting the use of safety attitudes questionnaires
- across NSW — partnering with the NSW Ministry of Health Workforce Planning and Development division
- nationally — contributing to the Australian Commission on Safety and Quality in Health Care's work on safety culture measurement.

Commissioning for Better Value in medical imaging: The Northern NSW experience

Northern NSW Local Health District, in partnership with the Ministry, adopted a Commissioning for Better Value approach to optimise their current model for medical imaging services. The District consulted with clinicians, service managers and industry providers to identify recommendations to improve outcomes, patient and clinician experiences, efficiency and effectiveness. As a result, the District released an optimised request for tender for a single-provider radiologist services model to maximise value.

Secretary's Award for Value Based Healthcare

My Aching Joints

Northern NSW Local Health District

Providing timely and seamless access to care, evidence-based interventions, and patient empowerment through better understanding of osteoarthritis and joint pain was a goal of this District, which cares for a large aging and retiree population. The Tweed Knee and Hip Arthritis Service targets modifiable health and lifestyle factors contributing to joint pain and functional decline, and supports immediate and ongoing self-management. For two years the service has received a consistent flow of referrals from specialists and GPs, and won the Secretary's Award for Value Based Healthcare at the 2019 NSW Health Awards.



Elizabeth Koff, Secretary, NSW Health, Dr Brett Lynam, Evan Bryant, Chris Hanna, and the Hon. Brad Hazzard MP, Minister for Health and Medical Research.

Establishing indicators to support patient safety

The Ministry initiated a project to make use of available feedback data as part of continuous improvement, as a way of identifying opportunities to enhance patient experience and increase patient safety and quality of care. Exploring options to analyse emergency department clinical incidents was one of the recommendations of the project.

The Ministry commenced the emergency department data triangulation project with the Clinical Excellence Commission. The project aimed to assess the feasibility of measuring variation in performance and service delivery in emergency departments, identify potential adverse outcomes, and optimise safety intelligence.

NSW Health, in partnership with the Australian Red Cross Lifeblood Milk Bank, supported 668 vulnerable infants, including preterm, very low birth weight, and others at risk of necrotising enterocolitis, by providing pasteurised donor human milk.

Quality improvement in surgery

The Agency for Clinical Innovation led improvements to surgical quality by implementing Phase Three of the National Surgical Quality Improvement Program (NSQIP) across 17 public hospitals; governed and managed by a newly established multidisciplinary committee.

To improve patient care, the Agency supported assessment of unwarranted variation in surgery using a framework detailing elements contributing to low-value surgery.

This provided:

- a robust basis to explore research
- literature and available experiential evidence
- identification of priority areas for further reduction of unwarranted variation.

The Agency also partnered with Cancer Institute NSW to reduce variation in low-volume, high-complexity cancer surgery and improve long-term patient outcomes. This was achieved by:

- examining case volume and surgical outcome relationships for six cancer streams
- identifying strategies to improve cancer mortality rates and long-term outcomes for people living with cancer.

Improving cancer care and cancer outcomes

Informing system performance and identifying areas for improvement, the Cancer Institute NSW delivered its ninth *Reporting for Better Cancer Outcomes* report, providing an expanded suite of local and statewide cancer information to more than 600 health staff.

The Institute included three additional cancers (penile, neuroendocrine and peritoneal) in the public reporting of specialist centres for surgery in NSW, and 41 centres across 14 cancer types, with information on surgical effort published on its websites.

Revolutionary cancer therapy available in NSW

NSW led global research efforts into the development of novel cell and gene therapies. This year two centres at Royal Prince Alfred Hospital and Sydney Children's Hospital Randwick were established to deliver commercial CAR T-cell therapy, a revolutionary cancer treatment that uses a patient's own immune cells to find and kill cancer cells.

Kymriah®, the first commercial CAR T-cell therapy available in Australia is changing lives, with two young people already treated and more identified. Further treatment centres for CAR T-cell therapy are planned at the Westmead Hospital Campus.

Patient Safety First

Walking the Milky Way

Northern Sydney Local Health District

The Walking the Milky Way program aimed to improve the nutrition of preterm infants and reduce dependence on intravenous nutrition. Implemented by the Royal North Shore Hospital, the program assessed infant tolerance of milk feeds, improved early expression of mothers' breast milk, and introduced pasteurised donor human breast milk. Results showed a significantly decreased risk of infection, allowed for the early provision of milk for all infants, and proved to be safe, scalable, sustainable and highly cost effective. The program was awarded the Patient Safety First category of the 2019 NSW Health Awards for the Northern Sydney Local Health District.



The Hon. Brad Hazzard MP, Minister for Health and Medical Research, Elizabeth Koff, Secretary, NSW Health, Cameron Priest, Emily MacNaught, Abbey Van Vuuren, Karen Lawrence, Eveline Staub, Kay Hyman, Chief Executive, Nepean Blue Mountains Local Health District, Stewart Dowrick, Chief Executive, Mid North Coast Local Health District.

Understanding take own leave from hospital

Take own leave occurs when a patient leaves hospital care prior to being discharged by their treating doctor. To build understanding of take own leave rates for Aboriginal people, which are 2.5 times greater than for non-Aboriginal people, the Clinical Excellence Commission in partnership with the Centre for Aboriginal Health, released the Diagnostic Report: *Understanding contributing factors for Take-Own-Leave in NSW Health organisations*.

The report captured issues from consultation with the NSW Health workforce, consumers and industry, and identified 10 main themes, providing a basis for further work to reduce harm and improve care of Aboriginal people in NSW hospitals.

Improving patient experiences

Keeping patients safe during the pandemic

The Clinical Excellence Commission continued to work with the Agency for Clinical Innovation, consumers, and the Ministry to ensure a collaborative, consistent approach to delivering safe, high quality healthcare. The Commission provided guidance (as part of the joint *Agency for Clinical Innovation-Clinical Excellence Commission Consumer Council*) to the Clinical Communities of Practice supporting the COVID-19 pandemic response, on developing plans and delivering quality health services.

The Agency also provided resources to support the use of telehealth for care delivery during the pandemic, including development of a pulmonary rehabilitation virtual model and delivering Pexip videoconference software training to more than 2400 staff across the health system.

Capturing patient experience to improve services

To improve patient experience across the health system, the Ministry contributed to, and aligned work on, the Patient Reported Measures Analytics Guide, the Patient Experience Strategy, and approaches at a national level.

More than 60,000 patient experience surveys linked into the Registry of Outcomes Value and Experience (ROVE) allows for patient experience to be monitored for new ways of providing services; actioned at a service, district or system level. ROVE brings together multiple datasets to provide a more complete picture of a patient's journey in the health system, including outcomes and experiences of healthcare.

Patient experiences are captured by the NSW Patient Survey Program, which gave voice to more than 87,000 patients about their experiences of the NSW health system, and used sophisticated data and analytic methods to deliver insights into health system performance and support improvement. Results are published on bhi.nsw.gov.au.

Developing a patient centred healthcare system

The goal to develop a more patient centred healthcare system saw the Agency for Clinical Innovation, the Ministry and eHealth NSW commence a partnership to develop the Health Outcomes and Patient Experience (HOPE) system; to collect and report on patient-reported measures.

The system trial consisted of:

- ✓ 126 services measuring outcomes
- ✓ 97 services measuring experiences
- ✓ 23 workshops to co-design the system.

Supporting improved emergency performance

To support hospitals to meet emergency key performance indicators (KPIs), the Ministry facilitated the KPI Recovery Program, assisting 14 districts and 25 hospitals to identify barriers to emergency performance, including opportunities for improvement and integration of improvement strategies into business as usual processes. The Ministry also shared successful strategies with other participating hospitals.

Improving engagement with Aboriginal consumers

To address cultural safety across the health system, the Centre for Aboriginal Health worked with districts and networks to develop a suite of resources and tools including the Aboriginal Cultural Engagement Self-Assessment (Audit) Tool to improve Aboriginal health outcomes and support accreditation of NSW Health facilities.

The Agency for Clinical Innovation established an Aboriginal Health Working Group to review data collection, use and implementation of existing patient-reported measures, to ensure cultural relevance and appropriateness for Aboriginal people.

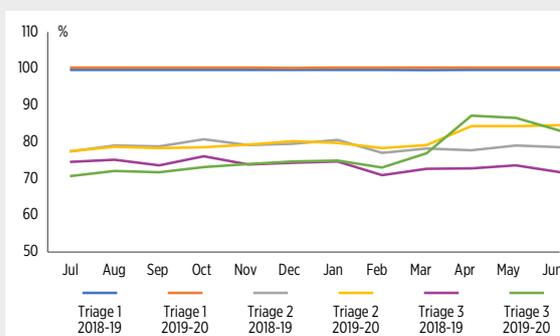
Following consultation with Aboriginal groups, the Clinical Excellence Commission updated a purpose-designed REACH flyer to improve communication and engagement with Aboriginal consumers.

These activities aligned with, and embedded:

- the six strategic directions of the NSW Aboriginal Health Plan 2013-2023
- recommendations from the mid-term evaluation of the above plan
- six Aboriginal-specific actions from the National Safety and Quality Health Service Standards.

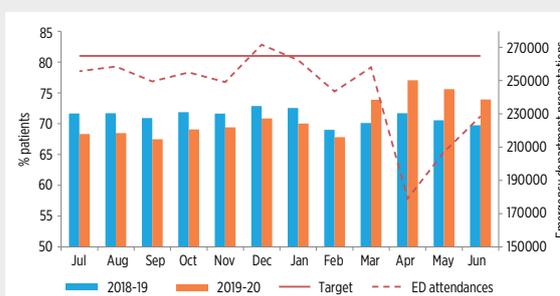
Percentage of emergency department patients treated within benchmark times across three triage categories

More than 2.9 million patients presented to a NSW public emergency department in 2019-20, approximately 56,000 less than 2018-19. Most of this reduction occurred due to the pandemic, while a marked improvement in time to treatment was recorded towards the end of the year for categories two and three. Category one targets were met for the whole year.



Emergency treatment performance - percentage of patients in emergency departments less than four hours

Against a target of 81 per cent, in 2019-20, 70.7 per cent of patients who presented to a NSW emergency department left the department within four hours following treatment.



Enhancing patient and carer experiences of emergency departments

The Improving the Emergency Department Patient Experience Program improved individual experiences of emergency departments by creating an environment that helped patients, carers, and their families feel welcome, safe and empowered. The project, a partnership between the Ministry, local health districts, Service NSW, Healthily and the Pam McLean Centre, won the 2019 Premier's Award for World Class Customer Service. It involved:

- introducing patient experience managers
- enhancing waiting room facilities
- providing multilingual digital patient information
- coaching staff to understand patient and carer experiences.

The Hon. Brad Hazzard MP, Minister for Health and Medical Research, announced an \$8.6 million extension of the program in May 2020, enabling an additional 86 patient experience staff at 50 emergency departments and COVID-19 clinics across NSW to combat the additional stress and pressure on patients, their carers and emergency department staff. Kiosks collected real-time feedback which showed:

- ✓ patient satisfaction improved by an average of 30 per cent over the first six months
- ✓ the program had a positive impact on first impressions, reducing anxiety for patients and carers.

Enabling consumers to improve care

The Agency for Clinical Innovation held four webinars as part of the Consumer Enablement Spotlight Series. More than 100 people attended each webinar to learn about consumer enablement and explore approaches to health literacy and shared decision making.

The Agency launched the *Guide to Building Co-design Capability*, which outlines the skills and knowledge required for co-design across the system, particularly in mental health services, and progressed a toolkit to provide hands-on tools and tips to include people's lived experience in building a better experience of care. The Agency also launched an online 'collaborative cultures' resource supporting the implementation of strategies to strengthen collaborative practices in mental health services.

Improving patient nutrition to enhance care

HealthShare NSW completed a nutritional standards operational implementation review, which led to the development of a new model endorsed by all stakeholders. This was followed by engagement with local health districts to identify a suitable pilot site to implement the new model.

The NSW Nutrition and Food Strategic Steering Group endorsed a program of work targeting food allergen and texture modified food management. This includes the phased roll out of the International Dysphagia Diet Standardisation Initiative framework for texture-modified diets and the development of allergy diets by the Diet Specifications Reference Group.

Supporting community healthcare

The Whole of Health Program provided support for hospitals and health services across the regional and metropolitan setting, and focused on:

- improving access to inpatient beds
- discharge planning
- managing inpatient length of stay
- optimising alternatives to emergency department care.

Integrated Care is leading the Premier's Priority to improve outpatient and community care, with a target to reduce preventable hospital visits by five per cent by caring for people in the community.

Care in the community improves patient experience and outcomes by enabling local agencies, service providers and clinicians to work together to better meet patients' needs and support patients' access to care outside the hospital.

By February, 52,241 patients were enrolled in one of six integrated care initiatives targeting vulnerable populations including patients with complex and chronic conditions.

NSW Ambulance, as part of the pandemic response, participated in a secondary triage initiative led by the Ministry, aimed at treating residents of aged care facilities in their homes.

Additionally, NSW Ambulance:

- developed the Alternate Referral Destinations and Frequent User program to meet patients' needs in the community through local supports, rather than via emergency departments
- consolidated the Resuscitation Academy's 10 key steps into an out-of-hospital cardiac arrest strategy
- implemented a new high-performance CPR paramedic training package to improve patient outcomes.

Improving access to appropriate and timely care

Increasing access to stroke diagnosis and treatment for rural and regional patients

The NSW Telestroke Service launched at Port Macquarie and Coffs Harbour hospitals in March 2020, offering people living in regional and rural areas increased access to life saving stroke diagnosis and treatment. The service connects local doctors in emergency departments to specialist stroke physicians from the Prince of Wales Hospital via video consultation. The NSW Government is providing \$21.7 million in funding over three years, including \$9.4 million from the Australian Government for this initiative, which will expand to provide support for up to 23 rural and regional hospitals across NSW.

Implementing health genomic strategies

Understanding genomics and gene sequencing helps improve clinical care and patient safety. NSW Health organisations collaborated to deliver the NSW Health Genomics Strategy Implementation Plan (2018-20). Achievements included establishing the NSW Health Pathology Clinical Genome and Exome Sequencing Service, developing genomic health career videos, and initiatives to understand the genomic data sharing landscape and the education needs of consumers and the health workforce.

Improving access to critical care

Access to intensive care is a critical part of the clinical care NSW Health provides. The Agency for Clinical Innovation worked in partnership with the Ministry across 18 sites, to identify and implement strategies to optimise intensive care capacity; completing a pilot and first phase of a three-phase project.

Phase 1 included 10 sites while Phase 2 commenced in November 2019 at four sites. Pilot sites reported improvements in ICU exit block and ICU access block, as strategies were embedded into business as usual processes. Site project teams completed the diagnostic phase before the project was paused in March due to the pandemic.

Increasing bookings of fixed wing transport

HealthShare NSW completed a review into fixed wing transport options and developed three initiatives to be piloted to improve patient transfer to facilities. The Ministry implemented the northern zone pilot with Northern NSW, Mid North Coast, Hunter New England, Sydney, Northern Sydney and South Eastern Sydney local health districts.

The completed pilot showed:

- ✓ average use of primary provider increased by 18 per cent
- ✓ communication increased between districts and HealthShare NSW
- ✓ improved visibility of flight plans by fixed wing providers
- ✓ a 12 per cent increase in the multiloading rate
- ✓ reduction of same day cancellations
- ✓ positive feedback from consumers.

System redesign to provide timely and appropriate maternity care when complications arise

The Maternal Transfers Redesign program strengthened the eight tiered Perinatal Networks across NSW and the ACT to ensure more women with complex pregnancies are cared for closer to home and family support. Senior obstetric staff and midwives worked together in small teams to ensure women within their networks received the most appropriate and timely care, whether this was a consultation, referral or urgent transfer to a higher level facility.

As part of this Maternal Transfers Redesign Initiative, the Ministry developed:

- ✓ supporting policy documents
- ✓ clinical guidance
- ✓ governance structures
- ✓ access to real time data.

Early results showed more appropriate transfers, improved service culture and workforce satisfaction, and increased stakeholder partnerships.

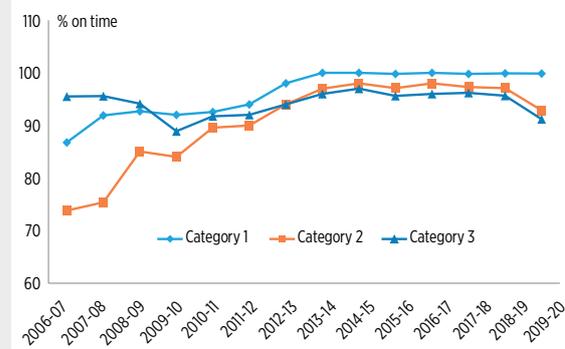
Improving on-time elective surgery performance

Reducing waiting times and increasing on-time admissions for planned surgery continued to be a priority. The Ministry worked closely with local health districts to monitor strategies to reduce the number of overdue elective surgery patients and improve on-time performance via the Elective Surgery Access Monitoring and Recovery Support program, which targets facilities with high numbers of overdue and semi-urgent elective surgery patients and poor on-time performance.

The decision of National Cabinet in March to pause all non-urgent surgeries due to the pandemic delayed some categories of elective surgery, but enabled preparation of both public and private hospitals' intensive care unit capacity and supplies of personal protective equipment.

Elective surgery patients admitted within clinically recommended times

Elective surgery activity and performance was impacted by the pandemic, with restrictions placed on non-urgent and semi-urgent elective surgery for a substantial part of the year



Using system performance information to drive reform

Board reports

The Ministry developed standardised board reports, containing key indicators from Service Agreements. These reports aimed to ensure all district and network boards were provided with local information benchmarked against state results. Reports are delivered quarterly.

Lumos practice report

Lumos is a NSW Health led initiative, in collaboration with Primary Health Networks (PHN), extracting patient level records from general practices and linking them with other health-related data in NSW, in the Centre for Health Record Linkage.

A cornerstone of the Lumos program is giving data and information back to the health system. Regular program-level tracking, updating and reporting are crucial to ensure that healthcare stakeholders remain informed and engaged.

This year, customised general practice reports were developed and distributed to participating GPs.

The reports — containing descriptive results about the characteristics of patients, and their interactions with the health system — have been iteratively refined to reflect GP and PHN feedback. The reports provide GPs with access to information to better understand their patients and how they compare to other practices in their region and across the state. Providing relevant and timely insights from Lumos provides a foundation for continuous improvement across the continuum of care.

Participating practices have reported that the information supported improvements in:

- data quality
- care planning
- service planning.

Priority 3:

Integrate systems to deliver truly connected care

Integrated care connects people with the right service, and together with the systems to enable connectivity of data and information across the health system, our programs are keeping NSW citizens healthy.

With a focus on supporting people with disability or mental ill health, and those who are at risk of harm or at the end of their life, our community receives care that is high quality and safe.

Our priorities

- 3.1 **Drive system integration through funding and partnership agreements**
- 3.2 **Deliver mental health reforms across the system**
- 3.3 **Strengthen integrated approaches to frailty, ageing and end of life care**
- 3.4 **Support people with disability within the health sector and between agencies**
- 3.5 **Support vulnerable people within the health sector and between agencies**
- 3.6 **Share health information to enable connected care across the system**

Key achievements

Reduced unnecessary hospital visits for more than 52,200 people who received care in the community, helping them live healthier and longer lives.

Provided around the clock support to people experiencing domestic and family violence through a 24-hour crisis service which integrated responses to violence, abuse and neglect.

Refurbished or redeveloped 86 mental health units to enhance care for mental health consumers as part of the \$20 million Therapeutic Environments Minor Capital Works Program.

Improved end of life care with investment in 100 additional palliative care nurses and refurbishment of 34 palliative care facilities across local health districts and networks.

Supported clinical, personal and home care, and home modifications for people with disability through the NSW Safe and Supported at Home Program.

Delivering Integrated Care

Creating Healthy Homes and Neighbourhoods

Sydney Local Health District

The Creating Healthy Homes and Neighbourhoods program transformed the delivery of care for patients, improved health and wellbeing, and minimised the cost of fragmented care across hospital, community, primary health, education, justice and social care sectors. The program delivered a reduction in preventable hospitalisation, emergency department visits, admissions and length of stay, and demonstrated improved client outcomes. The District established a cross-agency coordinated care network to assist vulnerable families navigate the care system, which identified, monitored and evaluated outcomes for individuals and families, coordinated care, engaged with general practice, and implemented initiatives to support family health improvement. This innovative project won the Delivering Integrated Care category at the 2019 NSW Health Awards.



Back row: The Hon. Brad Hazzard MP, Minister for Health and Medical Research, Anne Dudley, Elizabeth Koff, Secretary, NSW Health, Biljana Milosevic, Erin Miller, Kevin Brown, Bronwyn Smith, Kristy Allworth, Raymond, Tracey McCosker, Chief Executive, NSW Health Pathology, Carrie Marr, Chief Executive, Clinical Excellence Commission. Front row: Paula Caffrey, Suzanne Ratcliff, and John Eastwood.

Connected care in the community

Five integrated care initiatives received \$68 million in investment to strengthen care in the community, improve patient experience, and keep people healthy in the long term.

The initiatives supported vulnerable and at-risk populations and people with complex health and social needs, with 52,241 people given the opportunity to live healthier lives for longer, manage their own care in more appropriate settings such as primary and community care, and reduce unnecessary hospital visits.

The Ministry also provided 26,300 Out of Hospital Care packages to patients, facilitating safe and early discharge of eligible patients from hospital, by providing access to a short-term package of care (such as assistance with personal care, domestic assistance, transport and social support).

These included:

- 16,499 community care (ComPack) packages
- 8101 safe and supported at home (SASH) packages
- 1700 last days of life (palliative care) packages.

Strengthening care coordination for Aboriginal people

To improve system integration and enhance the health outcomes and healthcare experiences of Aboriginal people, NSW Health organisations established performance frameworks and clinical networks with local health districts and specialty health networks.

Key initiatives included:

- ✓ an Aboriginal health program of work established within clinical networks including the Aboriginal Chronic Conditions Network and the Cardiac Network
- ✓ implementation of clinical redesign and integrated care projects. Several projects were evaluated and achieved good outcomes, including the 48 Hour Follow Up program, which reduced emergency department presentations within 28 days of discharge
- ✓ collaborations with Aboriginal Community Controlled Health Services, which included the Bila Muuji Tele Home Monitoring project, the Building Brighter Grins program and the Mehi Integrated Care program.

Integrated Care: Local health district achievements

- Six districts implemented the **Emergency Department to Community Initiative**, providing tailored intensive case management and specialist care in the community.
- Four districts implemented the **Residential Aged Care Initiative**, supporting vulnerable patients to receive appropriate care in their place of residence.
- Three districts implemented the **Better Care Connected Initiative**, providing care coordination to families who require health and social care support.
- Four districts implemented the **Specialist Outreach in Primary Care Initiative** and one district implemented the **Paediatrics Network Initiative**.

Excellence in the Provision of Mental Health Services

PACER — Police, Ambulance, Clinical, Early, Response

South Eastern Sydney Local Health District

A program reducing emergency department presentations and decreasing the demand on agencies, including police, won top honours at the 2019 NSW Health Awards. Called PACER, the program offered on-scene and telephone assistance in the community and provided trauma-informed care for people experiencing a mental health crisis, including early links to community and welfare services, alternative care pathways and early de-escalation. Implemented within the St George Mental Health Service, the team won the Excellence in the Provision of Mental Health Award.



Elizabeth Koff, Secretary, NSW Health, the Hon. Bronnie Taylor MLC, Minister for Mental Health, Christopher Hay, Dr Kevin Clarke, Daniella Taylor, Felicity Cox, Bradley Spinks, Fiona l'Anson, Stacey Maloney, Sonja Krcalovic, and Ange Karooz. Front row: Danielle Coppelson and Denise Cupina.

Focusing on mental health

Towards Zero Suicides Premier's Priority

The Towards Zero Suicides Premier's Priority, to reduce the suicide rate in NSW by 20 per cent by 2023, moved into the implementation phase, with:

- the co-design process commencing at a district level for Alternatives to Emergency Department Presentations, Suicide Prevention Outreach Teams and Zero Suicides in Care initiatives
- twelve Aboriginal-led projects commencing for the Building on Resilience in Aboriginal Communities initiative
- a recruitment processes commencing for the Enhancement to Rural Counselling initiative
- a total of 634 Service NSW staff trained through Suicide Prevention Training for the Systems Outside of Mental Health initiative
- more than 550 people trained through Community Gatekeeper Training
- drafting of guidelines for Suicide Prevention Collaboratives
- scoping conducted for the Local Suicide Alert System initiative
- requests for proposals developed for community response packages.

New forensic mental health legislation and a strategic framework for mental health

To improve clinical practice and patient quality of life, the Ministry developed the NSW Strategic Framework and Workforce Plan for Mental Health to achieve a consistent and coordinated approach to strategic action in mental health. Implementation of the plan focused on consumer engagement, workforce training and new approaches to service delivery. It included cross-agency collaboration between health services and schools to focus on the needs of vulnerable children and young people.

In June, NSW Parliament passed the *Mental Health and Cognitive Impairment Forensic Provisions Act 2020* to replace the *Mental Health (Forensic Provisions) Act 1990*. The new act has updated language, and changes to make the forensic mental health system more efficient, transparent and clear.

An added boost for mental health facilities

To improve care and deliver mental health care reform, the \$700 million Statewide Mental Health Infrastructure Program is providing modern and contemporary mental health facilities. Local health districts and specialty health networks completed 86 projects as part of the \$20 million Therapeutic Environments Minor Capital Works Program, enhancing the therapeutic environments of acute mental health facilities. Construction also commenced on the Older Persons and Medium Secure Rehabilitation units at Campbelltown Hospital.

Seclusion and restraint prevention

A focus on seclusion and restraint prevention in emergency departments and mental health units aims to reduce harm and improve clinical care.

The Clinical Excellence Commission's NSW Mental Health Patient Safety Program supports mental health services to lead safety and improvement work aligned to the needs of staff and consumers. The Commission provided training to 50 Mental Health Improvement Coaches, quality and safety training for Local Leaders and Medical Leaders to 70 mental health staff, and delivered training on the Quality Improvement Data System (QIDS) to frontline staff leading quality improvement on the physical health of older people in mental health services.

This year:

- all districts and networks developed seclusion and restraint prevention action plans in partnership with consumers and carers
- seclusion indicators were included in quarterly board reporting

- the Commission chaired development of the Seclusion and Restraint in NSW Health Settings Policy, available on the NSW Health website
- the Agency for Clinical Innovation completed guidelines for the safe seclusion and restraint of people in emergency departments, published on the NSW Health website.

The Mental Health Living Longer Project

Detecting self-harm presentations is one project helping to support the Premier's Priority to reduce the rate of suicide deaths in NSW. This project implemented enhanced methods for detecting self-harm presentations in emergency department data, and examined life expectancy and potentially preventable hospitalisations in consumers of mental health services. The dataset currently includes anonymised data on more than 9.1 million people, including nearly one million people who had contact with a mental health service.

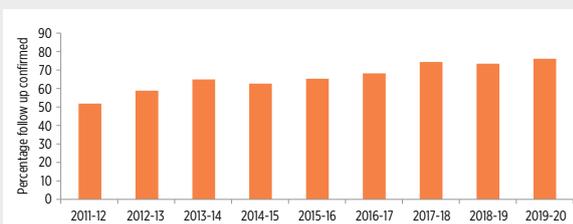
Improving mental health through policy and planning

Improving care provided to our Aboriginal community is a priority. The Ministry accepted the recommendations of the 2019 Audit Office of NSW's report titled *Mental health service planning for Aboriginal people in New South Wales* and commenced extensive consultations with stakeholders and Aboriginal communities to inform revision of the NSW Aboriginal Mental Health and Wellbeing Policy. Building the workforce, strengthening performance monitoring, and improving management and accountability are key focus areas to achieve better mental health outcomes for our Aboriginal communities.

To strengthen local partnerships and referral pathways to create culturally safe services, the Ministry continued to work with Aboriginal Community Controlled Health Services, to build capacity to respond to people with mental health issues. The Ministry also provides funding for Aboriginal clinical leaders and trainee positions in local health districts, the Justice and Forensic Mental Health Network and the Aboriginal Mental Health Statewide Coordination Unit, to support these programs.

Acute Mental Health Unit seven-day follow-up rate

More mental health consumers who are discharged from an Acute Public Mental Health Unit are being seen by a Community Mental Health Team within seven days. In 2019-20, performance increased by 2.7 percentage points to 76.9 per cent, exceeding the 75 per cent target.



Caring for our older people

In June, the Australian Government implemented the Comprehensive Palliative Care in Aged Care measure which secured \$10 million for NSW to improve specialist palliative care for people in residential aged care facilities. The NSW Government contributed \$10 million to support this objective.

Funding to districts and networks to improve choice and access to palliative care provided:

- ✓ 100 additional palliative care nurses over four years
- ✓ nine new full-time equivalent palliative care Aboriginal Health Workers
- ✓ refurbishment of 34 palliative care facilities over two years
- ✓ more support in regional and rural NSW through expansion of telehealth.

The Ministry also developed the Wellness and Reablement in Aged Care Policy Directive and completed consultation with local health districts, which streamlined their aged care assessment models to enable faster assessment for aged care services.

A Frailty Taskforce, formed by the Agency for Clinical Innovation in late 2019, comprised 30 members from a diverse range of sectors, including carers. With the aim to improve care for people living with frailty or at high risk of becoming frail, work focused on:

- ✓ care settings
- ✓ shared decision making
- ✓ screening and identification of frailty
- ✓ evidence-based interventions such as nutrition, medication and physical activity.

The Agency also established a Nutrition Working Group in late 2019 and completed a rapid evidence review on nutrition for older people to inform approaches to food and nutrition in hospitals.

Recommendations from the 2019-20 independent review of the Last Days of Life Program included a new end of life model of care and a statewide procurement strategy. The new model will include additional nursing resources for districts, and new end of life packages to replace the last days of life (palliative care) packages, supporting patients to avoid preventable hospital admissions.

People's Choice Award

Aunty Roma's — An Aboriginal and Torres Strait Islander-specific Falls Prevention Program

South Western Sydney Local Health District

Falls are the leading cause of injury-related hospitalisation in older Aboriginal people in NSW. The District took a multidisciplinary and culturally-specific approach to address the risk of frailty and falls in older Aboriginal people in South Western Sydney. The program reviewed falls prevention interventions and their efficacy, and adapted an intervention approach that was culturally appropriate for the population. The program achieved a 75 per cent reduction in falls incidence, along with significant improvement in patient engagement, confidence and physical activity. This program won the People's Choice Award at the 2019 NSW Health Awards.



The Hon. Brad Hazzard MP, Minister for Health and Medical Research, Maria Pron, Elizabeth Koff, Secretary, NSW Health, Winona Raynard, Minh Pham, Paul Crowe, Katrina Sing, Christina Eagleton, and Jola Swierczynski.

Support for people with disability

Supporting people with intellectual disability is part of NSW Health's commitment to providing connected care. In response, the Ministry launched the new statewide specialised intellectual disability health service which provides:

- a health assessment and care plan for eligible people with complex care needs and intellectual disability
- advice, information and training to build the skills, confidence, and knowledge of NSW Health staff in providing care to people with intellectual disability.

Specialised intellectual disability health teams located in Hunter New England, Western NSW, South Western Sydney, South Eastern Sydney, Northern Sydney and Sydney local health districts provide a service in their district and an outreach service to the other nine districts.

To support NSW Health staff to deliver quality care to people with intellectual disability, a specialised intellectual disability nurse or senior allied health officer will provide expert advice and assistance in all nine outreach districts. The Ministry has commissioned an evaluation of this enhanced service model.

Keeping consumers safe and supported at home

Clinical, personal and home care, and home modifications for people with disability unable to access the National Disability Insurance Scheme (NDIS) were provided by NSW Health's Safe and Supported at Home (SASH) Program.

The Ministry also worked to resolve issues for NDIS participants, addressed disparities in access for underrepresented groups and enhanced the discharge process for NDIS participants from hospital by:

- ✓ establishing an accommodation register
- ✓ implementing new escalation pathways
- ✓ engaging closely with NDIS providers

- ✓ securing endorsement from the Disability Reform Council (DRC) for a national action plan
- ✓ securing DRC endorsement of funding for disability-related health supports
- ✓ improving data analysis.

NDIS participants were supported by NSW Health during the pandemic via:

- NDIS Hospital Liaison Officers in local health districts to assist safe discharge
- translation of public health orders into easy read formats
- provision of disability-related public health messaging via webinars, websites, teleconferences, frequently asked questions and Q&A sessions.

Combating sexual and physical abuse

Preventing and responding to problematic and harmful sexual behaviours

The Ministry is leading the development of the NSW interagency framework for the prevention and response to children and young people with problematic and harmful sexual behaviours. The concept plan for the framework was developed and the program of work commenced. The framework is being informed by available evidence and co-designed with key stakeholders including children, young people, families and communities. Its focus is on the prevention of problematic and harmful sexual behaviours, early intervention and improved pathways into support, and therapeutic interventions.

The key components of the framework include:

- a case for change for NSW
- agreed principles and definitions
- an improved policy and legislation model with clear access and referral pathways

- a common assessment and case management approach to support engagement with children, young people and their families and promote multi-agency collaboration
- a prevention action plan.

NSW Health is increasing access to specialist assessments and therapeutic services for children and young people with problematic and harmful sexual behaviours and their families. The New Street Services, for 10 to 17 year olds, are being rolled out across the state. NSW Health also commenced development of a new program for children under the age of criminal responsibility, which includes prevention and early intervention initiatives and specialist tertiary responses.

Responding to violence, abuse and neglect

A key initiative of the Violence, Abuse and Neglect (VAN) Redesign Program is strengthening delivery of integrated responses to violence, abuse and neglect.

This included developing:

- the Integrated Prevention and Response to VAN Framework: an overarching, strategic response platform with detailed guidance to strengthen NSW Health's response to violence, abuse and neglect
- the Integrated VAN Statistics and Research Project, providing information to help workers understand and communicate statistics and research, and dispel myths, mistakes and misinformation
- publication of the *Responding to Sexual Assault (Adult and Child) Policy and Procedures* to guide the response of sexual assault services and NSW Health
- a 24-hour integrated model for crisis responses to people who have experienced domestic and family violence.

Expansion of the NSW Health Pathway Program improved assessment, review and care coordination for children and young people in out-of-home care who have complex and unmet health needs. The program also developed a framework to support the provision of integrated, trauma-informed healthcare to improve the experiences of clients, their families and carers, and service providers.

As part of the NSW Health response to the Royal Commission into Institutional Responses to Child Sexual Abuse, South Eastern Sydney and Mid North Coast local health districts are piloting a service for adult survivors of child sexual abuse, providing integrated specialist trauma counselling, mental health, drug and alcohol, and community support services. Action research is underway which will inform a statewide rollout.

The Prevention and Response to Violence Abuse and Neglect (PARVAN) team led work to pilot domestic violence routine screening in emergency departments and out-of-home care pathways. The Agency for Clinical Innovation undertook community and other stakeholder consultation to inform development of a draft *Framework for Integrated Trauma Informed Care for Vulnerable Children, Young People, Their Families and Carers*. In June 2020, the draft Framework and Implementation Plan were transferred to the Ministry.

Enabling connected care across the health system

Delivering truly connected care requires robust data and integrated IT systems to generate reports that support the provision of care. The following projects provided this support.

Lumos data linkage program statewide rollout

Lumos, in its pilot phase, demonstrated that the secure extraction and linkage of a patient's primary care record with NSW hospital data was possible. The program is being expanded across the state with all 10 Primary Health Networks (PHNs) and 250 GP practices participating, providing a growing collection of system-wide data. The Lumos Team explored the relationships between primary care and activity, along with outcomes, in other parts of the health system. Early insights identified links between diagnosis in primary care settings and better management of disease.

The Lumos dataset is a first of its kind in Australia and will be made available to PHNs and districts to support local analysis of the interface between acute and primary care. The data provides an evidence base to inform the design, implementation and evaluation of models of care to improve system integration and drive value based care in NSW.

Supporting data insights for palliative care

The Palliative Care Data, Monitoring and Evaluation Working Group was established to provide expert advice to define, improve and support data collection for palliative care. The group commenced an end of life and palliative care monitoring plan, which will provide end of life and palliative care activity, quality and service capacity insights over time, and will support work to redesign delivery of palliative care.

Establish governance to evaluate the Leading Better Value Care program

The Leading Better Value Care (LBVC) program is a major part of the reform to shift the health system from a volume to a value based approach. To evaluate the LBVC program, the Ministry played a significant role in establishing a register of outcomes, value and experience (ROVE), consisting of comprehensive linked datasets, and managed the data governance arrangement to enable access to ROVE. ROVE supports the aim of collecting data once and using it for multiple purposes.

Evaluation of HealthOne NSW

HealthOne NSW aims to create a stronger and more efficient primary health care system by bringing Commonwealth-funded general practice and state-funded primary and community healthcare services together. Evaluation of HealthOne NSW was completed and a report produced outlining its role in supporting the delivery of value based care in NSW. The Ministry commenced planning activities to implement the recommendations of the report and align the HealthOne NSW strategy with NSW Health strategic objectives.

Priority 4:

Develop and support our people and culture

Our staff are our most important asset. It is our people who are on the front line in hospitals and health services, ensuring the acute and chronic care, and physical and mental wellbeing of the citizens of NSW, as well as in supporting roles, developing and managing our critical workforce.

Their commitment and dedication to excellence is what sets the NSW Health system apart. During the COVID-19 pandemic, planning for the expected demand on the healthcare system was critical. More than 2300 nurses upskilled to increase intensive care capacity, while the Public Health Emergency Operations Centre surged from a team of 33 to a pool of 520 within eight weeks, supported by staff from across NSW Health and a variety of NSW Government agencies, and a dedicated online portal received more than 1200 clinical and non-clinical applications. We continued to support our staff through the pandemic, providing regular workforce updates and offering a dedicated staff counselling service. We focused on building effective leaders, listening to feedback, and using technology to improve practices.

Our priorities

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

Key achievements

More than 2300 nurses undertook intensive care upskilling from March to June 2020 to plan for a projected increase in intensive care demand, and increase clinical capacity to respond to the pandemic.

To support the annual medical graduate recruitment, 1025 intern positions were filled including 145 rural preferential intern positions, 11 positions were filled via the Aboriginal medical workforce pathway, and 12 interns commenced in a mid-year intake to support the medical workforce surge strategy. Work also commenced to support the newly created Assistant in Medicine role to be filled by final year medical students.

Managing issues arising from the pandemic, including staff health and safety, saw the Ministry establish **a dedicated enquiries team to provide work health and safety advice** to NSW Health organisations and unions.

To enhance the student clinical experience, **more than 600 clinical placement grants were awarded to support nursing and midwifery clinical placements across rural and metropolitan areas**, and more than 220 scholarships were awarded to support enrolled nurse training.

The Health Education and Training Institute worked with the Ministry on the 'Focus on the Future Workforce' initiative to scope **development of a training and talent strategy for a digitally-enabled and digitally-responsive workforce** to support the future health strategy.

Supporting the workforce during the pandemic

Supporting an unprecedented global health crisis presented numerous challenges to workforce planning, including rapid deployment of staff, extending shift work across seven-day-a-week operations, establishing expert teams for contact tracing, data analysis and infection control, and rapidly recruiting for COVID-19 testing clinics. Some of the challenges faced during the pandemic included maintaining safe patient care, while simultaneously planning for large increases in patients with COVID-19. To overcome these challenges, workforce strategies were developed to support the pandemic response. These included:

- establishing a well-resourced contact tracing team supporting more than 24,000 people to self-isolate
- developing workforce surge plans and capacity within the system in collaboration with local health districts
- setting up an Exemptions Unit to process more than 8000 exemptions to Public Health Orders
- collaborating with NSW Government agencies and non-government agencies (e.g. universities) to secure the rapid deployment of staff
- rapidly onboarding suppliers to establish new supply and logistics chains for personal protective equipment
- quadrupling ICU capacity from 500 to 2000.

To support staff mental health and wellbeing, COVID Connexion, an independent and professional wellbeing advice line for health workers was launched in June 2020, and the Pandemic Kindness Movement was established to support clinicians with peer-reviewed resources.

Achieving a fit for purpose workforce

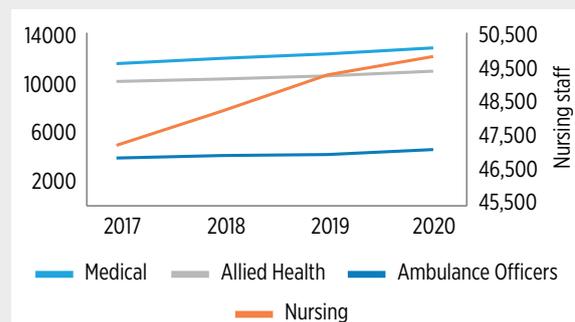
A fit for purpose workforce able to rapidly respond to community needs, is a priority of NSW Health. To assist in meeting this goal, a scan of innovative industrial arrangements in similar jurisdictions in Australia and internationally was completed, with the aim of developing a framework of analysis and options.

Enhancing the workforce to meet the needs of the community

The Health Professionals Workforce Plan 2012-2022 ensures NSW Health achieves a fit for purpose workforce to meet the needs of the community and provide a quality health service to NSW citizens. A total of 1025 intern positions were made available this year, and as part of the COVID-19 medical workforce surge strategy, a new Assistant in Medicine role was created. More than 2600 graduate nursing and midwifery positions were made available through the statewide GradStart program and more than 200 MidStart positions were offered to support registered nurses through post-graduate midwifery training.

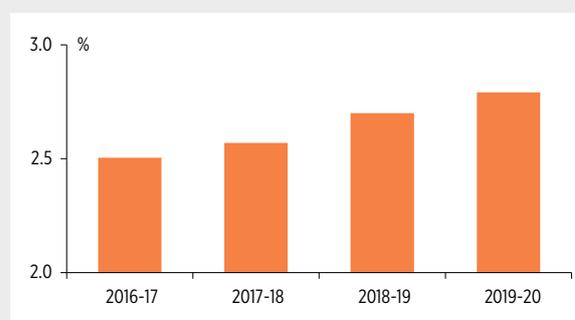
Full time equivalent health staff 2017-2020

Clinical staff numbers have grown across four key categories since 2017, to support the care of NSW citizens.



Percentage of Aboriginal staff as a proportion of total staff

Growth in Aboriginal staff has increased steadily since 2017 and is currently at 2.8 per cent of the total workforce.



To ensure final-year health students met their graduation and registration requirements, and to mitigate the impact on the health workforce pipeline, clinical placements continued in NSW Health facilities and affiliated organisations during pandemic restrictions. Students also formed part of the workforce response for COVID-19 surge planning.

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, the Ministry completed:

- ✓ the Aboriginal Health Practitioner Clinical Framework Project report and commenced the process of consultation
- ✓ the Aboriginal Allied Health Workforce Pathways scoping project
- ✓ engagement with statewide workforce planners to include Aboriginal workforce planning.

The Ministry supported employment of Aboriginal people further by:

- ✓ placing 11 Aboriginal interns through the Aboriginal Recruitment Pathway
- ✓ awarding 93 Aboriginal nursing and midwifery cadetship positions; an increase of more than 40 per cent from 2018-19. More than half went to people in regional and rural areas

- ✓ awarding 50 undergraduate and 12 postgraduate Aboriginal nursing and midwifery scholarships
- ✓ increasing the number of Aboriginal Allied Health Cadets from 10 to 20
- ✓ supporting the Aboriginal Medical Pathways Project, accepting all 14 applications for the 2020 clinical year.

Improving the rural and remote health workforce

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

- ✓ awarded \$3000 scholarships to rural generalist trainees commencing their advanced skills training year
- ✓ filled 145 rural preferential intern positions to support the rural medical workforce
- ✓ explored tertiary and vocational education opportunities for rural school students to follow careers in health, in partnership with Far West Local Health District.

The Nursing and Midwifery Office supported improved rural and regional services by:

- ✓ coordinating the recruitment process, with more than 25 per cent of graduate nursing and midwifery positions located in regional and rural health services
- ✓ supporting 14 registered nurses from seven districts to take part in a metro-rural exchange, working for six months in a rural or remote facility
- ✓ awarding more than half of Aboriginal cadetship positions, and more than a quarter of 700 scholarships supporting postgraduate specialties, to people in rural and remote areas
- ✓ funding 10 rural postgraduate midwifery student scholarships.

Rural undergraduate students received 37 scholarships, and more than 600 clinical placement grants were awarded to support nursing and midwifery clinical placements across rural and metropolitan areas.

Developing the allied health workforce

Allied health provides important clinical and community health services to our citizens. To ensure workforce sustainability now and in the future, horizon scanning and scenario projects were developed for:

- Allied Health Mental Health
- Orthotic and Prosthetic
- Orthoptists
- Nutrition and Dietetics.

Research into Orthotic and Prosthetic suggested an opportunity for this workforce to reconfigure the production process, realise economies of scale, reduce the cost of production, and be involved in the future of bionic limbs and prosthetics. Orthoptists research identified that orthoptist-led clinics reduced ophthalmologist waitlists by up to two years.

Growing the genomics workforce

Performing genetic mapping helps clinicians understand disease. To support the growth of a world-class genomics workforce, the Ministry:

- ✓ strengthened workforce capability and capacity of various genomics roles in NSW Health
- ✓ supported the education and development of the existing genomics workforce, including co-design of resources and presentations to support genomics testing which was made available under Medicare from 1 May 2020
- ✓ developed marketing materials to encourage a career in genomics.

For more on the NSW Health workforce, see page 69.

New Ways to Work

To facilitate interconnection between the Ministry and NSW Health agencies, approximately 2500 staff from 10 NSW Health entities were readied for relocation to purpose-built, government owned premises at 1 Reserve Road, St Leonards. The New Ways to Work program ensured a smooth transition by providing comprehensive training for managers to support teams through change, and promoting flexible working and outcomes-based management. The Health Education and Training Institute designed and facilitated a 'leading change and growing trust' workshop for the agencies moving to the new premises.

A pilot group successfully relocated in June and flexible work practices increased by 60 per cent. The premises feature extensive conferencing capabilities to support a flexible, collaborative and mobile workforce.

Managing talent and increasing capability

Supporting staff to improve care and services to NSW citizens is a high priority. To enable this, the Ministry worked with local health districts, networks and pillars to establish a strategic vision for talent management across NSW Health to achieve a fit for purpose workforce.

The Aboriginal Population Health Training Initiative

The Aboriginal Population Health Training Initiative supports Aboriginal people to develop and apply public health skills through three years of workplace based training in local health districts and part-time postgraduate study. In 2019-20, five new trainees commenced the program and four trainees graduated with a Master of Public Health.

Developing workforce talent

NSW Health is committed to developing workforce leadership capability. To build the Aboriginal workforce across all roles and grades in all NSW Health organisations, the Ministry continued engagement and nomination of Aboriginal staff into initiatives such as the Next Generation of Leaders and Managers, and the NSW Public Service Commission's Aboriginal Career and Leadership Development Program.

In addition, more than 20 Directors of Nursing (DON) from across NSW Health completed the DON Mentoring Program, supporting executive leadership development.

A Safe and Healthy Workplace

Psychological Claims Management Pathway

Hunter New England Local Health District

To improve earlier return-to-work outcomes for workers who sustain a psychological injury in the workplace, the District implemented a new Psychological Claims Management Pathway. Staff were supported with entitlements while being educated about the benefits of recovery at work and their role in the process. Staff also attended case conferences and collaborated on a tailored return-to-work plan. The process improved return-to-work outcomes for people with a psychological injury and reduced the financial impact on the District. For their work, the District won the Safe and Healthy Workplace category of the 2019 NSW Health Awards.



James Angelou, QBE, Elizabeth Koff, Secretary, NSW Health, Gemma Murphy, QBE, the Hon. Brad Hazzard MP, Minister for Health and Medical Research, Nick Filippou, QBE, Natalie Coake, Andrew Folwell, Amanda Brown, Vanessa Breckenridge, Kim Ford, Frances Johnson, Hayley Robb and Patricia Robertson, Carmen Rechbauer, Chief Executive, HealthShare NSW, and Margot Mains, Chief Executive, Illawarra Shoalhaven Local Health District.

Increasing the skills and capabilities of our workforce

The NSW Health Workforce Forum 2019 provided more than 350 delegates with the opportunity to share ideas on designing and delivering 21st century healthcare through fit for purpose workforce programs and discuss emerging workforce priorities in culture, talent and technology.

Additionally, more than 120 students and midwives participated in phase one of Exploring Student Midwife Experience, a collaborative research project by the Ministry's Nursing and Midwifery Office, Western Sydney University and four local health districts, to investigate the factors impacting clinical learning, with the objective to enhance student and registered midwives learning experience.

To increase capability in economics, business case development and evaluation, districts and networks undertook tailored learning sessions and applied findings from a skill gap assessment in several key areas, including the NSW Government Evidence Bank and economic and evaluation methodologies.

The Public Health and Biostatistics Training Programs

The Public Health and Biostatistics Training Programs offer three years of supervised workplace based training across a range of settings within NSW Health. Achievements in 2019-20 included:

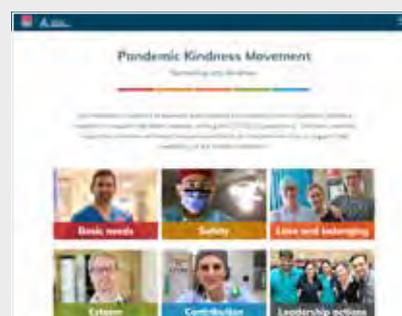
- five new Trainee Biostatisticians commenced the Biostatistics Training Program
- six trainees graduated with a Master of Biostatistics from the University of Sydney
- eight new Trainee Public Health Officers started the Public Health Training Program
- three trainees graduated with a certificate of completion.

A Pandemic Kindness Movement for Australian health workers

The Pandemic Kindness Movement was created to support the physical and psychological health and wellbeing of Australian health workers. Senior clinicians from NSW, Queensland, Victoria and South Australia collaborated to curate respected, evidence-informed resources and links to valuable wellbeing services.

The team used Maslow's hierarchy of needs to organise resources, and adapted the pyramid of needs to reflect the potential challenges and impact of the COVID-19 pandemic on the health workforce. The Pandemic Kindness Movement was hosted on the Agency for Clinical Innovation's website and has been viewed more than 67,900 times from its launch in April to 30 June.

The project, supported by NSW Health, the Commission on Excellence and Innovation in Health South Australia, Safer Care Victoria and Queensland Government, can be found at aci.health.nsw.gov.au/covid-19/kindness



Building allied health workforce capability

To grow and support the allied health workforce in mental health services, the Ministry investigated opportunities for a multidisciplinary allied health workforce. Extensive consultation was undertaken to identifying opportunities for:

- workforce wellbeing
- training and research
- learning and development
- recruitment and retention.

To assist hospital inpatients, 65 allied health staff participated in a virtual workshop exploring the 'untapped value of allied health in preventing hospital acquired functional decline' and 'allied health leading best practice to reduce patient deconditioning'.

The NSW Directors of Allied Health participated in 'achieving a high performing health system with the NSW allied health workforce' to explore the changes required to culture and system structure.

Education and training for technology-enabled healthcare

The Health Education and Training Institute, eHealth NSW and the Ministry conducted a baseline analysis of the complexity of a technology-enabled healthcare system. Early planning commenced:

- with the Australian Digital Health Agency to study the digital readiness of targeted workforce groups
- for masterclasses to strengthen leadership capabilities in supporting workforce development in technology-enabled care.

The Focus on the Future Signature Project is a partnership between the Institute and the Ministry that intends to ensure the workforce is prepared for, and can adapt to changes in the system caused by technology disruption. To ensure a digitally-enabled workforce, the Institute and the Ministry led a range of stakeholder engagement activities to inform the development of a training and talent strategy.

The project has successfully delivered:

- ✓ three workforce and technology muster events
- ✓ monthly internal and external newsletters
- ✓ four research papers on the future of work, emerging technologies, and technology in rural health.

The University of Sydney, eHealth NSW and the Institute collaborated on a *Digital Health and Data Analytics Massive Open Online Course*, producing digital health learning resources to assist staff working in health data and analytics. The course, consisting of four modules, was published on My Health Learning in July 2019.

Workforce signature projects

To attract and encourage a skilled workforce, several key signature projects were implemented, including:

- a framework for workforce talent development
- improved governance and accountability arrangements for districts, networks and their boards
- simplified complaints and grievance resolution processes
- a suite of strategies to attract and encourage training, professional and leadership development, and recruitment and retention of staff in rural and regional areas.

Aggression is never OK

From 2 December 2019 to 28 January 2020, NSW Health ran the 'Aggression is never OK' public awareness campaign to remind the NSW community that aggression against hospital staff and paramedics is not acceptable. The paid social media campaign ran across Facebook and Instagram, timed to coincide with the Christmas, New Year and Australia Day holiday period.

Featuring NSW Health doctors, nurses, paramedics, and security staff from metropolitan and regional hospitals, the campaign urged the public to support paramedics and hospital staff by maintaining respectful behaviour. The paid campaign was also supported by local health districts and NSW Government agencies on their digital and social channels.

Supporting action to combat occupational violence, NSW Ambulance implemented the Body Worn Camera trial at Sydney Ambulance Centre in Eveleigh, Liverpool Superstation and Hamilton Station. Two hours of footage captured nine incidents of violence against paramedics, and this footage has assisted in several successful convictions.



Westmead Emergency Department staff Rachel Cavanagh (Nurse) and Lee Aston (Security Officer) take part in the violence prevention campaign.



Angus McGrath, Trainee Paramedic, wears the new body worn camera.

Supporting our People

Care Partners — Changing the Language and Culture of Care

Mid North Coast Local Health District

To improve the relationship between aged care residents and staff, and increase resident wellbeing and quality of life, this District reinvented aged care nursing. The change to a multipurpose service workforce required a comprehensive knowledge base, multiple skill sets and ability to manage competing priorities every shift. The changes produced a culture of care, devolved decision making, improved relationships and enabled person-directed care. It engaged staff in a positive and supportive work environment which resulted in increased accountability and improved collaboration and productivity. The District won the Supporting our People category of the 2019 NSW Health Awards for their achievement.



The Hon. Brad Hazzard MP, Minister for Health and Medical Research, Elizabeth Koff, Secretary, NSW Health, Cassie Mila, Dianne Young, Lynn Forsyth, Wayne Jones, Chief Executive, Northern NSW Local Health District, Fiona Flynn, and Deborah Willcox, Chief Executive, Northern Sydney Local Health District.

Developing staff financial capability

Leveraging the NSW Health Financial Capability Pathway, the Ministry continued to build staff financial capability via cross-sector and intra-health secondment programs and workplace rotations. This provided staff from entry level to executive with new professional experiences and the skills to support decision making in a rapidly evolving workplace.

The Finance Executive Development Program pilot improved leadership, strengthened relationships, and increased staff confidence. Evaluation was undertaken to strengthen the program, while ensuring value was delivered to stakeholders.

Using data to improve decision making

HealthShare NSW completed a data analytics strategy review to determine how the organisation can best use data to support and inform decision making. Recommendations focused on improving HealthShare's analytics capabilities in a staged approach, compatible with eHealth NSW's analytics vision for NSW Health, to ensure improved services are available sooner for NSW Health consumers.

Improving health and wellbeing and strengthening culture for staff

Improving workplace health and safety

Keeping our staff safe at work is a significant focus. To progress safety priorities, the Ministry participated in the NSW Government Work Health and Safety Sector Plan led by SafeWork NSW, and in October 2019, participated in the plan's peer review program, partnering with the Department of Communities and Justice to review performance of seven agencies.

The COVID-19 pandemic produced additional health and safety issues which were managed by a dedicated enquiries team, with the Ministry providing specific work health and safety advice to NSW Health organisations and unions.

NSW Ambulance prioritises support of its staff and their families, by providing health and wellbeing program including:

- health and fitness
- staff psychology services
- chaplaincy
- peer support.

To provide additional care, a family support network, including domestic violence referral officers, a transition to retirement program, and a consolidation of the Legacy program was introduced.

Strengthening culture to reflect CORE values

NSW Health strives to make continuous improvements to workplace culture, embodying the CORE values of collaboration, openness, respect and empowerment. To strengthen the culture that reflects these values, the Ministry commissioned, completed evaluation, and identified recommendations for, the Respecting the Difference program, with a refresh of the policy scoped for review. The Ministry also held the NSW Health and Specialist Medical Colleges Roundtable at the Royal Australasian College of Physicians, to review improvements to medical culture since signing of the Statement of Agreed Principles on a Respectful Culture in Medicine.

Community engagement

Hospital Open Days were held across the state from October 2019 to February 2020. The Open Days were an opportunity for local residents to visit their hospital and find out more about facilities, programs and future plans, and an opportunity for students, graduates and residents to find out more about career options in health.

Priority 5:

Support and harness health and medical research and innovation

NSW Health values, supports and promotes innovative health and medical research. We lead the way in clinical trials and driving and strengthening opportunities for translational research – building on current scientific research to create new therapies, medical procedures and diagnostics.

NSW Health is focused on securing funding for research, leveraging national and international research opportunities, and facilitating research by enabling the research environment through data sharing. This focus on research supports innovation in healthcare to ultimately improve health services and clinical care for the people of NSW.

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

Key achievements

The Cancer Institute NSW enrolled approximately 2500 people in all available clinical trials and **opened 115 early-phase cancer clinical trials for recruitment.**

Investment of \$29.7 million from the Office for Health and Medical Research for multiple clinical scientists and senior researchers, strengthened research capacity in cardiovascular disease.

The Agency for Clinical Innovation are among the principal investigators in a **\$1.5 million Medical Research Future Fund project to evaluate the approaches used in Leading Better Value Care initiatives.**

The Healthcare Innovation Venture Enablement (HIVE) initiative, led by the Agency for Clinical Innovation and eHealth NSW, built strong partnerships and **is enabling high quality, sustainable healthcare innovation.**

The NSW Government's commitment to invest **\$25 million to establish an advanced viral vector manufacturing facility at the Westmead Health Precinct** was informed by the Office for Health and Medical Research.

Maximising opportunity for translational research

In response to the pandemic, priority projects were rapidly funded to provide information for public health action. COVID-19 in educational settings was investigated, with findings used to inform decisions on school closures. The Co-Creating Evidence Using High Value Public Health Data pilot successfully generated insights into access to pacing services after arrhythmias to improve outcomes for cardiac patients.

Health sustainability research

To continue delivering excellent healthcare in an evolving environment, the future sustainability of the health system needs to be ensured. To support this, NSW Health actively participated in a range of NHMRC Partnership Centre for Health System Sustainability activities. These included:

- membership of the Governance Authority, which oversees and approves the Partnership Centres' annual workplan
- involvement in workshops and forums that bring together researchers and system partners
- participation in specific streams of research as co-investigators or advisors.

Supporting research led by and benefiting Aboriginal people

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

- assisted 42 Aboriginal Community Controlled Health Services (ACCHS) to undertake continuous quality improvement processes across their organisations, to improve program and service delivery to Aboriginal people
- supported the Aboriginal Health and Medical Research Council of NSW to deliver training and development to ACCHS staff, including approved continuing professional development training for general practice
- developed, published and promoted a quick guide and comprehensive educational module to enable an increase in culturally safe and appropriate NSW Health-led research with Aboriginal people and organisations.

The Agency for Clinical Innovation is among the principal investigators in a \$1.5 million Medical Research Future Fund project led by Macquarie University, called Harnessing implementation science, complexity science and evidence-based care to keep Australians out of hospital: leveraging seven natural experiments in NSW. This project brings together teams from the Ministry and the Agency to evaluate implementation approaches used in Leading Better Value Care initiatives.

Positioning NSW to attract research funding and collaboration

Funding is integral to support NSW Health to undertake high quality research. The Office for Health and Medical Research informed the NSW Government's commitment to invest \$25 million to establish an advanced viral vector manufacturing facility at the Westmead Health Precinct, and developed a prospectus highlighting NSW's globally-recognised leadership in gene and cell therapy, to attract further investment in this state-of-the-art facility.

A new Investigator Development and Synergy Seeding Grants program supported NSW-based cardiovascular researchers to advance projects and improve their competitiveness for National Health and Medical Research Council funding. NSW cardiovascular researchers were also successful in securing more than \$17 million (almost 60 per cent of available funding) in the first round of the Medical Research Future Fund's Cardiovascular Health Mission.

The Office promoted the state's key research strengths to international health and medical research communities, supporting the health stream of the *27th NSW-Guangdong Joint Economic Meeting*, and connecting Australian and international researchers to the NSW health system through the Research Concierge service. Many COVID-19 related queries triaged through this service helped support the Office's pandemic response.

Funding and support to maximise research opportunities

Supporting research ultimately enables environments that produce innovative and higher quality care. To provide research services and connect decision makers with research evidence, the NSW Government provided \$1.8 million to the Sax Institute to develop a guide to *Setting Research Priorities*, which outlines a process for NSW Health to maximise the benefits of research investment. To assess the benefits of research investment, 114 evaluations of Ministry and agency programs were reported to NSW Treasury as part of the Health Cluster Evaluation Schedule.

Funding for precision medicine and cardiovascular research

The Ministry funded the Australian Genomic Cancer Medicine program and the Paediatric Precision Medicine program as part of funding for precision medicine research.

An investment of \$29.7 million strengthened research capacity in cardiovascular disease across two rounds of grant funding, including:

- ✓ two research leadership grants
- ✓ two elite postdoctoral researcher grants
- ✓ 10 clinician scientist grants
- ✓ 10 senior scientist grants
- ✓ 13 senior researcher grants
- ✓ 22 early-mid career researcher grants.

Facilitating high impact research

The Ministry launched round five of the Translational Research Grants Scheme including value based healthcare as a priority, to enable better patient outcomes and build research capability.

A key dimension of value based healthcare is clinician experience. The Ministry commissioned an evidence review to define and measure the experience of clinicians in providing healthcare which is being used to develop a system-wide approach to measuring and acting on clinician experience.

eHealth NSW developed a faster, single entry point for researchers from districts, universities and industry to request support for data, solution design and strategic guidance.

Connecting industry innovation and research

The Agency for Clinical Innovation and eHealth NSW led development of the Healthcare Innovation Venture Enablement (HIVE) initiative with the Ministry and industry partners, and developed an options paper to inform a future operating model.

The initiative aims to build stronger partnerships across the public and private sector to:

- contribute to high quality, sustainable healthcare innovation
- support clinicians and patients
- encourage health research
- create new business investment opportunities.

Critical Intelligence Unit established to inform pandemic decisions

The Critical Intelligence Unit, established by the Secretary, NSW Health, provides rapid, evidence-based advice to support and inform decision making during the COVID-19 pandemic. Its operations focus on systems intelligence, clinical intelligence and evidence integration.

The unit, led by Dr Jean-Frederic Levesque, Chief Executive of the Agency for Clinical Innovation, is supported by staff and data provided by the Agency, the Ministry, eHealth, Cancer Institute NSW and other NSW Health pillars.

The Unit publishes a daily summary of new evidence and reports from international sources, and rapid reviews outlining available evidence on a topic relating to the COVID-19 pandemic. This information is published at aci.health.nsw.gov.au. For more on the unit, see page 45.

Driving translational research

Translational research involves applying discoveries generated during laboratory research and in preclinical studies, to the development of trials and studies in humans. The second area of translational research is aimed at enhancing the adoption of best practices in the community.

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

- engaged the Hunter Medical Research Institute to apply a Framework to Assess the Impact of Translational Health Research to the Translational Research Grants Scheme program
- commenced evaluation of round one and two Translational Research Grant Scheme projects
- commenced development of a governance approach to promote and scale up successful scheme projects
- worked with the Agency for Clinical Innovation to identify key success factors in the scale up of research grant projects; strengthening partnerships with advanced health research and translation centres.

The Agency for Clinical Innovation developed health services research capability through the establishment of a governance group and roundtable to set priorities for future work.

The Ministry contributed to, and promoted, the Research and Evaluation Capability Building Program, consisting of:

- ✓ 10 face-to-face training workshops attended by 287 NSW Health staff
- ✓ workshop topics covering evaluation, economic evaluation and program logic
- ✓ online evaluation training modules and a research design guide.

Health Research and Innovation

Achieving Targets — Children with Type 1 Diabetes

Hunter New England Local Health District

Prior to 2005, more than 80 per cent of children attending the John Hunter Children's Hospital Diabetes service failed to meet international targets for glycaemia, dramatically increasing the risk of early diabetic complications. In response to this issue, the District developed a ground-breaking diabetes management program called Succeed with Integrated Insulin Management (SWiIM). Through SWiIM, 83 per cent of children achieved target glycaemia compared to 30 per cent previously. The program's novel interventions have been adopted nationally and internationally, and the team continue to achieve the best glycaemic outcomes in Australasia. For their results, the District won the Health Research and Innovation category of the 2019 NSW Health Awards.



The Hon. Brad Hazzard MP, Minister for Health and Medical Research, Elizabeth Koff, Secretary, NSW Health, Megan Paterson, Michelle Neylan, Anne McCrea, Sharlene Dauber, Helen Phelan, Ethan Dawber, Carmel Smart, Tobi Wilson, Chief Executive, South Eastern Sydney Local Health District, Patricia Crock, and Dr Teresa Anderson AM, Chief Executive, Sydney Local Health District. Front row: Don Anderson and Bruce King.

Leading the way in clinical trials

Conducting clinical trials provides important opportunities for both NSW researchers and citizens to be a part of the development of innovative medical treatment. ClinicaltrialsNSW enables clinical trial capacity, capability and collaboration across the state, supporting NSW as a global leader in clinical trials. The team developed a suite of services and tools to support the health system and the clinical trials sector including:

- **Clinical Trial Connect** — a personalised concierge service to assist, establish and conduct clinical trials, connecting local and international sponsors to the right sites and services to help establish a trial in NSW.
- **Clinical Trials Triage** — a central portal for researchers, sponsors and administrators to contact clinicaltrialsNSW team to facilitate clinical trial issues and bottlenecks.
- **The Clinical Trial Toolkit** — offering centralised, standardised resources to support high quality trial conduct, and is available to anyone working in clinical trials.

The Cancer Institute NSW:

- opened 115 early-phase cancer clinical trials for recruitment that met portfolio parameters (investigator-initiated, non-commercial)
- enrolled 2519 participants into all trials (commercial and all phases)
- went live in October 2019 with an updated clinical trial search function on cancer.nsw.gov.au, which includes a more comprehensive and user-friendly search, and shows both recruiting and soon-to-be-recruiting trials.

The development of the *NSW Clinical Trials Prospectus* showcased NSW Health's strengths and provided insights on the state's capabilities and assets that make NSW an attractive location to run clinical trials.

Linking data to enable research

Enabling the storage and processing of biospecimens

The Centre for Health Record Linkage (CHeReL) is a dedicated data linkage centre for health and human services. The CHeReL developed a new data linkage service (Biolink) for users of the NSW Health Statewide Biobank. Together, the Statewide Biobank and the CHeReL enable the storage and processing of millions of biospecimens linked to longitudinal data from NSW Health, providing a vast and accessible resource for health and medical research.

While COVID-19 impacted upon biospecimen accrual and projects arising from the Biospecimen Collection Grants, the CHeReL expanded data collections available for linkage under the grants and released 2.4 billion linked records to support broader research and analytics projects.

Enabling access to data

The Cancer Institute NSW developed the Enduring Cancer Data Linkage (CanDLe) initiative to enable researchers to access linked health data in a timely way. CanDLe has a streamlined governance model and researchers were invited to apply to be part of CanDLe via an expression of interest.

The Agency for Clinical Innovation commenced scoping the minimum data requirements of existing prioritised registries, which will provide guidance and pathways for migrating other registry platforms in future. The shift to electronic feeds of data into clinical quality registries will improve data availability in real time and on a longitudinal basis.

Priority 6:

Enable eHealth, health information and data analytics

This year saw a rapid increase in the uptake of virtual care for the delivery of health services. Use of telehealth and videoconferencing systems has been a focus of NSW Health for a number of years. To mitigate the impact of the COVID-19 pandemic, the rate at which this occurred increased markedly.

Information technology played an integral role in evolving the ways in which NSW Health provided care, from deploying new systems, to supporting integration, enhancing health analytics and access to digital health information, and improving infrastructure and security.

A consistent foundation was built through expansion of key systems, as well as integrating and enhancing systems to improve insights and analysis. Streamlining access to health data was key to enabling our clinicians, support workers and management make clear, informed and data-driven decisions about the healthcare of NSW citizens.

Our priorities

- 6.1 **Implement integrated 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 system infrastructure, security and intelligence**

Key achievements

Critical Intelligence Unit developed, and data intelligence function formed to **deliver rapid whole-of-system reporting and analytics on COVID-19**.

Pilot and production of the virtual clinical waiting room myVirtualCare, connected patients with clinicians online, and ensured continuous care throughout the pandemic.

Patient safety improved by the electronic medication management system being **implemented at 73 sites, and now available across 21,200 beds at 195 NSW Health sites**.

Improved Quality Improvement Data System (QIDS) capacity and capability, **generated around 15,000 reports each month and achieved a 500 per cent increase in users**.

The electronic record for intensive care (eRIC) went live in 21 intensive care units (ICU), with \$5 million in funding to **extend eRIC to 11 neonatal and paediatric ICUs, making it Australia's first statewide ICU clinical information system**.

Deploying new information technology systems across NSW Health

To support patient care across NSW Health, eHealth NSW deployed a new radiology information system, and a picture archive and communication system at Auburn, Blacktown, Mt Druitt and Westmead hospitals; the first of 58 hospitals. It also implemented the electronic medication management system at 73 sites; increasing coverage to 21,200 beds across 195 sites.

The electronic record for intensive care (eRIC) went live in 21 intensive care units (ICU), with \$5 million in funding to extend eRIC to 11 neonatal and paediatric ICUs, making it Australia's first statewide ICU clinical information system.

Establishing virtual care and videoconferencing capacity

In response to the COVID-19 pandemic, eHealth managed unprecedented growth in demand for web and mobile-based videoconferencing software and associated technical support, with:

- ✓ a ten-fold increase in virtual clinics and virtual meetings, peaking at 303,824 across NSW Health in May 2020
- ✓ the virtual clinical waiting room, *myVirtualCare*, moving from pilot to production, connecting patients and clinicians online
- ✓ the development of a Video Conferencing ICT Platforms Guideline to provide advice and recommendations to staff on use of platforms.

The Agency for Clinical Innovation continued to build telehealth capability across NSW via the Telehealth Strategic Advisory Group, Telehealth Collaborative, clinical networks and districts, to promote safe and effective use of virtual care, and implemented initiatives to improve readiness and knowledge of telehealth across the health system to support its rapid uptake and assist access to healthcare during COVID-19. This resulted in a significant increase in demand for telehealth services. The Ministry, through the purchasing model, incentivised the use of telehealth by providing incentive funding for outpatient and community services delivered via audio-visual modalities.

Improving the Electronic Medical Record

eHealth completed a feasibility study to integrate a genetics system within the electronic medical record (eMR) and launched four new digital products:

- Managing Deterioration Version 4
- Clozapine Management
- Opioid Management
- Insulin Management.

eHealth also improved the eMR by:

- ✓ deploying at eight sites, increasing coverage to 22,260 beds across 186 sites
- ✓ completing an architecture review of hospital-based eMR systems to determine the functional needs of ICT infrastructure for NSW Ambulance patient care and patient handover management
- ✓ migrating more than 27,000 eMR accounts from Sydney and South Western Sydney local health districts to centralised authentication
- ✓ migrating eMR domains to NSW Government Data Centres.

This work provided paramedics with better access to hospital-based eMR systems, improved patient handover management and clinical governance, and defined a fit for purpose, future-state ICT landscape.

Sepsis risk app

eHealth collaborated on an app which flags patients most at risk of sepsis and fast-tracks their admission, to help clinicians identify sepsis in emergency departments.

Using ims+ for incident reporting

The Clinical Excellence Commission collaborated with eHealth on system preparedness for the commencement of legislative changes for serious incident management, and the introduction of ims+ to transition current paper-based reporting of work health safety and corporate incidents to the new online system, improving speed and reliability of data transfer.

Electronic monitoring of patient transfer

NSW Ambulance developed significant operational, clinical and workforce business intelligence systems, and shared daily activity data with the NSW Health Transfer of Care reporting system (emergency department data). This enabled performance monitoring of patient transfer of care and the level of ambulance patient acuity to emergency departments, to ensure appropriate destinations and systems of care.

Violence, Abuse and Neglect (VAN) service event form and progress note

eHealth and the Ministry developed the VAN service event form and progress note for Cerner eMR; tools that enable trauma-informed care, and consistent collection of clinically relevant data to improve patients' experiences of receiving integrated care. eHealth commenced development of accompanying reports to support the implementation, and three local health districts are at various stages of piloting these solutions.

Supporting integrated health services and information sharing

To improve clinicians and patients experience of care and their health outcomes, NSW Health organisations commenced planning for the design and development of an eHealth solution to Shared Care Planning. This supports the safe sharing of health information across health services and systems.

Supporting maternal and child health

eHealth continued to lead the National Children's Digital Health Collaborative, in partnership with the Sydney Children's Hospitals Network and the Australian Digital Health Agency, with policy support provided by the Ministry. The Child Digital Health Record 0-4-year-old trial went live in Western NSW and Western Sydney local health districts, with GP and child and family health assessments sent to the patient's mobile phone.

Monitoring medications

eHealth completed the requirements, cost and benefit estimates for a Real Time Prescription Monitoring solution that supports clinical decision making and assists to identify and reduce non-medical use of prescription Schedule 8 drugs. The implementation of the Rural Formulary Project created a transparent and accountable medicines evaluation process to improve quality use of medicines, equity of access, and efficiency in procurement and inventory.

Patient identification data improved

The Enterprise Unique Identifier is a patient state health identifier. It is a critical component for developing patient journey analysis by linking patient records across care settings and providing information on health-related patient outcomes and experiences. This will drive improvement and integration of healthcare across NSW, including clinical practice and quality of life, identifying excellence and driving system-wide improvements. The Ministry improved Identifier data this year by applying a purchasing adjustor, incentivising improvements in data processes and capture by NSW Health entities.

myVirtualCare

The Ministry, Agency for Clinical Innovation and eHealth NSW, with support from local health districts and specialty health networks, built a clinical videoconferencing portal to support virtual care. The portal, myVirtualCare, enhances existing videoconferencing infrastructure with additional features to embed virtual care as an effective and safe option.

For the first time, this portal enables NSW Health to distinguish how videoconferencing is used to support patient care.

The portal includes a virtual waiting room that mimics the physical workflow of a patient presenting for an appointment, and the ability to connect other participants with two-way chat features. The portal is secure, easy to access, and consistent for patients and clinicians to use.

The portal was trialled from February to May 2020 before moving to production. During this period, 92 per cent of patients and carers reported that they would use the portal again.



Enhancing health analytics to improve insights and decision-making

Development of the Critical Intelligence Unit

eHealth played a key role in development of the Critical Intelligence Unit and the formation of a data intelligence function to deliver rapid whole-of-system reporting and analytics on COVID-19, bringing together data and reports across NSW Health. This facilitated:

- ✓ fast and unified reporting of quality data and analytics
- ✓ rapid and more accurate responses to the evolving situation
- ✓ support to the NSW Government and to Service NSW for the COVID-19 application
- ✓ rapid consolidation of workforce data and visualisation of that data in the Patient Flow Portal and executive dashboards.

For more on the establishment of the Critical Intelligence Unit, see page 40.

New ICT projects and platforms

eHealth delivered three new ICT projects:

- Stage 2 of the Community Health Information Reporting Project (CHIRP), which provides clinicians with better quality and more timely community health data, enabling them to better manage their resources in support of better patient care
- the Automated Migration of Registries initiative, including an approved strategy and scoping of four registries
- a rapid Data Ingestion Platform proof of concept project delivered on a commercial cloud platform which has capacity to hold petabyte-size clinical information; providing the potential to forecast events, cure disease and increase preventative care.

Development of quality improvement data

The Clinical Excellence Commission continued to develop the Quality Improvement Data System (QIDS) capacity and capability, adding a morbidity and mortality meeting module to provide a secure platform for clinical teams. The Commission worked with eHealth to facilitate reporting of incident data through the system.

By June 2020, the system had:

- ✓ more than 29,000 users (an increase of almost 500 per cent year on year)
- ✓ more than 800 improvement projects
- ✓ around 15,000 reports generated every month.

Piloting automated migration of registries

A Registry Steering Committee was established to lead development of a statewide approach to implementing virtual Clinical Quality Registries (CQRs) that enable routine data capture, analysis and care insights. The Committee approved scoping of approaches to collect data for CQRs via the electronic medical record (eMR) and provided a forum to influence the national CQR agenda. The Agency for Clinical Innovation developed a strategy paper outlining the principles to support a mature approach for registries, enabling real-time data access and decreased collection burden for clinicians.

EDWARD implementation

The Enterprise Data Warehouse for Analysis, Reporting and Decision support (EDWARD) Business Implementation Program worked collaboratively with local health districts, the Ministry, pillar agencies, and eHealth NSW in readiness for transition from the current Health Information Exchange. This included the establishment of a responsive solution design to meet the evolving requirements of health now and for the future. To support this, the warehouse will use cloud architecture to increase the timeliness and reliability of data.

EDWARD will be NSW Health's single source of truth for performance monitoring, health service purchasing and funding, health services planning, epidemiology and research.

Financial dashboards

To further develop the Financial Data Governance model, the Ministry worked with eHealth to develop financial dashboards facilitating drilldown to account balances within the reporting system. This improved understanding of financial data while enhancing decision making and accuracy of financial information.

Enhancing community access to digital health information

Enhancing HealtheNet and the My Health Record

This year, the option of virtual healthcare has never been more important. eHealth began developing a Virtual Care Strategy for 2020 to 2025, which outlines new models of care, and prioritises use and benefits of care models for the health system, clinicians, patients, and carers.

eHealth significantly enhanced the HealtheNet clinical portal, making it easier for clinicians to access patient information, including:

- NSW Health Pathology test results
- patient allergies, medications, advanced care plans and other critical information.

The HealtheNet Clinical Document Delivery Service enabled rapid and cost-effective sharing of key clinical documents from district eMR systems to primary care clinicians and patients via My Health Record.

Transforming Patient Experience

Oncology Telephone Helpline

Northern Sydney Local Health District

The Northern Sydney Local Health District established a person-centered service for people living with cancer. The helpline aimed to empower patients, reduce emergency department (ED) presentations and admissions, and aid shared decision making.

The helpline received 337 phone calls from 157 patients over six months. Of these patients, 38 were referred for immediate review within 24 hours. Almost half reported that they would have called the hospital services in the absence of a helpline. The service demonstrated a significant impact on access, quality of life and reduce ED presentations for people living with cancer. The District won the Transforming Patient Experience Award for the project at the 2019 NSW Health Awards.



Elizabeth Koff, Secretary, NSW Health, the Hon. Natasha Maclaren-Jones, MLC, Parliamentary Secretary for Health, Professor Margaret Fry, School of Nursing and Midwifery, University of Technology Sydney, Meredith Oatley, Clinical Nurse Consultant Oncology, Northern Sydney Local Health District, and Susan Pearce, Deputy Secretary, NSW Health.

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 to enable proactive monitoring and safe use of My Health Record by clinicians. The Commission provided regular reports to identify trends or areas of concern, reviewed by the Safety and Quality Oversight Committee and participated in investigations and improvement projects supporting clinicians safe use of My Health Record.

Publicly available data from NSW Health

In March 2020, the Ministry launched the NSW Health Open Data website, enabling consumers to find and access publicly available data from:

- NSW Health
- Cancer Institute NSW
- HealthStats NSW
- Bureau of Health Information.

More than 12,500 people accessed the website, with more than 60 per cent of users returning to the site.

The CHeReL provided more than one billion linked records to multiple government agencies and supported key cross-agency data linkage projects, including the Palliative Care and Mental Health Social Impact Investment projects. The CHeReL also provided 26 linked datasets to support the response to COVID-19. For more on the CHeReL, see page 41.

Enhancing patient survey information

Digital access to useful analysis of patient survey results is critical to facilitate improvement to services. The Bureau of Health Information enhanced methods of reporting on hospital performance by standardising comparisons of patient survey results, accounting for differences between hospitals for factors including:

- age and gender
- education
- language spoken in the home
- cancer type (for the Outpatient Cancer Clinics Survey).

The Bureau also piloted a shorter-form emergency department patient survey, with high priority questions identified by districts and key stakeholders, and undertook census sampling of all adult Aboriginal admitted and maternity patients, as part of the three-year Aboriginal Patient Experience Program.

The Agency for Clinical Innovation enabled email and SMS functionality on the patient-reported measures program, allowing clinicians to send surveys to their patients. This made it easier for patients to provide feedback in their own time, and at home, which led to an increased rate of survey completion.

New platforms and systems

eHealth launched three new online systems to support employees of NSW Health.

SARA

- a workflow and services management platform – search and request anything (SARA)
- staff raised 446,000 IT incidents, 830,000 HR cases and 12,000 IT changes
- hosts more than 450 knowledge articles.

ROB

- the recruitment and onboarding (ROB) system
- used to post 32,000 jobs
- managed one million applicants
- 154 million transactions.

PAT

- the online performance and talent (PAT) system
- went live for eight NSW Health entities
- used by almost 20,000 employees.

Improving corporate services and systems

eHealth completed the merge of two key, related reporting tools: statewide management reporting and corporate analytics. This enabled a single corporate analytics reporting tool to become the integrated data source for workforce data across NSW Health to better analyse and predict workforce patterns.

HealthShare NSW and eHealth developed and completed the Phase 2 implementation plan of ServiceNow, a statewide platform driving efficiencies through standardisation and transparency, offering:

- ✓ increased service quality
- ✓ improved customer experience
- ✓ enhanced reporting capabilities.

HealthShare also completed the pilot and roll out of the accounts reconciliation cloud system, providing improved quality of reconciliations and reporting data.

Enhancing infrastructure, security and intelligence

Maintaining IT system safety and security is vitally important to NSW Health. To inform a statewide business case, eHealth commenced pilots of the Health Grade Enterprise Network at three sites in the Ministry, Western Sydney and Mid North Coast local health districts.

This year, eHealth:

- ✓ accelerated the roll out of 289 sites with Patient and Guest Wi-Fi
- ✓ finalised a four-year project to implement disaster recovery environments across NSW Health facilities
- ✓ redeveloped NSW Health's Electronic Information Security Policy, to align with NSW Government's Cyber Security Policy
- ✓ provided real-time analysis and 24/7 monitoring of cyber security threats across NSW Health
- ✓ enhanced the resilience of NSW Health's network and supporting infrastructure, particularly in responding to Triple Zero (000) calls. This included upgrading to more robust telephony technology and moving the NSW Ambulance's Sydney Control Centre to a new data network.

Priority 7:

Deliver infrastructure for impact and transformation

Building essential health facilities to meet the needs of NSW communities now, and into the future, has never been more important.

Delivering infrastructure for impact and transformation creates jobs, increases opportunities for local businesses, delivers world-class facilities and ultimately improves the care we provide to NSW citizens. This year, we progressed our largest capital works program ever delivered, despite the challenges brought by the bushfires, floods and the COVID-19 pandemic.

Our priorities

- 7.1 **Utilise capital investment to drive new models of health service delivery**
- 7.2 **Deliver agreed infrastructure on time and on budget**
- 7.3 **Deliver infrastructure plans and integrate with other agencies**
- 7.4 **Strengthen asset management capability**

Key achievements

Development of a 20-year Health Infrastructure Strategy to provide a world-class public health system which supports safe and high quality care for NSW citizens.

Awarded more than \$1.8 billion in construction contracts across 27 projects.

Early completion of **the biggest hospital building ever delivered by Health Infrastructure; the 14-storey Westmead Central Acute Services Building** as part of the Westmead Health Precinct that is transforming healthcare for Western Sydney.

Delivered the Macksville and Mudgee hospital redevelopments, three Multi-Purpose Service (MPS) facilities within the \$304.9 million Stage 5 MPS Program, and eight ambulance stations as part of the \$122 million Rural Ambulance Infrastructure Reconfiguration Program.

Progression on the **delivery of world-leading health and education precincts at Westmead, Liverpool and Randwick**, linking health professionals with students, researchers and academics in a pioneering approach to future-proofing public health.

A 20-year infrastructure strategy to transform the health system

To ensure NSW continues to provide a world-class public health system, the Ministry worked with major stakeholders to develop a 20-year Health Infrastructure Strategy. The strategy advances the network of health facilities and services, and enables NSW Health to navigate the changes and realise its long-term vision.

In April 2020, the NSW Delivery and Performance Cabinet Committee endorsed the strategy and the Ministry began finalising a new Planning and Prioritisation Framework that aligns with the investment directions set out in the strategy.

Implementing the Health Infrastructure Strategy

The Ministry commenced implementation planning for the 20-year Health Infrastructure Strategy, to translate the strategic directions into action, and develop a work program to ensure delivery across the health system and wider government.

A new approach to planning and prioritisation aligning with the investment directions set out in the strategy was progressed, which included developing a robust process to manage relative investment across portfolios, and refreshing the capital prioritisation process to drive broader economic outcomes.

The Ministry also finalised the update of the Process of Facility Planning guideline to reflect a contemporary facility planning framework, integrated service planning, and government changes to capital policies.

Assessing design impact on operational costs

To facilitate modern design standards and care delivery needs, the redevelopment of health facilities often requires larger floor area. The Ministry undertook an analysis of the relationship between floor space and aspects of fixed operational costs and developed a simple calculator tool that allows staff to assess the impact of floor space changes on operational costs as decisions are made. This can now occur much earlier than detailed project cost estimates are available.

Major infrastructure projects making an impact

Health Infrastructure achieved a massive \$2 billion in infrastructure planning and construction this year, completing 23 projects across NSW. Highlights included:

- Regional:
 - Bulli Aged Care Centre of Excellence (December 2019)
 - Macksville Hospital Redevelopment (May 2020)
 - Mudgee Hospital Redevelopment (May 2020)
 - Shoalhaven Hospital Car Park (December 2019).
- Metropolitan:
 - Blacktown and Mount Druitt Hospitals Redevelopment Stage 1 and 2 (July 2019)
 - Campbelltown Hospital Stage 2 Multistorey Car Park (February 2020)
 - Royal North Shore Hospital Douglas Building, floors 4 and 5 (May 2020)
 - Westmead Central Acute Services Building* (May 2020).
- Eight new ambulance stations* as part of the \$122 million Rural Ambulance Infrastructure Reconfiguration Program, the largest transformation of NSW Ambulance infrastructure.
- Seven new projects* as part of the \$304.9 million Stage 5 Multi-Purpose Service Program and the \$100 million HealthOne Strategy, delivering contemporary, purpose-built facilities benefitting rural and regional communities.

Four projects were progressed through the process of facility planning, including the \$700 million Statewide Mental Health Infrastructure Program, which follows a co-design process, and engages mental health consumers. Health Infrastructure also completed 86 projects under the \$20 million Therapeutic Environment Minor Capital Works Program* — part of the \$700 million program to support the delivery of mental health care reform in NSW and improve mental health facilities.

Health Infrastructure developed frameworks and tools to assist health organisations to improve sustainability and ongoing affordability of health assets. This included initiatives supporting implementation of the Statewide Asset Management Policy and environmental sustainability initiatives such as solar, water and carbon reduction.

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

Staff Member of the Year

Leonie Parker

Western NSW Local Health District

Leonie Parker has worked as a Nurse Practitioner for the past 13 years, providing clinical gynaecology and women's health services for the community of Condobolin and surrounding rural and remote villages. Leonie provides access to timely care including prevention, contraception, cervical screening, pre cancer and overall women's health, particularly for vulnerable women and those in lower socioeconomic groups. Her provision of a sustainable service in colposcopy has been recognised internationally. She is dedicated to open communication and transparency and has maintained successful patient and collegial relationships over many years to improve the health outcomes for her patients. Congratulations to Leonie for being awarded Staff Member of the Year at the 2019 NSW Health Awards.



The Hon. Brad Hazzard MP, Minister for Health and Medical Research, Elizabeth Koff, Secretary, NSW Health, Leonie Parker, Adjunct Professor Annette Solman, Chief Executive, Health Education and Training Institute, and Michael DiRienzo, Chief Executive, Hunter New England Local Health District.

Infrastructure collaboration across the health system

Health Infrastructure's successful completion of 23 projects, with integrated deliverables from other health agencies, included a strong focus on collaboration to achieve high quality results. Health Infrastructure also worked collaboratively across NSW Health on the pandemic response, forming an integrated team with the Ministry, and collaborating closely with the State Health Emergency Operations Centre.

Work with a range of partners enabled Health Infrastructure to progress the delivery of world-leading health and education precincts at Westmead, Liverpool and Randwick. HealthShare NSW established a governance group with Health Infrastructure in a co-design approach for site rebuilds and redevelopments, and commenced a draft framework to ensure support services are integrated into capital planning and development.

NSW Health Pathology developed laboratory design guidelines to optimise workflows, ensure labs meet workforce needs, and increase automation to support the rapid delivery of results to clinicians. The guidelines informed major lab redevelopments at Liverpool and Nepean hospitals and will inform planning at Westmead.

Support for integrated planning across government agencies

To support place-based integrated planning with other NSW Government agencies, the Ministry participated in initiatives to ensure a health service focus in the following areas:

- development of infrastructure growth compacts
- the Greater Parramatta Olympic Peninsula strategic business case
- development of local strategic planning statements
- the Ryde Local Government Area Coordination Group
- the Snowy 2.0 State Coordination Committee
- the Western Sydney Health and Education Coordination Committees.

Health Infrastructure worked with the Construction Leadership Group and integrated requirements of the Premier's 10 point commitment to the construction sector into project delivery methodology, to support sustainability of the sector and enable ongoing delivery of high quality infrastructure for NSW.

Asset management planning

Implementation of NSW Health's asset management reforms focused on ensuring alignment with the new *NSW Treasury Policy and Guideline Paper – Asset Management Policy for the NSW Public Sector*. To ensure alignment with the Treasury Policy, development of the NSW Health Asset Management Framework incorporates identification of asset management capability opportunities and strategies to increase asset management maturity.

Health Infrastructure supported strengthening of the asset management capabilities of NSW Health organisations and local health districts. NSW Health and Health Infrastructure developed an overarching plan which outlines key activities, programs and governance processes to be implemented over the next four years across the health system to meet the requirements of the NSW Treasury Policy by 2024.

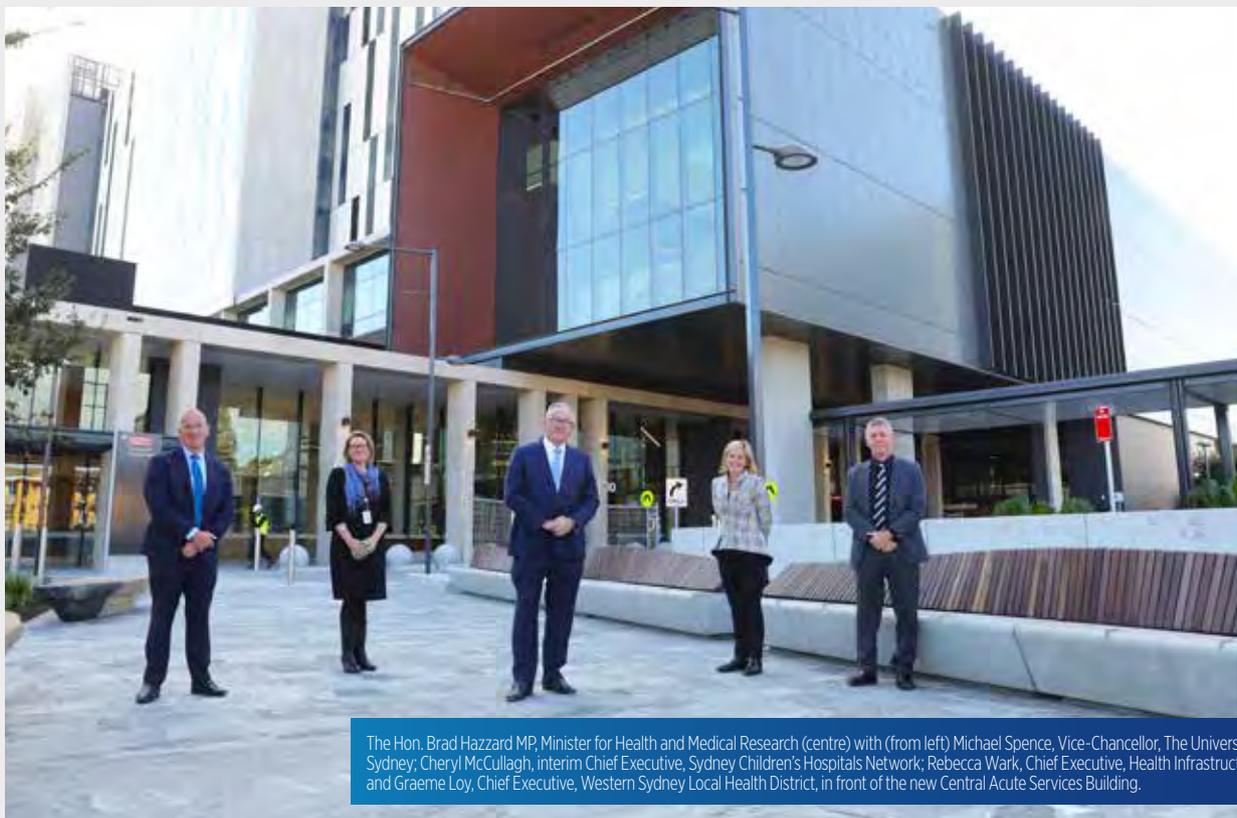
World-class health services in the Westmead Health Precinct

Major construction on the Westmead Health Precinct's new Central Acute Service Building was completed in May 2020, three months ahead of schedule; fast tracked to assist the pandemic response and provide cutting-edge health services to the Western Sydney community. Health Infrastructure was instrumental to the early completion of the 14-storey building, which houses a state-of-the-art hospital, and includes:

- two emergency departments
- digital operating theatres
- more than 300 patient rooms
- expanded imaging, pharmacy and logistics
- education, training and research facilities on every floor.

The building is the centrepiece of the \$1 billion plus Westmead Redevelopment.

Bringing together Westmead Hospital with the Children's Hospital at Westmead and the University of Sydney to create a high quality care, learning and innovation space, it enables health experts to work alongside top medical and science researchers.



The Hon. Brad Hazzard MP, Minister for Health and Medical Research (centre) with (from left) Michael Spence, Vice-Chancellor, The University of Sydney; Cheryl McCullagh, interim Chief Executive, Sydney Children's Hospitals Network; Rebecca Wark, Chief Executive, Health Infrastructure; and Graeme Loy, Chief Executive, Western Sydney Local Health District, in front of the new Central Acute Services Building.

Priority 8:

Build financial sustainability and robust governance

Building financial sustainability and staff capability across the health system allows NSW Health to strengthen service provision, achieve value in procurement, improve governance, accountability and risk management, and commission non-clinical services for better value.

We are focused on financial planning, measuring the economic value of our healthcare programs, analysing financial data to improve financial management, and compliance and governance across the whole of NSW Health. Our principal focus is on improving our financial systems to ensure the efficient and effective management of healthcare services for the citizens of NSW.

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 **Deliver effective regulation, governance and accountability**

Key achievements

The Ministry continued developing Outcome Budgeting in 2019-20 and is **setting out five State Outcomes and relevant outcome indicators that will be focused on over four years.**

Future national funding streams continued to be secured through the newly signed Addendum to the National Health Reform Agreement, operating from 1 July 2020 to 30 June 2025.

An economic appraisal of the Leading Better Value Care initiatives that have been implemented since 2017-18 **indicated avoided costs when compared to business as usual.**

HealthShare NSW streamlined transport services, implemented an accelerated and scalable medical consumables procurement model, and **achieved more than \$42 million in annual recurrent savings.**

Delivering financial control through enhanced budgeting and reporting

Focus on maturing outcome-based budgeting methodology, in line with the NSW Government framework continued, to provide:

- an enhanced platform for robust governance
- system financial sustainability for budgeting
- a view of forward estimates
- improved ability to predict spending trends across financial years.

The Ministry continued roll out of the Clinician Billing Portal — a billing application for staff specialists and visiting medical officers. During the year, NSW Health enhanced the functionality of the Clinical Billing Portal, most notably through the addition of a reporting module and development of a website and instructional videos.

To better understand the recurrent impacts of capital investment, the Ministry reviewed a financial model that identifies key drivers impacting recurrent costs of new builds. This enabled work to develop better capability across the health system to address these cost impacts.

Embedding new accounting standards

In 2019-20, three new Accounting Standards were implemented: AASB 15 Revenue from Contracts with Customers, AASB 1058 Income of Not-for-Profit Entities and AASB 16 Leases.

All revenue streams were assessed to determine the extent to which three newly implemented Australian Accounting Standards should apply. For each material revenue stream impacted, the Ministry prepared an accounting assessment paper. To embed compliance with the standards, grant registers and templates were implemented across all NSW Health entities to document the obligations under each grant or contribution.

To accommodate the requirements of standards for leases, the Ministry established and mandated a statewide system to record leases. The Ministry held monthly workshops and training seminars to educate and train lease accountants, and published guidance papers, best practice guides and policies to facilitate compliance with the new standard.

Improving financial management through data analysis

By managing financial metadata, the Ministry improved the interpretation of financial data to be more consistent across information systems. This enhanced benchmarking capability across the health system, improved reporting, and allowed users to better understand financial data.

The Ministry also worked with eHealth NSW to support initial investment in virtual health technologies and a virtual health pilot, along with the transition to cloud-based technologies to support system change.

Financial leadership and sustainable resource allocation

The Ministry remained focused on providing financial leadership, including sustainable resource allocation across the NSW public hospital system, working closely with NSW Treasury to assess key budget pressure areas while introducing new accounting standards.

An enhanced governance and reporting framework was implemented across NSW Health to improve the ability to measure and evaluate the effectiveness of an investment, from both a service delivery and financial perspective, including projected financial metrics.

Scoping commenced on an enhanced NSW Health evidence bank database and capital database to capture initial economic impact appraisals and enable evaluations. Work commenced across the Ministry to develop the requirements of the evidence bank and develop the data requirements of the capital database, which will be hosted in eHealth's corporate analytics platform.

Assessing the economic impact of the Leading Better Value Care program

A key aim of economic analyses, for both evaluation and as a decision-making tool, is to enable improvement in patient outcomes and experience of care by using available resources more efficiently. Economic appraisals were completed for the Leading Better Value Care initiatives this year including for wound management, and enhancements to the electronic records management system supported several of the other initiatives. Results for initiatives implemented since the program's inception indicated avoided costs when compared to business as usual.

Securing national funding streams for public hospitals and national reform

Future national funding streams continued to be secured through the newly signed Addendum to the National Health Reform Agreement, operating from 1 July 2020 to 30 June 2025. The Addendum sets out arrangements over the next five years for federal funding of public hospitals and national reform, including:

- improving how health, aged care and disability systems intersect
- long-term reforms that improve patient outcomes and reduce emergency department demand, avoidable hospital admissions, and extended stays.

Using infrastructure to improve energy efficiency across the health system

This year's funding of energy efficiency projects was the largest in NSW Health's history. In January 2020, the implementation of solar panel systems and high efficiency lighting across numerous sites was supported by an investment of \$8.1 million followed by an additional \$14.5 million.

The Ministry oversaw a pilot to test the financial viability of implementing battery-ready, large-scale solar photovoltaics (PV) on major hospitals and other suitable sites. The first of these systems, at Port Macquarie Hospital, saved more than \$260,000 over two years' operation. This year it was expanded to 770kW¹ to accommodate a large-scale battery energy storage system pilot.

Completion of a second system at Blacktown Hospital in June 2020 at 843kWp, is the largest system on a healthcare facility in Australia and the largest on any NSW Government building. This system is generating bill savings of more than \$200,000 per annum. Three other large-scale solar PV systems commenced at John Hunter, Hornsby Ku-ring-gai, and Canterbury hospitals. These three systems, when complete, will have a capacity of nearly 4MWp² and will generate approximately \$1.2 million in savings per annum.

A combination of energy efficiency measures, managed by the local health districts, also enabled NSW Health's building energy consumption to remain stable for a fifth consecutive year.

1 Kilowatts power. 2 Megawatts power.



New solar panels installed at Blacktown Hospital

Collaborative Leader of the Year

Wendy Machin

South Eastern Sydney Local Health District

Wendy Machin has provided inspiration and leadership at the Kirkton Road Centre for more than 20 years, bringing warmth, humour, expertise, professionalism, compassion and sharp intelligence to her role as Clinical Services Manager. She supports staff to provide a consistently excellent standard of care across the centre's clinical services. Wendy works collaboratively to promote positive change and is a kind, genuine and inspirational role model who has helped ensure the centre maintained its position as a world-class primary healthcare provider for marginalised and disadvantaged populations.



The Hon. Brad Hazzard MP, Minister for Health and Medical Research, Elizabeth Koff, Secretary, NSW Health, Wendy Machin, Kerry Chant, Chief Health Officer, NSW Health, and Diane Watson, Chief Executive, Bureau of Health Information.

Driving value in procurement

Establishing appropriate governance mechanisms at a functional level to drive effective procurement practice across the organisation remained a priority. The Ministry focused on improving the procurement ecosystem, including its framework and processes.

Building resilience across procurement and supply chain for critical categories was also a priority. While procurement plans focused on meeting critical needs, procurement savings were realised where appropriate, without impacting key priorities.

Enhancing program delivery

The Ministry focused on developing long-term capital lease replacement programs in medical imaging categories, to ensure the best possible outcomes for patients across the system.

HealthShare NSW's Patient Transport Service, in partnership with the Ministry, piloted principles to streamline transport across health services at high cancellation facilities. The program achieved an 84 per cent reduction in on-scene cancellations and a 25 per cent reduction in pick-up times. HealthShare NSW also replaced the medical consumables pilot at Royal North Shore Hospital with an accelerated and scalable model, and achieved more than \$42 million in annual recurrent savings.

Fostering regulation, governance and accountability

The Ministry's Tuning Governance and Accountability Program engaged with a range of stakeholders to discuss best practice, challenges and system-wide solutions to regulation, governance and accountability. Two topics, leadership development and engagement with clinicians, boards and management, were explored as part of the program.

The Ministry worked closely with NSW Treasury to review existing whole-of-government risk management policy and guidelines, and focused on the identification and reporting of risk by engaging with the NSW Health executive, NSW Health Board, Audit and Risk Committee members, and risk practitioners.

The Ministry also delivered a series of engagement forums for NSW Health board chairs and members. The 2019-20 forum program culminated in the hosting of the 2019 Board Member Conference, attended by 250 NSW Health board members and guests, which focused on the theme of leading effective engagement.



SECTION 3

Management & Accountability

NSW Health is a world-class health system, delivering high quality, safe care to millions of people each year. Our 164,000 (122,538 full-time equivalent) strong workforce provides important and essential services to the citizens of NSW.

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

Governance

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

Clinical governance

NSW Health is committed to ensuring health services are needs-based and provide safe, high quality, value 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 support the wide range of activities for continuous improvement in safety and quality. These activities include: improving 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 also confirms 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 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 improve the quality of health services, hospitals, dental services and oral health clinics within hospitals are assessed against the National Safety and Quality Health Service (NSQHS) Standards, in accordance with the Australian Health Services Safety and Quality Accreditation Scheme.

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. Complaints are entered into the Incident Information Management System (IIMS), which records the complaint and how the situation was addressed and resolved.

The most frequently reported complaint related to communication, treatment, and access to a provider, service or a hospital bed.

Complaints regarding communication related to the attitude of healthcare staff, inadequate information provided to the patient and/or their carer, and wrong or misleading information provided to the patient and/or their carer. Where clinical treatment was the primary issue, complaints related to inadequate treatment, coordination of treatment, and medication concerns. Complaints relating to access related to the delay in admission or treatment, discharge or transfer arrangements, resources/service availability and waiting lists.

To enable NSW Health staff to manage complaints from patients, carers and the community, the Ministry revised the Complaints Management Policy, which, along with supporting guidelines, established the framework. The revised policy reflects the six whole-of-government commitments to effective complaint handling, with a focus on timely, efficient and fair management of complaints. The Ministry also progressed development of a complaints' process website for managers, completing design and developing supporting materials.

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

Finance and performance management

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 affected organisations 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.

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.

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 is 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 three reports involving NSW Health during 2019-20:

1. Report of *Reviewable Deaths 2014-17 of People with a Disability in Residential Care*
2. Child Death Review Team *2017-18 Annual Report*
3. Biennial report of the *Deaths of Children in New South Wales: 2016-17*

All tabled reports including relevant data provided by NSW Health are available at www.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. The Office tabled two performance audit reports in Parliament focusing specifically on NSW Health:

1. *Mental Health Service Planning for Aboriginal People in NSW* — tabled 29 August 2019
2. *Ensuring Contract Management Capability in Government* — HealthShare NSW — tabled 31 October 2019

The Ministry, along with 39 other NSW Government agencies, was involved in the preparation of the Auditor-General's report: Internal Controls and Governance 2019, released 5 November 2019.

All tabled reports, including the related response from NSW Health, are available at www.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 2019-20 NSW Health made two submissions to the Committee regarding implementation of recommendations from previous performance audits:

1. *HealthRoster Benefits Realisation* (audit report originally tabled 7 June 2018)
2. *Governance of Local Health Districts* (audit report originally tabled 18 April 2019)

Internal audit and risk management attestation



Internal Audit and Risk Management Attestation for the 2019-2020 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
Risk Management Framework	
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>
Internal Audit Function	
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>
Audit and Risk Committee	
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:

- Mr Ian Gillespie, Independent Chair (1 July 2015 to 22 March 2020)
- Ms Carolyn Walsh, Independent Chair (23 March 2020 to 22 March 2024)
- Ms Julie Newman, Independent member (26 June 2018 to 25 June 2021)
- Mr Greg Rochford, Independent member (22 June 2017 to 21 June 2021)
- Ms Carolyn Walsh, Independent member (21 March 2018 to 22 March 2020)

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

Departures from Local Policy

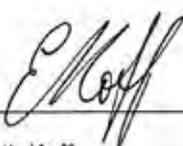
I, Ms Elizabeth Koff, Secretary, NSW Health, advise that the internal audit and risk management processes for the controlled entities of the Ministry of Health depart from the following policy requirements set out in the *Internal Audit* policy (PD2016_051) for the NSW Health:

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

Departure from Policy/Procedure	Reason for departure and description of practicable alternative measures implemented / being implemented
<p>Core Requirement: 2. Internal Audit</p> <p>Local Procedure: 1.7 Internal Audit Quality Assurance and Improvement 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>Two Health Organisations attested to the Agency Head that an independent quality assurance review was due in 2019/20 however was delayed due to unforeseen commitments associated with COVID-19.</p> <p>The review has been rescheduled and the departure will be resolved in quarter two 2020/21.</p>

<p>Core Requirement: 3. Audit and Risk Committee</p> <p>Local Procedure: 2.3 Independent Membership Independent Members must be selected from the NSW Treasury's Government Pre-Qualification Scheme.</p>	<p>One Health Organisation attested an independent member of their Audit and Risk Committee gained employment in the NSW public sector and became ineligible to serve as a Committee member under the <i>Pre-qualification Scheme</i>.</p> <p>The Health Organisation identified the issue and has held the position as vacant. The organisation is currently recruiting for a new independent member.</p>
<p>Core Requirement: 2. Internal Audit</p> <p>Local Procedure: 1.1 Introduction NSW Health Organisations must have an internal audit function which is established and maintained</p>	<p>One Health Organisation attested their normal auditing activities were suspended for the month of March 2020 due to unprecedented demands placed on management in response to the COVID-19 pandemic.</p> <p>One staff member was redeployed for a two-month period to assist in the operational management process.</p> <p>All additional activities undertaken by Internal Audit were documented and largely advisory or administrative. The risk of providing a level of assurance over work performed by Internal Audit staff is considered minimal.</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.



Elizabeth Koff
Secretary, NSW Health
 Date: 14/10/20



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 (PD2016_027) which covers management of Public Interest Disclosures across all NSW Health organisations.

NSW Health organisations received 41 Public Interest Disclosures over the 2019-20 reporting period:

- 25 in the course of their day-to-day functions, and
- 16 falling into the category of 'all other Public Interest Disclosures'.

Across NSW Health, 45 Public Interest Disclosures were finalised during the 2019-20 period.

The majority (27) of Public Interest Disclosures primarily related to reports alleging corruption, with 11 Public Interest Disclosure reports relating to allegations of maladministration.

NSW Health has received fewer (41) Public Interest Disclosure reports in the 2019-20 financial year compared to the previous reporting period of 2018-19 (59).

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, factsheets, brochures and pamphlets. Information is also available in other languages from the NSW Multicultural Health Communication Service website.

During 2019-20, the Ministry received 126 formal access applications under the *Government Information (Public Access) Act 2009* (GIPA Act) and of these, 36 applications were transferred to other agencies for completion. During the reporting period, 15 applications were invalid for not complying with the formal requirements of Section 41 of the GIPA Act, with one of the applicants requesting excluded information as detailed in Section 43 of the Act.

A total of 96 applications submitted to the Ministry were completed, including six received in the 2018-19 financial year and finalised in 2019-20. There were 10 undecided applications as at 30 June 2020.

One internal review was conducted in 2019-20 with one decision upheld. There were three external reviews in 2019-20 by the Information and Privacy Commissioner, one recommending a new decision by internal review, one upholding the original decision and the final one completed following recommendation under Section 93 of the Act.

Of the 90 new formal access applications decided during the reporting period, the Ministry made two decisions to refuse access to information referred to in Schedule 1 of the GIPA Act (information for which there is conclusive presumption of overriding public interest against disclosure). Eight applications resulted in full refusal and 11 applications involved a decision to refuse access to part of the information. Statistical information about access applications (Clause 7(d) and Schedule 2) is included in Tables A to I.

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

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM/DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN	TOTAL
Media	2	6	1	2	1	0	0	9	21
Members of Parliament	0	1	0	3	1	0	0	13	18
Private sector business	0	2	2	4	0	0	0	1	9
Not for profit organisations or community groups	0	0	0	1	0	0	0	2	3
Members of the public (application by legal representative)	1	2	0	1	2	1	0	7	14
Members of the public (other)	5	6	2	4	0	1	0	7	25
TOTAL	8	17	5	15	4	2	0	39	90

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

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

	ACCESS GRANTED IN FULL	ACCESS GRANTED IN PART	ACCESS REFUSED IN FULL	INFORMATION NOT HELD	INFORMATION ALREADY AVAILABLE	REFUSE TO DEAL WITH APPLICATION	REFUSE TO CONFIRM/DENY WHETHER INFORMATION IS HELD	APPLICATION WITHDRAWN	TOTAL
Personal information applications*	5	6	2	5	0	1	0	7	26
Access applications (other than personal information applications)	8	8	1	12	4	1	0	14	48
Access applications that are partly personal information applications and partly other	1	4	0	2	2	0	0	7	16
TOTAL	14	18	3	19	6	2	0	28	90

*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).

Table C. Invalid applications

REASON FOR INVALIDITY	NUMBER OF APPLICATIONS
Application does not comply with formal requirements (Section 41 of the Act)	0
Application is for excluded information of the agency (Section 43 of the Act)	1
Application contravenes restraint order (Section 110 of the Act)	0
Total number of invalid applications received	15
Invalid applications that subsequently became valid applications	2
TOTAL	18

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	1
Executive Council information	0
Contempt	1
Legal professional privilege	0
Excluded information	0
Documents affecting law enforcement and public safety	0
Transport safety	0
Adoption	0
Care and protection of children	0
Ministerial code of conduct	0
Aboriginal and environmental heritage	0
TOTAL	2

*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	6
Law enforcement and security	0
Individual rights, judicial processes and natural justice	2
Business interests of agencies and other persons	4
Environment, culture, economy and general matters	0
Secrecy provisions	0
Exempt documents under interstate Freedom of Information legislation	0
TOTAL	12

Table F. Timeliness

	NUMBER OF APPLICATIONS
Decided within the statutory timeframe (20 days plus any extensions)	27
Decided after 35 days (by agreement with applicant)	33
Not decided within time (deemed refusal)	16
TOTAL	76

Table G. Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

	DECISION VARIED	DECISION UPHELD	TOTAL
Internal review	0	1	1
Review by Information Commissioner*	1	0	1
Internal review following recommendation under Section 93 of Act	0	0	0
Review by NCAT	1	1	2
TOTAL	2	2	4

*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
Applications by access applicants	1
Applications by persons to whom information the subject of access application relates (see Section 54 of the Act)	0
TOTAL	1

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

	NUMBER OF APPLICATIONS
Agency-initiated transfers	39
Applicant-initiated transfers	0
TOTAL	39

Legal change

New Acts

- Abortion Law Reform Act 2019
- Mental Health and Cognitive Impairment Forensic Provisions Act 2020

Repealed Acts

- Nil

Significant Orders

- Public Health Amendment (Scheduled Medical Conditions) Order 2020
- Health Services Amendment (Royal Society for the Welfare of Mothers and Babies) Order 2020

COVID-19 Ministerial Orders

- Public Health Amendment (Scheduled Medical Conditions and Notifiable Diseases) Order 2020
- Public Health Amendment (Scheduled Medical Conditions and Notifiable Diseases) Order (No 2) 2020
- Public Health (COVID-19 Public Events) Order 2020
- Public Health (COVID-19 Quarantine) Order 2020
- Public Health (COVID-19 Mass Gatherings) Order 2020
- Public Health (COVID-19 Gatherings) Order 2020
- Public Health (COVID-19 Lord Howe Island) Order 2020
- Public Health (COVID-19 Places of Social Gathering) Order 2020
- Public Health (COVID-19 Residential Aged Care Facilities) Order 2020
- Public Health (COVID-19 Self-Isolation) Order 2020
- Public Health (COVID-19 Gatherings) Order (No 2) 2020
- Public Health (COVID-19 Gatherings) Order (No 3) 2020
- Public Health (COVID-19 Maritime Quarantine) Order 2020
- Public Health (COVID-19 Air Transportation Quarantine) Order 2020
- Public Health (COVID-19 Restrictions on Gathering and Movement) Order 2020
- Public Health (COVID-19 Spitting and Coughing) Order 2020

- Public Health (COVID-19 Restrictions on Gathering and Movement) Order (No 2) 2020
- Public Health (COVID-19 Restrictions on Gathering and Movement) Order (No 3) 2020
- Public Health (COVID-19 Aged Care Facilities) Order (No 2) 2020
- Public Health (COVID-19 Lord Howe Island) Order (No 2) 2020
- Public Health (COVID-19 Self-Isolation) Order (No 2) 2020
- Public Health (COVID-19 Maritime Quarantine) Order (No 2) 2020
- Public Health (COVID-19 Air Transportation Quarantine) Order (No 2) 2020
- Public Health (COVID-19 Restrictions on Gathering and Movement) Order (No 4) 2020

Amending Orders to original COVID-19 Orders

- Public Health (COVID-19 Air Transportation and Maritime Quarantine) Amendment Order 2020
- Public Health (COVID-19 Air Transportation Quarantine) Amendment Order 2020
- Public Health (COVID-19 Restrictions on Gathering and Movement) Amendment Order 2020
- Public Health (COVID-19 Restrictions on Gathering and Movement) Amendment Order (No 2) 2020
- Public Health (COVID-19 Restrictions on Gathering and Movement) Amendment Order (Real Estate) Order 2020
- Public Health (COVID-19 Spitting and Coughing) Amendment Order 2020
- Public Health (COVID-19 Restrictions on Gatherings and Movement) (No 3) Amendment Order 2020
- Public Health (COVID-19 Air Transportation and Maritime Quarantine) Amendment Order (No 2) 2020

Section 62 Public Health Orders

Eighty Section 62 Public Health Orders were issued from 28 March to 30 June 2020, all in relation to people exposed to COVID-19 (a contact order condition).

Subordinate Legislation

Principal Regulations made

- Mental Health Regulation 2019

Significant Amending Regulations made

- Assisted Reproductive Technology Amendment (Infection Control Standards) Regulation 2019
- Health Services Amendment (Functions of Local Health Districts) Regulation 2019
- Human Tissue Amendment (Blood Donor Certificate) Regulation 2019
- Health Services Amendment (Functions of Local Health Districts) Regulation 2019
- Health Records and Information Privacy Amendment (Health Records) Regulation 2019
- Health Administration Amendment (Relevant Health Services Organisation) Regulation 2019
- Public Health Amendment (Fees) Regulation 2019
- Public Health Amendment (Authorised Officers) Regulation 2020
- Poisons and Therapeutic Goods Amendment (Supply of Vaccines by Pharmacists) Regulation 2020
- Poisons and Therapeutic Goods Amendment (Prescriptions) Regulation 2020
- Poisons and Therapeutic Goods Amendment (Restricted Substances) Regulation 2020
- Health Practitioner Regulation (New South Wales) Amendment (Financial Interests) Regulation 2020
- Poisons and Therapeutic Goods Amendment (Drugs of Addiction) Regulation 2020
- Poisons and Therapeutic Goods Amendment (Supply and Administration by Pharmacists) Regulation 2020
- Public Health Amendment (Scheduled Medical Conditions-Silicosis) Regulation 2020

Repealed Regulations

- Mental Health Regulation 2013

Cybersecurity policy attestation

For the 2019-20 financial year for NSW Health, page 1

ANNUAL ATTESTATION

Cyber Security Annual Attestation Statement for the 2019-2020 Financial Year for NSW Health

I, Elizabeth Koff, am of the opinion that NSW Health have 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 current cyber incident response plan for NSW Health is managed by eHealth NSW. eHealth NSW is working towards creating an NSW Health state-wide incident response plan. This plan, once ready will be tested during the next reporting period.

eHealth NSW is responsible for delivery and management of ICT 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) Monthly reviews of cyber security incidents by the ISMS committee;
- 3) Quarterly reviews of major cyber security incidents by the cyber security executive committee;
- 4) Regular reviews of the ISMS risks and treatments;
- 5) Rapid response to alerts issued on cyber security vulnerabilities;
- 6) Regular patching and hardening activities of workstations and servers;
- 7) Maturity improvements on addressing the ACSC's Essential 8.

This attestation covers the following agencies:

1. Agency for Clinical Innovation
2. Ambulance Service of NSW
3. Bureau of Health Information
4. Cancer Institute NSW
5. Central Coast LHD
6. Clinical Excellence Commission
7. eHealth NSW
8. Far West LHD
9. Health Care Complaints Commission
10. Health Education and Training Institute
11. Health Infrastructure
12. 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. Ministry of Health
20. Murrumbidgee LHD
21. Nepean-Blue Mountains LHD
22. Northern NSW LHD
23. Northern Sydney LHD
24. NSW Health Pathology
25. South Eastern Sydney LHD
26. South Western Sydney LHD
27. Southern NSW LHD
28. St Vincent's Health Network
29. Sydney Children's Hospitals Network
30. Sydney LHD
31. Western NSW LHD
32. Western Sydney LHD

Elizabeth Koff 
Secretary, NSW Health
2/10/20

Information management

Privacy management

NSW Health takes the privacy of citizens and staff seriously. The Ministry provides ongoing advice and support to Privacy Contact Officers and NSW Health staff about managing the privacy of information.

In 2019-20, 28 NSW Health Privacy Contact Officers from across the state attended the September 2019 NSW Health Privacy Contact Officers Network meeting.

Privacy advice was provided on emerging technology applications and systems, consent processes, information sharing and data security including:

- development of a client consent process for the NSW Magistrates Early Referral into Treatment Program
- development of a parental consent process for NSW Oral Health School vaccination
- development of consent procedures for the pilot of HealthOne Interoperability Project
- establishment of a protocol for the secure email transfer of health information for Health Protection NSW
- assisting development of a privacy agreement for prospective employees for the NSW Health Recruitment and Onboarding system
- development of the NDIS Quality and Safeguards Commission Information Sharing protocol
- Health Professional Councils Authority research project to develop a risk assessment tool
- information sharing between NSW Poisons Information Centre and the Ministry
- an Integrated Service Response project for people with disabilities, providing advice on information sharing and consent procedures.

Supporting ongoing activities led by eHealth NSW:

- Patient Privacy Auditing Project Working Group, and associated Privacy Focus Working Group
- Child Digital Health Record Working Group, working towards digitisation of the Baby Book.

Advice was provided on a range of matters relating to COVID-19 including:

- COVID-19 Ministerial Direction on Information Exchange — advice to public health agencies
- COVIDSafe App — privacy considerations when used for contact tracing purposes
- ServiceNow HealthCheck Application — SMS and email notifications to employees
- SMS Notification to patients of their COVID-19 negative results
- COVID-19 related workers' compensation claims and provision of contact tracing information to insurers.

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 2019-20, no applications for internal review were made to the Ministry.

Our people

Health Professionals Workforce Plan 2012-2022

The *Health Professionals Workforce Plan 2012-2022* plays a central role to ensure NSW Health achieves a fit for purpose workforce to meet the 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.

Strategies and targets are on track towards achieving the 10-year objectives, however many no longer reflect the growing pace of change in the health system. The Ministry commenced development of a new *Health Workforce Plan 2020-2030*, that capitalises on new directions in healthcare strategy.

Engagement through four roundtables, six workshops, and a survey of 1500 participants, including health professionals, academics and associations, highlighted workforce themes for the next 10 years. The Plan will set a new vision and direction for the NSW Health workforce over the short, medium and long term.

Building positive workplace culture

Strengthening workplace culture and building positive staff engagement in workplaces and teams is an important priority for NSW Health. NSW Health tracks employee engagement and workplace culture annually via the NSW Public Service Commission's People Matter Employee Survey. Results from the 2019 survey were used to make workplace improvements and inform decisions to create better employee and patient experiences. In 2020, due to the COVID-19 pandemic, the NSW Public Service Commission postponed the survey.

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 85 bullying complaints from 1 July 2019 to 30 June 2020, down from 109 complaints in 2018-19. This represents 0.07 per cent of the total full-time equivalent staff in the NSW Health system (based on full-time equivalent staff as at 30 June 2020).

The Ministry completed a series of collaborative network forums with NSW Health unions and associations to assist with implementing bullying policies. Each forum included information sharing, feedback, identification of immediate and long-term challenges, and development of strategies to address these challenges.

Workforce diversity

NSW Health has a strong commitment to workforce diversity and recruits and employs staff based on merit. The Ministry has several key plans to promote and support workforce diversity including the Disability Inclusion Action Plan (DIAP), the NSW Aboriginal Health Plan 2013-2023 and the Revised NSW Health Good Health—Great Jobs: Aboriginal Workforce Strategic Framework 2016-2020.

Trends in the representation of workforce diversity groups

Workforce diversity group	Benchmark	2018	2019	2020
Women	50%	74.5%	74.4%	74.5%
Aboriginal and/or Torres Strait Islander People	3.3%	2.6%	2.7%	2.8%
People whose first language spoken as a child was not English	23.2%	25.8%	25.8%	25.7%
People with disability	5.6%	1.7%	1.7%	1.8%
People with disability requiring work-related adjustment	N/A	0.4%	0.4%	0.4%

Note 1: The benchmark of 50 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 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. **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: 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	2018	2019	2020
Women	100	92	92	92
Aboriginal and/or Torres Strait Islander People	100	75	76	76
People whose first language spoken as a child was not English	100	98	99	99
People with disability	100	95	92	88
People with disability requiring work-related adjustment	100	99	94	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 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 10 workers' compensation claims. This was comprised of four psychological claims, three slip, trip and fall claims, two body stress claims and one motor vehicle claim.

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 progress for individual claims and ongoing 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

A prosecution by SafeWork NSW in relation to a workplace matter in respect of NSW Ambulance was filed on 8 April 2020.

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 2016-20 round of funding benefitted 15 institutions. The following grants were paid in 2019-20:

ORGANISATION	AMOUNT (\$)
Garvan Institute of Medical Research	\$7,152,671
The Westmead Institute for Medical Research	\$3,299,913
ANZAC Research Institute	\$765,578
Centenary Institute	\$1,658,764
Children's Medical Research Institute	\$830,832
Ingham Institute	\$2,189,680
Heart Research Institute	\$656,106
Neuroscience Research Australia	\$1,274,445
Victor Chang Cardiac Research Institute	\$1,657,551
Black Dog Institute	\$1,963,427
Children's Cancer Institute Australia	\$1,051,915
Illawarra Health and Medical Research Institute	\$1,177,847
Woolcock Institute	\$1,095,350
TOTAL	\$24,774,079

Cancer Proteogenomics Research Program

The Office for Health and Medical Research provided funding 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 NSW.

ORGANISATION	AMOUNT (\$)
Neuroscience Research Australia	\$1,000,000

Networks

The Office for Health and Medical Research provided funding to the following clinical network to support statewide research collaboration.

ORGANISATION	AMOUNT (\$)
National Heart Foundation (Cardiovascular Research Network)	\$250,000

Research hubs

The following research hubs received funding to enhance collaboration and facilitate the efficient sharing of equipment, accommodation and support services. Funding also supports the development of statewide research translation.

ORGANISATION	AMOUNT (\$)
Sydney Local Health District (Central Sydney)	\$100,000
St Vincent's Centre for Applied Medical Research (Darlinghurst)	\$100,000
Hunter New England Local Health District (Hunter)	\$100,000
Ingham Institute (Liverpool)	\$100,000
University of Sydney (Northern Sydney)	\$100,000
Randwick Health and Medical Research Institute (Health Science Alliance)	\$100,000
Children's Medical Research Institute (Westmead)	\$100,000
Illawarra Health and Medical Research Institute	\$100,000
TOTAL	\$800,000

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 was an investment in technology and staff to advance paediatric precision medicine to help treat childhood cancer and other genetic disorders.

ORGANISATION	AMOUNT (\$)
Paediatrico	\$5,000,000

Biobanking

Biospecimen Collection Grant

The Biospecimen Collection Grant forms part of the Sydney O'mics Collaborative Initiatives. The funding covered collection, processing and storage, retrieval, and transport of biospecimens to the research under the NSW Health Statewide Biobank.

ORGANISATION	AMOUNT (\$)
NSW Health Pathology	\$973,200
Westmead Institute of Medical Research	\$100,000
TOTAL	\$1,073,200

Medical devices and commercialisation

Medical Devices Fund

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

ORGANISATION	AMOUNT (\$)
Baymatob – Oli Tre-trial development	\$2,960,000
Beyond 700 – Tear View for evaluation of tear film problems	\$830,000
CleanSpace Technology – CleanSpace Respiratory Protection for Healthcare	\$2,311,000
Perx Health – clinical and commercial validation of the Perx digital therapeutic	\$748,000
TOTAL	\$6,849,000

Medical device commercialisation training

The Medical Device Commercialisation Training program delivered by Cicada Innovations provided training in medical device commercialisation. Participants gained skills in entrepreneurship, medical device design, development, and commercialisation.

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 (MRCF)	\$450,000

PhD Partnership Program

NSW Health's PhD Partnership Program provided for PhD students conducting research in drug development and biopharmaceuticals under the joint supervision of an academic and industry supervisor.

ORGANISATION	AMOUNT (\$)
University of New South Wales	\$120,000
University of Newcastle	\$60,000
University of Sydney	\$480,000
University of Technology Sydney	\$60,000
University of Wollongong	\$60,000
TOTAL	\$780,000

Translational Research Grants

The Translational Research Grants Scheme takes an innovative approach to funding priority-driven research led by local health districts in NSW.

ORGANISATION	AMOUNT (\$)
Hunter New England Local Health District	\$1,684,966
Illawarra Shoalhaven Local Health District	\$317,225
Justice Health and Forensic Mental Health Network	\$283,613
Nepean Blue Mountains LHD	\$155,687
Murrumbidgee Local Health District	\$457,468
Northern Sydney Local Health District	\$299,138
South Eastern Sydney Local Health District	\$570,699
Sydney Children's Hospital Network	\$246,853
St Vincent's Health Network	\$123,827
Sydney Local Health District	\$612,853
Western NSW Local Health District	\$451,883
Western Sydney Local Health District	\$154,145
TOTAL	\$5,358,357

Cardiovascular research capacity building grants

Established in 2018, these grants are part of the NSW Cardiovascular Disease Research Capacity Building Program, which aimed to increase the number of high quality cardiovascular researchers in NSW.

ORGANISATION	AMOUNT (\$)
Hunter Medical Research Institute	\$245,000
The George Institute	\$100,000
University of New South Wales	\$8,229,593
University of Newcastle	\$2,380,810
University of Sydney	\$15,991,319
University of Technology Sydney	\$90,740
University of Wollongong	\$1,179,947
Victor Chang Cardiac Research Institute	\$750,000
Western Sydney University	\$750,000
TOTAL	\$29,717,409

Population Health and Health Services Research Support

Through the Prevention Research Support Program, the Centre for Epidemiology and Evidence supports research organisations that are conducting prevention and early intervention research aligned with NSW Health priorities.

In 2019-20, more than \$2.8 million 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.

GRANTS PAID IN 2019-20	AMOUNT (\$)	PURPOSE
Hunter Medical Research Institute	\$400,000	Public Health Program Capacity Building Group
University of New South Wales	\$250,000	Centre for Primary Health Care and Equity
University of New South Wales	\$499,600	The Kirby Institute
University of Sydney	\$484,217	Clinical and Population Perinatal Health Research
University of Sydney	\$499,926	Prevention Research Collaboration
University of Wollongong	\$250,000	Early Start Research Institute
Western Sydney Local Health District	\$500,000	Centre for Infectious Diseases and Microbiology - Public Health
TOTAL	\$2,883,743	

Environmental sustainability

This year's funding of energy efficiency projects was the largest in NSW Health's history and with the energy efficiency measures, managed by the local health districts, NSW Health's energy consumption has remained stable for a fifth consecutive year.

In January 2020, the implementation of solar panel systems and high efficiency lighting across numerous sites was supported by an investment of \$8.1 million followed by an additional \$14.5 million.

The Ministry oversaw a pilot to test the financial viability of implementing battery-ready, large-scale solar photovoltaics (PV) on major hospitals and other suitable sites. The first of these systems, at Port Macquarie Hospital, saved more than \$260,000 over two years' operation. This year it was expanded to 770kWp1 to accommodate a large-scale battery energy storage system pilot.

Completion of a second system at Blacktown Hospital in June 2020 at 843kWp, is the largest system on a healthcare facility in Australia and the largest on any NSW Government building. This system is generating bill savings of more than \$200,000 per annum. Three other large-scale solar PV systems commenced at John Hunter, Hornsby Ku-ring-gai, and Canterbury hospitals. These three systems, when complete, will have a capacity of nearly 4MWp2 and will generate approximately \$1.2 million in savings per annum.

Energy management

Electricity consumption increased by only one per cent from last year despite the addition of new assets, and the increased intensity of health service delivery. The electricity bill decreased by 3.1 per cent due to falling prices, primarily in the cost of environmental certificates. The 2019-20 bill for natural gas was \$20.3 million and LPG was \$3.1 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*
2018-19	7,238	1,333	779	\$144.175
2019-20	6,028	1,356	787	\$139.650

*Incl GST

Equity and diversity

Disability inclusion

The *NSW Health Disability Inclusion Action Plan 2016-2019* promotes equitable and dignified access to NSW Health services and employment. The plan identifies and breaks down barriers to ensure people with a disability have access to health services and meaningful employment for people.

The plan provides a guide for the development and implementation of local actions that drive systemwide change and focuses on four areas:

- staff attitudes
- accessibility
- service delivery and processes,
- employment.

The Ministry established a Disability Community of Practice as part of the COVID-19 response, with more than 150 members including people with disability, peak non-government organisations, clinicians, program managers and key stakeholders.

Many issues addressed through this Community of Practice align with key actions in the Disability Inclusion Action Plan.

The fourth year of reporting on the plan highlights the progress NSW Health organisations have made, including:

Promoting positive attitudes and behaviours

- Northern NSW Local Health District held workshops for more than 500 staff, teaching communication strategies to meet the needs of people with varying levels of health literacy, including people with cognitive impairment.
- The Ministry worked in collaboration with the Department of Disability Neuropsychiatry to develop, pilot and implement online learning modules for staff to improve their capability and responsiveness when working with people with intellectual disability and mental illness, their families and carers.

Creating liveable communities

- South Western Sydney Local Health District included consumers and carers as part of accessibility planning for the redevelopment of Campbelltown and Liverpool hospitals, consulting on wayfinding, bathroom facilities, ground surfaces, walkways and lighting.

- Sydney Local Health District undertook community consultation as part of the design and planning process for Concord Hospital redevelopment. Sessions will operate throughout the construction phase to ensure the perspective of people with disability and carers are considered.

Providing equitable systems and processes

- Hunter New England Local Health District incorporated the REACH Program through Rural and Regional Health Services to provide carers a way to escalate a clinical review where a person's condition is deteriorating but where they are unable to communicate this themselves.
- Clinical Excellence Commission worked in collaboration with local health districts, pillars, and NSW Health consumers, including people with disability, to develop the NSW Health Consumers and Community Engagement Framework, obtaining feedback on care provision, with a focus on patient safety and quality.
- The Ministry conducted website accessibility training workshops with more than 200 staff attending from across the Ministry, eHealth NSW, NSW Health Pathology and local health districts.

Supporting access to meaningful employment opportunities

- Central Coast Local Health District featured on the ABC documentary 'Employable Me'. During the series, the District supported a person with disability seeking employment within the health sector. This person is now employed full time within the District.
- Cancer Institute NSW encouraged the recruitment of people with disability as part of workforce planning, to identify and develop new roles to support people with disability in the workplace.

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 carers.

The Ministry and eHealth NSW completed the update of the NSW Health Patient Administration System. It is now mandatory across NSW Health to record at registration if a patient has a carer.

In National Carers Week 2019, the Ministry launched the improved eLearning module 'Partnering with Carers'. The module supports NSW Health employees to recognise carers and develop strategies to better respond to their needs.

The Ministry committed \$400,000 in grants to develop carer supports and information about end of life and palliative care, awarding grants to ACON, Carers NSW, the Aboriginal Health and Medical Research Council, and the Groundswell Project to develop tailored resources for carers and communities.

NSW Health strategy for people with diverse sexualities, gender identities and those with intersex variations

The Ministry worked with key NSW Health organisations, non-government organisations and community partners on the development of NSW's first health strategy for people with diverse sexualities, gender identities and those with intersex variations.

To inform the strategy, the Ministry undertook a needs assessment comprising a literature review, service mapping process, and workshops with NSW Health staff, peak bodies and non-government organisations. The Ministry also held a four-week community and NSW Health staff consultation process.

More than 1500 people across NSW responded to a community survey and more than 740 NSW Health staff completed a staff survey. A total of 114 participants attended face-to-face community and health worker roundtables. A separate consultation with people with intersex variations occurred in March and April 2020.

Multicultural health

The Multicultural Policies and Services Program, overseen by Multicultural NSW, is a whole-of-government initiative focused on ensuring government agencies implement the principles of multiculturalism through their strategic plans, and deliver inclusive and equitable services to the public. The Program's Framework is outcome-based and consists of four focus areas: service delivery, planning, leadership and engagement.

NSW Health has continued to build on initiatives to ensure the health system is accessible and responsive to the needs of culturally and linguistically diverse (CALD) people. The *NSW Health Plan for Healthy Culturally and Linguistically Diverse Communities 2019-2023* (the Plan) strategically aligns with the Framework and is a statewide policy for meeting the health needs of CALD consumers in NSW.

The Plan focuses on access and quality of healthcare, health literacy, cultural responsiveness, and understanding community health needs.

NSW Health improves access and quality of care for people from CALD backgrounds

NSW HEALTH ORGANISATION	PROJECT/INITIATIVE
Health Education and Training Institute	The Institute seeks culturally diverse input when developing services, programs and policies. The Institute's Diversity Charter states that input of people from culturally diverse backgrounds is especially sought to ensure products and services are culturally sensitive and are effective for audiences of different cultural backgrounds. The Institute seeks culturally diverse membership to subject matter expert groups for development of specific resources. For example the Mental Health Pathways in Practice program, which is currently in development and due for staged release between October 2020 and June 2021, has included consultation with carers of people with lived experience of mental ill-health including people from CALD backgrounds.
Hunter New England Local Health District	The District increased the use of phone and video interpreting services to meet COVID-19 physical distancing requirements and minimise the risks of community transmission. In June 2020, the proportion of phone interpreting reached almost 90 per cent, increasing from approximately 40 per cent in June 2019. Video interpreting also rose from less than one per cent last year to seven per cent in 2020, and interpreting appointments jumped approximately 25 per cent in June 2020 compared to June 2019.
Northern NSW Local Health District	The District appointed its first part-time Multicultural Health Project Officer, responsible for working with internal and external stakeholders to improve the District's cultural responsiveness to people from culturally and linguistically diverse (CALD) backgrounds. The District appointed CALD representatives on community advisory groups and its Engagement Collaboration Group has a standing CALD engagement agenda item to ensure all health projects consider the needs of, and engage with, CALD communities.
NSW Refugee Health Service	The Service enhanced specialised support for newly arrived refugees living with disability and those with complex needs through a new <i>Chronic & Complex Care program</i> providing: <ul style="list-style-type: none"> • expedited access to disability services and equipment for refugee clients and their families • earlier transfer of clients from NSW Health-funded services to National Disability Insurance Scheme services • increased capacity to assist frail aged clients to access My Aged Care and related services • improved case management and reduced hospital attendance of vulnerable asylum seekers, including children. <p>The Social Work Team engages and addresses the needs of clients with complex concerns such as homelessness, family violence, mental health, and complicated immigration issues using a care model that is both strength and partnership based, and trauma informed.</p>

NSW Health supports people from CALD backgrounds to be active partners in their healthcare

NSW HEALTH ORGANISATION	PROJECT/INITIATIVE
Cancer Institute NSW	The bowel screening program implemented a multicultural community education program which included co-design of resources and workforce training for multicultural health and community organisations working directly with consumers from a CALD background. To support community education, a small competitive grant program was implemented and evaluated after one year which showed that five out of 10 community organisations, actively involved in the delivery of bowel screening community education for the first time, received grant funding. At least 56 community education sessions were delivered using the tailored resources. The sessions reached approximately 1500 community members from more than 15 language and cultural groups.
Illawarra Shoalhaven Local Health District	The District developed a collection of short films called Healthy Eating in Australia, providing low-literacy nutrition information about a range of healthy eating issues impacting migrant families. Film scripts, created based on key informant interviews, were tested by bilingual actors and community members who speak Arabic, Tibetan, Karen and Dari. Scripts were dubbed in each language including English. The resources were tested, with evaluation showing improvement in knowledge and supportive attitudes for healthy food choices. All films are available via YouTube and can be used as stand-alone education resources with newly arrived communities.
Mid North Coast Local Health District	The Refugee Health Assessment Clinic temporarily relocated to a community setting due to COVID-19 restrictions at the hospital campus. The Clinical Nurse Consultant liaised regularly with non-government organisations and migrant organisations to ensure dissemination of correct information about COVID-19 within CALD communities. GP and nurse-led services were available five days per week to ensure CALD communities' health needs were met, including providing flu vaccinations to more than 700 patients.
South Eastern Sydney Local Health District	The District led the <i>Shisha No Thanks</i> project to raise awareness of the harms of waterpipe smoking in young people of Arabic-speaking background (shishanothanks.org.au). Young people in the community co-designed project messaging and resources, and community members co-wrote and performed in video resources. The community was also consulted on selection and design of marketing materials, and project evaluation. The project was funded by Cancer Institute NSW and project partners included Sydney and South Western Sydney local health districts, the Multicultural Health Communication Service, University of NSW South Eastern Sydney Research Collaboration Hub, and the Lebanese Muslim Association.
Western Sydney Local Health District	The District developed a patient safety video and resources, available on YouTube in English, Arabic, Cantonese, Mandarin, Korean, Vietnamese, Farsi and Turkish. The campaign was developed in consultation with a wide range of stakeholders, including consumers. The video facilitates consumer empowerment and engagement, and places patients in a better position to manage their health and safety. The video was uploaded to the Patient Entertainment System along with other multilingual resources and shown to patients within 24 hours of admission. All patients surveyed found the video to be 'useful' or 'sort of useful' and 85 per cent of nurses evaluated the video as an easy intervention to promote patient safety.

NSW Health is responsive to people's individual needs, language and culture

NSW HEALTH ORGANISATION	PROJECT/INITIATIVE
Mental Health Branch, NSW Ministry of Health	Community managed organisations are providing the Mental Health Community Living Supports for Refugees program, a new program open to both adults and children, which provides community-based psychosocial supports to refugees and asylum seekers across seven local health districts, offering a unique service model and combination of supports. A train-the-trainer program on Culturally Responsive Refugee Mental Health Care was delivered to all mental health district staff where the program was implemented. Comprehensive training on Culturally Responsive Refugee Mental Health Care and Refugee Suicide Prevention were also developed and are being delivered from 2019-20 to 2020-21.
Nepean Blue Mountains Local Health District	A new Diversity and Inclusion Team was established after the Multicultural Governance Committee approved a Language and Cultural Skills Audit of its workforce in 2019. An ongoing survey of staff, the audit collects information about workforce cultural and linguistic diversity, and looks at how these assets can be used for the benefit of the District's consumers. The Workforce People and Culture Team and the Multicultural Health Service used this information to develop strategies to meet the healthcare needs of the District's diverse community.
Northern Sydney Local Health District	The executive and senior managers of the District implemented a variety of strategies to champion cultural responsiveness among staff; the Chief Executive chairs the District Diversity Inclusion and Belonging Council, the District enabled staff to participate in cultural competency training and the District's Quality and Improvement Awards have a diversity category. The District also chairs events with a multicultural health focus, for example the 2019 Healthy Ageing for CALD People Forum and the 2020 Multicultural Mental Health Forum. Multicultural health is also a standing agenda item on the Executive Managers Meeting, Primary and Community Health.
South Western Sydney Local Health District	The District has a two-stage cultural competency training program, consisting of online and face-to-face modules. The online module was made mandatory in 2019 and 10,595 District staff have since completed it. The District also developed a racism, discrimination, diversity and inclusiveness action plan to ensure staff, consumers and carers feel empowered, safe, welcomed, respected and valued in a culturally-sensitive and competent environment, and are aware of their right to equality and inclusion. Healthcare staff at Lidcombe-Bankstown Hospital explored the impact of racism and discrimination on health, and other issues and barriers for clinicians working with CALD patients presenting to emergency departments.
Sydney Children's Hospitals Network	The Network's <i>Culturally Inclusive Healthcare</i> course increases staff knowledge and confidence in delivering equitable, accessible healthcare to patients, families and carers. Staff consistently evaluate the course highly for comprehensibility, practicality and presentation.
Western NSW Local Health District	The District supports Respecting the Difference and Cultural Training, which focuses on both cultural responsiveness for the Aboriginal population, and support the approach for patients, families and their carers from CALD backgrounds. The District supports staff to build partnerships with stakeholders and communities, improve the cultural environment of District facilities, and empower communities to live healthier lives. Staff competency is assessed regularly via My Health Learning.

NSW Health understands the needs, experiences and identities of our CALD communities

NSW HEALTH ORGANISATION	PROJECT/INITIATIVE
Bureau of Health Information	The NSW Patient Survey Program gathers information on demographics including language spoken at home, the need for an interpreter, and if an interpreter was provided. All survey results are available on the interactive data portal, Healthcare Observer, including differences by demographic group and provides information for hospitals about experiences of care for people who speak a language other than English at home. The Bureau's Snapshot reports provided information to support the improvement of care for CALD communities.
Central Coast Local Health District	The District included demographic, service use and interpreter use profiles of CALD residents and residents born overseas, in relevant strategic and operational plans and other strategic planning documents. A demographic profile including Census and other relevant data was included in the District's Plan for Healthy CALD Communities. The District collates monthly reports on emergency department presentations and admitted patients from non-English speaking backgrounds, using them to review access to interpreters and health services by CALD communities. A monthly report providing a snapshot of CALD data is also provided to a sub-committee of the District's Board.
St Vincent's Health Network Sydney	Patient demographic data on language, country of birth, and interpreter need is used to inform planning, patient care, translations, signage, and education, as well as for accreditation. File audits assess rates of interpreter use for consent. To inform staff understanding when providing care to inmates at Parklea Correctional Centre, inmate data has been added to corporate orientation. Patient feedback is gathered via real-time patient feedback mechanisms and the online Qualtrics platform. This survey (Net Promoter Score) is translated into multiple languages, enabling patients to receive the survey questions in their preferred language. This ensures accurate feedback from CALD communities and is used to support service delivery.
Sydney Local Health District	The District uses clinical, population health, public health, demographic and migration data to improve service design and delivery. The District worked with services to analyse COVID-19 testing in CALD populations and supported in-language promotion and delivery of pop-up clinics in suburbs with high density CALD populations. The District also delivered hepatitis B community engagement projects to Arabic-speaking and African communities, focusing delivery in areas with high density of the targeted communities and using qualitative data to ensure programs were culturally appropriate and community centred.



SECTION 4

Finances

Deputy Secretary, Finance and Asset Management and Chief Financial Officer's report



Expenses

NSW Health is a provider of patient-centred health services. Approximately \$15.9 billion (64 per cent) of costs incurred during 2019-20 were labour related, including the costs of employee salaries and contracted Visiting Medical Officers. Other operating and medical and surgical supplies and \$617 million in maintenance-related expenses.

Grants and subsidies to third parties for the provision of public health related services totalled approximately \$1.5 billion in 2019-20, including payments of \$980 million in operating grants being paid to affiliated health organisations.

Revenue

Key items include fees for medical services rendered, mainly from private health funds for privately insured patients and non-inpatient fees (\$1.0 billion), the fees for private use of hospital facilities (\$495 million), the sales and recoveries of pharmaceutical supplies, mainly the recoup of costs from the Commonwealth through Medicare for highly specialist drugs (\$408 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 (\$149 million).

Commonwealth Payments as part of the National Health Reform Agreement and the National Partnership Agreement on COVID-19 are receipted under grants and contributions (\$7.6 billion).

Capital expenditure

NSW Health's full year capital expenditure for 2019-20 (excluding capital expensing) was \$3 billion* for works in progress and completed works. The total spent on capital in 2019-20 represents 14 per cent of the total Property, Plant, Equipment and Intangibles asset base.

*Includes addition of property, plant and equipment, intangibles and right use of assets.

Net assets

NSW Health's net assets at 30 June 2020 were \$21.3 billion. This is made up of total assets of \$28.8 billion, netted off by total liabilities of \$7.5 billion. The net assets are represented by accumulated funds of \$14.0 billion and an asset revaluation reserve of \$7.3 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 2019-20 annual report. The NSW Ministry of Health and all its controlled entities received an unqualified audit opinion.

NSW Treasury reviews ongoing full year financial performance against the revised forecasts included in the 2020-21 State Budget papers (No.3). NSW Health has been assessed by NSW Treasury as achieving its overall budget responsibilities in 2019-20, against both the expense and revenue forecasts to actual results.

Further Information

Variation to the initial budget result is included in the 2019-20 audited financial statements (Note 43) included in this annual report.

Daniel Hunter

Deputy Secretary, Finance and Asset Management and Chief Financial Officer, NSW Health

Financial management

Implementation of price determination

The NSW state price per national weighted activity unit (NWAU19) for 2019-20 was \$4925. The 2019-20 state price reflects year-on-year changes in average cost per NWAU, influenced by productivity improvements and changes in input cost. The NSW state price per NWAU19 is not directly comparable with last year's state price (\$4713, NWAU18) because the Independent Hospital Pricing Authority refined price weight values in its annual national efficient price determination. The Authority also introduced changes to various patient classifications used for activity-based funding.

In determining the NSW state price, the average cost per NWAU19 was calculated by escalating the most recently available costing data from 2017-18.

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 2019-20

Centre for Aboriginal Health

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	2,467,400.00	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	666,900.00	Provision of population health and drug and alcohol services for the Aboriginal community in the Sydney region.
Armajun Health Service Aboriginal Corporation	290,700.00	Provision of population health services to the Aboriginal community in the Armidale, Glen Innes, Inverell, Tenterfield and Tingha regions.
Awabakal Ltd	659,500.00	Provision of population health, drug and alcohol, ear health and family health services for the Aboriginal community in the Newcastle area.
Albury Wodonga Aboriginal Health Service	218,845.00	Provision of population health services to the Aboriginal community in the Albury Wodonga area.
Biripi Aboriginal Corporation Medical Centre	425,500.00	Provision of population health, drug and alcohol and family health services for the Aboriginal community in the Taree area.
Bourke Aboriginal Health Service Ltd	335,800.00	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	619,070.00	Provision of population health and family health services in the Grafton area and population health services in the Casino area.
Bullinah Aboriginal Health Service Aboriginal Corporation	234,000.00	Provision of population health services to the Aboriginal community in the Ballina area.
Centacare Wilcannia-Forbes	191,600.00	Provision of family health services in Narromine and Bourke.
Coonamble Aboriginal Health Service	602,180.00	Provision of population health and family health services in the Coonamble area and provision of population health services to the Aboriginal community in the Dubbo area.
Coomealla Health Aboriginal Corporation	129,300.00	Provision of population health services to the Aboriginal community in the Dareton area.
Condobolin Aboriginal Health Service	234,000.00	Provision of population health services to the Aboriginal community in the Condobolin area.
Cummeragunja Aboriginal Corporation	186,500.00	Provision of population health services for Aboriginal community in the Cummeragunja, Moama and surrounding areas.
Dubbo Neighbourhood Centre Inc	152,006.00	Provision of family health services for communities in the Dubbo area.
Durri Aboriginal Corporation Medical Service	559,100.00	Provision of population health, drug and alcohol services for the Aboriginal communities in the Kempsey and Nambucca Valley area.

Galambila Aboriginal Health Service Incorporated	322,600.00	Provision of population health services for Aboriginal communities in the Coffs Harbour area.
Griffith Aboriginal Medical Service Incorporated	234,000.00	Provision of population health services to the Aboriginal community in the Griffith and Hay region.
Illaroo Cooperative Aboriginal Corporation	48,750.00	Personal care worker for the Rose Mumbler Retirement Village.
Illawarra Aboriginal Medical Service	354,600.00	Provision of population health and drug and alcohol services for the Aboriginal community in the Illawarra area.
Intereach NSW Incorporated	116,400.00	Provision of family health services in the Deniliquin area.
Katungul Aboriginal Corporation Community and Medical Services	344,070.00	Provision of population health and ear health services for Aboriginal communities of the Far South Coast region and Bega.
Maari Ma Health Aboriginal Corporation	406,400.00	Provision of population health and family health services in Broken Hill and across Far West NSW.
Ngaimpe Aboriginal Corporation	212,400.00	Residential drug and alcohol treatment and referral program providing statewide services, located in the Central Coast area.
The Oolong Aboriginal Corporation	236,700.00	Residential drug and alcohol treatment and referral program providing statewide services located in the Nowra area.
Pius X Aboriginal Corporation	186,035.00	Provision of population health services to the Aboriginal community in the Moree area.
Orana Haven	176,300.00	Residential drug and alcohol treatment and referral program providing statewide services located near Brewarrina.
Orange Aboriginal Medical Service	290,700.00	Provision of population health services for Aboriginal communities in the Orange area.
Riverina Medical & Dental Aboriginal Corporation	542,100.00	Provision of population health, drug and alcohol, ear health and family health services for the Aboriginal community in the Riverina region.
South Coast Medical Service Aboriginal Corporation	271,440.00	Provision of population health and drug and alcohol services for the Aboriginal community in the Nowra area.
Tamworth Aboriginal Medical Service Inc	265,205.00	Provision of population health services to the Aboriginal community in the Tamworth area.
Tharawal Aboriginal Corporation	371,800.00	Provision of population health and drug and alcohol services for the Aboriginal community in the Campbelltown area.
Tobwabba Aboriginal Medical Service	271,525.00	Provision of population health and family health services for the Aboriginal community in Forster and surrounding areas.
Ungooroo Aboriginal Corporation	233,800.00	Provision of population health services to the Aboriginal community in the Singleton and Muswellbrook areas.
Walgett Aboriginal Medical Service	453,540.00	Provision of population health, family health and drug and alcohol services for the Aboriginal community in the Walgett, Brewarrina and surrounding areas.
South Coast Women's Health & Welfare Aboriginal Corporation (WAMINDA)	237,900.00	Provision of population health and family health services to Aboriginal women and their families in the South Coast region.
Weigelli Centre Aboriginal Corporation	89,800.00	Residential drug and alcohol treatment and referral program providing statewide services located in the Cowra area.
Wellington Aboriginal Corporation Health Service	1,250,600.00	Provision of population health, drug and alcohol and family health services for the Aboriginal communities around Wellington and Western Sydney.
Werin Aboriginal Corporation	234,000.00	Provision of population health services to the Aboriginal community in the Port Macquarie area.
Yerin Aboriginal Health Services Inc	423,000.00	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	431,900.00	Provision of population health and family health services for the Aboriginal community in Forbes and surrounding areas.
TOTAL	15,977,966.00	

Aboriginal maternal and infant health

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
Durri Aboriginal Corporation Medical Service	223,900.00	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	335,400.00	Employment of a community midwife to provide antenatal care to improve the health outcomes of Aboriginal mothers and their babies.
Walgett Aboriginal Medical Service	223,900.00	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.
TOTAL	783,200.00	

Aged care, disability and community care

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
Cystic Fibrosis NSW	290,500.00	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.
Parkinson's NSW Inc	28,600.00	Supports provision of expert knowledge to consumers and health professionals about Parkinson's disease through the Parkinson's NSW InfoLine.
Palliative Care Association NSW	97,600.00	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.
TOTAL	416,700.00	

Community services

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
Albury Wodonga Aboriginal Health Service	253,900.00	Mental health project for Aboriginal community.
Association for the Wellbeing of Children in Healthcare	205,800.00	The Association is a national not-for-profit organisation advocating for the needs of children, young people and their families within the healthcare system in Australia. AWCH advocates to ensure that the emotional and psycho-social needs of children, young people and their families are recognised and met by working in partnership with children, young people, their families, health professionals and the broader community.
Centre for Disability Studies Ltd	220,800.00	Provision of specialised medical, dental and psychological services for adolescents and adults with intellectual or developmental disability.
NSW Council of Social Service (NCOSS)	278,700.00	Capacity building activities that increase sustainability in health related NGOs. The Council also delivers activities that promote the development of health policies, strategies, service design and delivery to better address the health needs of disadvantaged people.
Health Consumers NSW Inc	416,200.00	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	213,800.00	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	236,700.00	This organisation is the peak body for non-government, community-based, women's health centres in NSW. It is responsible for promoting a coordinated approach to policy and planning, service delivery, staff development, training, education and consultation between members, NSW Health and other government and non-government agencies.
TOTAL	1,825,900.00	

Community services — NSW children, youth and families

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
Australian Breastfeeding Association (NSW Branch)	161,000.00	The Association encourages women to breastfeed by providing peer support programs. It advocates for and creates a community awareness of the importance of human milk and breastfeeding and supports health professionals with resources, workshops and seminars.
Australian Red Cross Society	351,375.00	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.
Royal Far West Children's Health Scheme	4,254,600.00	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.
Red Nose Saving Little Lives (formerly SIDS and Kids NSW)	178,100.00	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.
CatholicCare	90,520.00	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.
Youthsafe	194,200.00	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	131,800.00	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.
TOTAL	5,361,595.00	

Drug and alcohol

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW (Aboriginal Drug and Alcohol Network)	316,300.00	Develop capacity of NSW Aboriginal community controlled health services to identify and respond to alcohol-related harm.
Aboriginal Medical Service Cooperative Ltd	182,600.00	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)	769,300.00	Alcohol and other drug (AOD) prevention, harm minimisation and treatment services for culturally and linguistically diverse clients and communities, primarily in Western and South Western Sydney. Develop capacity of NSW AOD services to better respond to culturally and linguistically diverse clients. Conduct and disseminate research on AOD prevention, harm minimisation and treatment services for culturally and linguistically diverse clients and communities.
Network of Alcohol and Other Drugs Agencies Inc	1,498,500.00	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	343,700.00	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)	4,360,300.00	Medically supervised injecting centre.
TOTAL	7,470,700.00	

Health promotion

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
Asthma Australia	527,100.00	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	375,900.00	Provides a 24-hour telephone service, information, support and referral to families seeking support due to alcohol and other drug issues.
Healthy Kids Association Inc	499,600.00	Delivery of key activities in relation to the NSW Healthy School Canteen Strategy, and activities associated with the Healthy Children Initiative.
Kidsafe NSW	255,200.00	The organisation undertakes public awareness campaigns and provides information, training and advice on child injury prevention to key stakeholders and the community.
Life Education NSW Ltd	2,195,400.00	Delivers drug and alcohol and healthy lifestyle related education to primary and secondary school children across NSW.
TOTAL	3,853,200.00	

HIV

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	126,300.00	Delivery of education and training in Primary Health Care (Sexual Health) and specialised short courses and skill set training covering HIV/AIDS, 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	11,471,800.00	ACON is the statewide community-based organisation providing HIV prevention, education, and support services to people at risk of and living with HIV. Services and programs include: HIV prevention, health promotion, education and community engagement programs for gay and bisexual men to increase access to HIV testing, treatment and prevention.
Australasian Society for Viral Hepatitis and Sexual Health Medicine	654,000.00	ASHM provides: <ul style="list-style-type: none"> • general practitioner engagement and delivery of training for authorisation as required for prescribing of drugs used in the treatment of HIV and hepatitis B • training that supports GP involved with patients who have HIV and STIs • sexual health and viral hepatitis training for nurses • HIV, STI and viral hepatitis training content and materials for GPs and other health care providers.
Bobby Goldsmith Foundation	1,813,500.00	Provision of client-centred services across NSW for HIV positive people with complex care needs to support client stability, and address barriers to retention in care and target service gaps in partnership with specialist HIV community services.
Diabetes NSW	2,488,275.00	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	2,058,300.00	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	1,529,300.00	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	987,700.00	Statewide community-based education, information and referral and support services for people living with HIV.
Sex Workers Outreach Project Inc	1,359,400.00	Statewide peer-based health education and outreach services to sex industry workers to prevent the transmission of HIV, viral hepatitis and sexually transmissible infections.
TOTAL	22,488,575.00	

Mental health

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
Aboriginal Health and Medical Research Council of NSW	194,800.00	Mental Health statewide coordination to support and develop the capacity of Aboriginal health services to deliver mental health services and provide advice to NSW Health on Aboriginal mental health issues.
Aboriginal Medical Service Cooperative Ltd	322,500.00	Mental Health project and mental health youth project for Aboriginal community in the Sydney inner city area.
Aftercare (Stride)	826,300.00	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.
Albury Wodonga Aboriginal Health Service	98,300.00	Mental Health project for Aboriginal community.
Awabakal Ltd	110,500.00	Mental Health project for Aboriginal community in the Newcastle area.
Black Dog Institute	1,581,900.00	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	112,900.00	Mental Health project for Aboriginal community.
Centacare Wilcannia-Forbes (CatholicCare Wilcannia Forbes)	841,600.00	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	110,500.00	Mental Health project for Aboriginal community.
Cummeragunja Aboriginal Corporation	110,500.00	Mental Health project for Aboriginal community.
St Vincent De Paul Society - Frederic House	220,900.00	Frederic House is a residential aged care facility that targets older men with mental health and/or substance use issues. This top up funding supports the facility and services provided, particularly the provision of specialist staffing.
Galambila Aboriginal Health Service Inc	98,300.00	Mental Health project for Aboriginal community.

Katungul Aboriginal Corporation Community & Medical Services	104,100.00	Mental Health project for Aboriginal community.
Lifeline Australia	3,305,400.00	Crisis support telephone service.
Mental Health Coordinating Council Inc	613,300.00	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	835,100.00	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.
Uniting Church in Australia - Parramatta Mission	1,673,300.00	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 Foundation	287,900.00	Peer-led mentoring program supporting the mental, social and emotional wellbeing of children and young people.
Riverina Medical and Dental Aboriginal Corporation	98,300.00	Mental Health project for Aboriginal community.
Schizophrenia Fellowship of NSW (One Door Mental Health)	3,074,400.00	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	211,900.00	Mental Health project for Aboriginal community.
Tharawal Aboriginal Corporation	98,300.00	Mental Health project for Aboriginal community.
Walgett Aboriginal Medical Service	196,400.00	Mental Health project for Aboriginal community.
South Coast Women's Health and Welfare Aboriginal Corporation (WAMINDA)	105,500.00	Mental Health project for Aboriginal community.
Weigelli Centre Aboriginal Corporation	98,300.00	Mental Health project for Aboriginal community.
Wellington Aboriginal Corporation Health Service	206,000.00	Mental Health project for Aboriginal community.
Yerin Aboriginal Health Services Inc	98,300.00	Mental Health project for Aboriginal community.
TOTAL	15,635,500.00	

Oral health

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
Aboriginal Medical Service Cooperative Ltd	384,400.00	Aboriginal oral health services.
Albury Wodonga Aboriginal Health Service	547,600.00	Aboriginal oral health services.
Armajun Health Service Aboriginal Corporation	522,100.00	Aboriginal oral health services.
Awabakal Ltd	345,700.00	Aboriginal oral health services.
Biripi Aboriginal Corporation Medical Centre	195,700.00	Aboriginal oral health services.
Bourke Aboriginal Health Service	345,583.00	Aboriginal oral health services.
Bulgarr Ngaru Medical Aboriginal Corporation	474,000.00	Aboriginal oral health services.
Durri Aboriginal Corporation Medical Service	474,000.00	Aboriginal oral health services.
Illawarra Aboriginal Medical Service	441,900.00	Aboriginal oral health services.

Katungul Aboriginal Corporation Community & Medical Services	356,400.00	Aboriginal oral health services.
Maari Ma Health Aboriginal Corporation	214,800.00	Aboriginal oral health services.
Orange Aboriginal Medical Service	474,700.00	Aboriginal oral health services.
Pius X Aboriginal Corp	195,100.00	Aboriginal oral health services.
University of Sydney (Poche Centre for Indigenous Health)	656,900.00	Aboriginal oral health services.
Riverina Medical and Dental Aboriginal Corporation	516,100.00	Aboriginal oral health services.
South Coast Medical Service Aboriginal Corporation	296,600.00	Aboriginal oral health services.
Tobwabba Aboriginal Medical Service	377,000.00	Aboriginal oral health services.
Tharawal Aboriginal Corporation	391,900.00	Aboriginal oral health services.
Walgett Aboriginal Medical Service	193,600.00	Aboriginal oral health services.
Yerin Aboriginal Health Services Inc	374,700.00	Aboriginal oral health services.
TOTAL	7,778,783.00	

Rural doctors services

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
NSW Rural Doctors Network Ltd	1,662,800.00	The Rural Doctors Network core funding supports a range of programs aimed at ensuring sufficient numbers of suitably trained and experienced general practitioners are available to meet the healthcare needs of rural NSW communities. Funding is also provided for the NSW Rural Medical Undergraduates Initiatives Program, which provides financial assistance to medical students undertaking rural NSW placements; and the NSW Rural Resident Medical Officer Cadetship Program, which supports selected medical students in their final two years of study who commit to completing two of their first three postgraduate years in a NSW regional hospital.
TOTAL	1,662,800.00	

External health services

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
Royal Flying Doctor Service of Australia (South Eastern Section)	1,680,400.00	Provision of Rural Aerial Health Service.
TOTAL	1,680,400.00	

Community services — transport

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
Access Sydney Community Transport Inc	43,692.00	Community transport services.
Activus Transport Inc	23,738.00	Community transport services.
Australian Unity Home Care Services Pty Ltd	46,091.00	Community transport services.
Bankstown Canterbury Community Transport Inc	22,830.00	Community transport services.
Cabonne Shire Council	18,200.00	Community transport services.
Clarence Community Transport Inc	73,983.00	Community transport services.
Community Transport Central Coast Ltd	47,399.00	Community transport services.
Community Transport Port Stephens Ltd	28,622.00	Community transport services.
Great Community Transport Inc	150,593.00	Community transport services.
Holdsworth Community Ltd	28,761.00	Community transport services.
Home Assistance & Regional Transport Services Inc	44,660.00	Community transport services.
Hornsby Kuring-Gai Community Aged/Disabled Transport Inc	20,315.00	Community transport services.

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
Lake Cargelligo Community Transport	9,369.00	Community transport services.
Inverell HACC Services Inc	18,707.00	Community transport services.
Manning Valley and Area Community Transport Group	28,492.00	Community transport services.
Mid-Western Regional Council	27,677.00	Community transport services.
Ourcare Services Ltd	22,077.00	Community transport services.
Parkes & District Neighbourhood and Community Information Centre Inc	30,792.00	Community transport services.
Peppercorn Services Inc	28,133.00	Community transport services.
Ryde Hunters Hill Community Transport Association Inc	40,430.00	Community transport services.
Transcare Hunter Ltd Services Ltd	9,369.00	Community transport services.
Tweed Ballina & Byron Community transport Inc	40,599.00	Community transport services.
Warrumbungle Shire Council	9,261.00	Community transport services.
Wee Waa Community Care Service	32,700.00	Community transport services.
TOTAL	846,490.00	

Other funding grants in 2019–20

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
Aboriginal Health and Medical Research Council NSW	8,737.65	COVID-19 expenses and bushfire recovery and relief.
Aboriginal Health and Medical Research Council NSW	75,000.00	Building on Aboriginal communities' resilience.
Aboriginal Health and Medical Research Council NSW	120,000.00	Palliative care carers.
Aboriginal Legal Service (NSW/ACT) Ltd	320,000.00	Donation to match Federal Government donation to Stronger Places, Stronger People.
Acon Health Ltd	25,135.60	Alcohol and Other Drugs Early Intervention Innovation Fund.
Acon Health Ltd	11,363.64	Donation to LGBTIQ Women's Health Conference 2020.
Acon Health Ltd	200,117.00	Mental Health Suicide Prevention Fund Grant.
Acon Health Ltd	5,681.82	National LGBTIQ Women's Health Conference.
Acon Health Ltd	60,000.00	Palliative care carers.
AFL (NSW/ACT) Commission Ltd	75,000.00	Mental Health Sports Fund Grant.
After Care	1,800,000.00	Mental Health LikeMind Orange and Wagga Wagga services.
Albury Wodonga Cancer Foundation	25,000.00	The cBag project.
Alcohol And Drug Foundation Inc	1,936,063.00	Community Engagement and Action Program 2019-20.
ANDHealth Ltd	10,000.00	Resmed's Journey from Device Company to Digital Health event on 18 September 2019.
Anglican Community Services	787.25	COVID-19 technology costs.
Anglican Community Services	1,011,087.50	Mental Health Community Living Supports for refugees.
ANZAC Health & Medical Research Foundation	765,578.19	Medical Research Support Program.
Anzatsa	15,000.00	Sponsorship of the National Symposium: Healing is Prevention.
Anzics	348,407.13	Bi-national Intensive Care Databases.
Arcs Australia	5,000.00	Support the ARCS COVID-19 webinar series.
Armajun Health Service Aboriginal Corporation	250,000.00	Capital Works Program.

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
Armajun Health Service Aboriginal Corporation	200,000.00	Emergency Drought Relief funding for Aboriginal wellbeing initiatives.
Athletics NSW	30,000.00	Mental Health Regional Sports Fund.
Australian Society For Medical Research	10,000.00	Health and Medical Research Sponsorship Program.
Australian Association For Adolescent Health Ltd	8,000.00	The Australian Association for Adolescent Health (AAAH) 5th National Youth Health Conference.
Australian Breastfeeding Association	5,000.00	Sponsorship for the 2020 Breastfeeding Seminar Series - Sustaining a healthy future.
Australian Commission On Safety And Quality In Health Care	2,588,060.00	Contribution for the Australia Commission on Safety and Quality in Health Care.
Australian Dental Association (NSW Branch) Ltd	160,000.00	National Dental Foundation Program in NSW.
Australian Festivals Association Inc	30,000.00	Harm reduction training for festival staff.
Australian Kookaburra Kids Foundation Ltd	9,090.91	Funding for IT requirements.
Australian Mens Shed Association	45,000.00	First Aid Training and associated operational costs for committee members.
Australian Red Cross Society	561,187.50	Community Living Supports for refugees.
Australian Red Cross Society	10,136.36	COVID-19 technology costs.
Australian Red Cross Society	9,770.00	Diploma and Cert IV in Mental Health.
Australian Red Cross Society	149,961.00	Save-a-mate harm reduction program at NSW music festivals.
Awabakal Ltd	250,000.00	Capital Works Program.
Awards Australia Pty Ltd	14,950.00	2020 NSW-ACT Young Achiever Awards.
Barnardos Australia	4,054,545.84	Family Referral Service.
Barnardos Australia	41,818.18	NSW HyperCare Family Referral Service (FRS) program.
Batyr Australia Ltd	4,545.45	Back2School program.
Baymatob Pty Ltd	2,960,000.00	Medical Devices Fund.
Benevolent Society	85,522.00	Coordination of Psychiatric Outreach Clinics.
Benevolent Society	2,702,976.69	Family Referral Service.
Beyond 700 Pty Ltd	830,000.00	Medical Devices Fund.
Biripi Aboriginal Corp Medical Centre	32,503.96	COVID-19 expenses and bushfire recovery and relief.
Black Dog Institute	60,000.00	Back to Base Pulse Oximetry.
Black Dog Institute	1,963,427.40	Medical Research Support Program.
Blacktown TPI Social and Welfare Club	2,359.00	Donation towards purchase of defibrillator.
Blokepedia Pty Ltd	4,545.45	Men's Mental Health Forum.
Blue Knot Foundation	4,545.45	Provide digital resources, books and journals, furniture and soft furnishings.
Bomaderry Public School	570.00	SunSmart initiative for kindergarten cohort.
Brain Cancer Collective Ltd	7,500.00	The 2020 Bike Ride for Brain Cancer.
Btu (Building Trades Group of Unions)	5,893.00	Alcohol and Other Drugs Early Intervention Innovation Fund.
Bulgarr Ngaru Medical Aboriginal Corporation	100,000.00	Dental service upgrade of Aboriginal Health Community Controlled Health Services.
Bundjalung Baygal Warriors Rugby League Football Club	55,000.00	Mental Health Sports Fund.
Burn Bright Ltd	3,650.00	Youth Mental Health Forum.
Calvary Mater Newcastle	25,000.00	Construction of dementia garden.
Cancer Council NSW	10,000.00	Donation to cancer research, prevention, information and support.
Cancer Council NSW	6,000.00	Oceania Tobacco Control Conference.
Cancer Council NSW	14,545.45	Tobacco in Australia website.
Careflight Pty Ltd	3,600,000.00	Care Flight Rapid Response Helicopter.
Careflight Pty Ltd	59,519.00	New Zealand volcano eruption.
Carers NSW Ltd	60,000.00	Palliative care carers.
Catholic Healthcare Ltd	323,067.17	Aged Care Partnership Initiative.
Centenary Inst of Cancer Medicine & Cell Biology	1,658,764.20	Medical Research Support Program.

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
Central Coast NSW Primary Health Network	339,282.00	The Way Back Support Service.
Charles Sturt University	10,000.00	Events acknowledging Charles Sturt University's 40th anniversary of teaching nursing.
Childrens Cancer Institute Australia	1,051,915.08	Medical Research Support Program.
Childrens Medical Research Institute	830,831.88	Medical Research Support Program.
Childrens Medical Research Institute	340,000.00	NSW Cancer Moonshot Grant.
Childrens Medical Research Institute	12,500.00	Research Hubs Funding.
Church of Christ Orange	2,266.82	Donation towards purchase of defibrillator.
CleanSpace Technology Pty Ltd	2,311,000.00	Medical Devices Fund.
Community Activities Lake Macquarie Inc	111,858.00	Suicide Prevention Fund 2019-20.
Community Association DP	2,850.00	Donation towards purchase of defibrillator.
Community Life Batemans Bay Inc	30,000.00	Hope House program.
Community Restorative Centre	133,498.00	Drug and Alcohol Treatment Services.
Compass Housing Services	278,370.00	Suicide Prevention Fund 2019-20.
Condobolin Aboriginal Health Service Inc	100,000.00	Aboriginal Social and Emotional Wellbeing Emergency Drought Relief Mental Health.
Condobolin Aboriginal Health Service Inc	30,000.00	COVID-19 expenses and bushfire recovery and relief.
Condobolin Aboriginal Health Service Inc	32,812.00	Suicide Prevention Community Gatekeeper Training 2019-20.
Coomealla Health Aboriginal Corporation	100,000.00	Aboriginal Social and Emotional Wellbeing Emergency Drought Relief Mental Health.
Coomealla Health Aboriginal Corporation	252,268.00	Suicide Prevention Fund 2019-20.
Coonamble Aboriginal Health Service	325,000.00	Aboriginal Social and Emotional Wellbeing Emergency Drought Relief Mental Health.
Coonamble Aboriginal Health Service	2,000.00	Dental service upgrade of Aboriginal Health Community Controlled Health Services.
Country Womens Association of NSW	79,200.00	Extensions to doctors' consulting room at Wanaaring Health Centre.
Damec	332,116.00	Drug and Alcohol Treatment Services.
Davistown Progress Association Inc	3,272.73	Donation towards purchase of defibrillator.
Department For Health & Ageing	42,977.00	NSW contribution FY19-20 funding of Nationally Funded Centers Program.
Department For Health and Ageing	175,332.96	Health Star Rating implement and monitor 2019-20.
Department For Health and Ageing	1,561,903.20	NSW contribution to National Cord Blood Collection Network and Australasian Bone Marrow Donor Registry.
Department For Health and Ageing	1,153,107.66	NSW Contribution to The Australian Health Ministers' Advisory Council (AHMAC) 2019-20.
Department of Communities and Justice	1,308,175.00	Joint Child Protection Response Program accommodation.
Department of Communities and Justice	29,272.42	National Coronial Information System Contribution 2019-20.
Department of Communities and Justice	850,000.00	Specialist Victims Support Service.
Department of Communities and Justice Corrective Services NSW	500,000.00	Parklea & Junee Correctional Facilities to provide additional opioid treatment clinics.
Department of Health and Ageing	32,162.00	Harkness Fellowship.
Department of Health and Ageing	96,856.92	National Mental Health Service Planning Framework Licencing.
Department of Health and Human Services	64,486.00	Mental Health Professional Online Development (MHPOD) 2019-20.
Department of Justice	40,925.00	NSW Redress Central Coordination Team.
Department of Planning Industry and Environment	1,500,000.00	Drought grant Rural Resilience Fund.
Department of Premier & Cabinet	37,500.00	Male Champions of Change.

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
Directions Health Services	357,000.00	Counselling for people using methamphetamines.
Diving NSW Inc	21,000.00	Mental Health Sports Fund Grant.
Dreams2Live4 Ltd	9,090.91	Donation to support Dreams2Live4.
Dubbo Neighbourhood Centre Inc	127,385.50	Grant funded Local Support Coordinator Program (Dubbo and Wellington).
Erina Baptist Community Care Ltd	5,000.00	Donation for material cost for storage area.
Family Drug Support	25,000.00	International Family Drug Support Day 2020.
Family Planning NSW	1,500,000.00	New property fit-out to support capacity development.
Family Planning NSW	162,500.00	Support the use of private procedural healthcare facilities.
Far South Coast Football Association	59,400.00	Mental Health Regional Sports Fund.
Garvan Institute of Medical Research	2,000,000.00	Australian Genomic Cancer Medicine Program.
Garvan Institute of Medical Research	7,152,671.25	Medical Research Support Program.
Genhealth Incorporated	2,818.18	Supporting the Grafton community's resilience.
Gidget Foundation Australia	750,000.00	Support the emotional wellbeing of expectant and new parents during the COVID-19 pandemic.
Goodwill Hunting Co Pty Ltd	1,818.18	Northern Beaches Mental Health Summit.
Gosford City Sports Stadium Inc	24,630.00	Mental Health Sports Fund Grant.
Goulburn Mulwaree Council	15,000.00	The Mindfulness Garden for the youth of Goulburn Mulwaree.
Grand Pacific Health Ltd	30,182.94	COVID-19 technology costs.
Grand Pacific Health Ltd	1,689,083.97	Housing and Accommodation Support Initiative.
Grand Pacific Health Ltd	660,275.63	Mental Health Community Living Supports for Refugees.
Grand Pacific Health Ltd	734,092.00	Suicide Prevention Fund 2019-20.
Griffith Aboriginal Medical Service Inc	80,000.00	Contribution towards purchase of property at Hay to run an outreach clinic.
Habilis Housing Ltd	1,000,000.00	Provide residential for homeless people living with acute paranoid schizophrenia.
Hammondcare	1,654,096.56	Special Care Unit (Linden).
Health Professional Councils Authority	40,000.00	Aboriginal and Torres Strait Islander Health Practice Council.
Health Science Alliance	12,500.00	Research Hubs Funding.
Healthdirect Australia	14,135,356.96	Health Information and Advice Service delivery.
Healthdirect Australia	384,000.00	Healthdirect Health Information and Nurse Triage Service.
Healthdirect Australia	345,501.00	NSW Palliative Care After Hours Helpline.
Healthdirect Australia	41,378.76	Pregnancy Options Helpline.
Healthwise New England North West	671,456.00	Suicide Prevention Fund 2019-20.
Healthy North Coast Ltd	339,282.00	The Way Back Support Service - Aftercare Grant.
Humpty Dumpty Foundation Ltd	150,000.00	Donation for medical equipment in NSW hospitals.
Humpty Dumpty Foundation Ltd	60,000.00	Donation for Michelle Beets Memorial Award.
Hunter Academy of Sport	22,000.00	Mental Health Sports Fund Grant.
Hunter Medical Research Institute	245,000.00	Cardiovascular Research Capacity Program.
Hunter Medical Research Institute	470,500.00	NSW Prevention Research Support Program.
Hunter New England and Central Coast Primary Health Network	339,282.00	The Way Back Support Service.
Hunter Primary Care Ltd	218,288.10	Suicide Prevention Fund 2019-21.
Illawarra Aboriginal Medical Service	35,687.42	COVID-19 expenses and bushfire recovery and relief.
Illawarra Health & Medical Research Institute Ltd	1,177,847.40	Medical Research Support Program.
Illawarra Health & Medical Research Institute Ltd	100,000.00	Research Hubs Funding.
Illawarra Womens Health Centre	35,000.00	Donation to women's health programs and family violence support services 2019-20.
Independent Community Living Australia Ltd	392,000.00	Project Embark II to support people with psychosocial disability.
Ingham Institute For Applied Medical Research	2,189,679.69	Medical Research Support Program.
Ingham Institute For Applied Medical Research	100,000.00	SWS Hub Administration Funding.

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
John Hunter Children's Hospital	499,500.00	Gender Dysphoria Pilot Programs.
Judo Federation of Australia NSW Inc	45,759.00	Mental Health Regional Sports Fund.
Karitane	35,960.00	Donation towards the replacement of hot water system and combi oven.
Kedesh Rehabilitation Services Ltd	14,715.10	Alcohol and Other Drugs Early Intervention Innovation Fund for evaluation of new client-centred care model.
Kedesh Rehabilitation Services Ltd	310,358.74	Drug and Alcohol Treatment Services.
Koori Kids Pty Ltd	6,000.00	NAIDOC contribution.
Kurnell Mens Shed	3,000.00	Donation to purchase equipment for the new Men's Shed at Kurnell.
LifeFlight Commercial Ltd	85,211.82	New Zealand volcano eruption.
Lifeline Australia	1,500,000.00	Enhancement and delivery of the Lifeline Text service from 2019-20 to 2022-23.
Lifeline Australia	6,000,000.00	To deliver the Telephone Crisis Support Service and to support community concern over COVID-19.
Lifeline Central West Inc	600,000.00	For purchase of a premises in Dubbo NSW.
Lifeline Northern Beaches	5,000.00	Grant to expand the Lifeline Classic event.
Lifeline South Coast (NSW) Wollongong Mission	164,170.00	Suicide Prevention Community Gatekeeper Training 2019-20.
Literacy for Life Foundation Ltd	50,000.00	Donation to research projects concerning Aboriginal literacy and health.
Little Wings Ltd	200,000.00	Operations cost during the COVID-19 pandemic.
Lives Lived Well Ltd	7,406.50	Alcohol and Other Drugs Early Intervention Innovation Fund for Evaluation Grants Scheme.
Lives Lived Well Ltd	50,890.00	Alcohol and Other Drugs Innovation Fund for The Lyndon Community.
Lives Lived Well Ltd	178,500.00	Counselling for people using methamphetamines.
Lives Lived Well Ltd	1,400,100.00	Drug and Alcohol package women and children residential rehabilitation.
Lives Lived Well Ltd	175,000.00	To deliver Crystal Methamphetamine Treatment Services in rural NSW.
Living Works Education (Australia) Pty Ltd	199,170.00	Suicide Prevention Community Gatekeeper Training 2019-20.
Lucky Health Pty Ltd	748,000.00	Medical Devices Fund.
Lung Foundation Australia	5,000.00	Donation to Lung Cancer Research.
Maari Ma Health Aboriginal Corporation	250,000.00	Capital Works Program.
Maari Ma Health Aboriginal Corporation	326,084.00	Drug and Alcohol Treatment Services.
Maari Ma Health Aboriginal Corporation	200,000.00	Maari Ma Social and Emotional Wellbeing Emergency Drought Relief Mental Health.
Maari Ma Health Aboriginal Corporation	40,000.00	Nicotine Replacement Therapy.
Mackillop Family Services	692,111.00	Family Referral Service.
Macquarie Shores Swimming Club Inc	20,000.00	Mental Health Sports Fund Grant.
Macquarie University	200,000.00	National Health and Medical Research Council Partnership.
Master Builders Association of NSW	163,896.00	Suicide Prevention Community Gatekeeper Training.
McGrath Foundation Ltd	100,000.00	Donation to fund professional development for all NSW McGrath Breast Care Nurses.
McGrath Foundation Ltd	925,000.00	Grant to support six McGrath Breast Care nurses.
Mens Shed Chorale	5,000.00	Donation to fund a conductor and accompanist.
Mental Health Association NSW Inc	2,500.00	Grant for This Is My Brave Australia.
Mental Health Australia Ltd	52,349.25	National Mental Health Consumer Carer Forum.
Mental Health Commission of NSW	1,360,277.03	Health Literacy Fund.
Mental Health Co-Ordinating Council Inc	125,000.00	Certificate IV Peer Work Scholarships program for 2019-20.
Mental Health Co-Ordinating Council Inc	245,000.03	Learning and Development Unit.
Mental Health Co-Ordinating Council Inc	170,000.00	Mental health training for frontline Community Housing providers.
Miracle Babies Foundation Ltd	40,000.00	Website rebuild.
Mission Australia	210,000.00	Annie Green Court Funding Agreement.
Mission Australia	275,788.75	Benjamin Short Grove.

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
Mission Australia	15,000.00	Benjamin Short Grove Farm Project.
Mission Australia	2,062,896.94	Community Living Supports.
Mission Australia	200,000.00	Connections Program 2020-21.
Mission Australia	23,696.56	COVID-19 technology costs.
Mission Australia	5,235,665.39	Housing and Accommodation Support Initiative.
Mission Australia	14,990.10	NSW Alcohol and Other Drugs Evaluation Grants Scheme.
Mission Australia	5,515.75	Specialist Residential Aged Care Facility (RACF).
Moama Football Netball Club Inc	10,000.00	Mental Health Sports Fund Grant.
Monaro Family Support Service Inc	60,000.00	Family Mental Health Model.
Mrcf Pty Ltd	225,000.00	OHMR Medical Research Commercialisation Fund Grant 2019-20.
Mrcf Pty Ltd	225,000.00	Medical Research Commercialisation Fund (MRCF).
Murdi Paaki Regional Rugby League Council Inc	66,698.00	Mental Health Sports Fund Grant.
Murrumbidgee Primary Health Network	290,479.00	The Way Back Support Service.
National Association For Loss and Grief NSW Inc	558,541.00	2019-20 core funding.
National Association For Loss and Grief NSW Inc	210,000.00	Drought Relief Mental Health Package.
National Blood Authority	1,174,284.00	Operational costs.
National Heart Foundation of Australia	250,000.00	Cardiovascular Research Network (CVRN).
National Rugby League Ltd	75,000.00	Mental Health Sports Fund Grant.
National Stroke Foundation	301,848.00	NSW Telestroke Service.
NCHA Ltd	34,000.00	Mental Health Sports Fund Grant.
Neami Ltd	3,642,064.30	Community Living Supports.
Neami Ltd	42,420.80	COVID-19 technology costs.
Neami Ltd	8,592,601.42	Housing and Accommodation Support Initiative.
Nelune Foundation	100,000.00	Cancer Survivorship Centre.
Network of Alcohol and Other Drugs Agencies Inc	520,227.27	Service Development Grant Program - Round 2.
Neuroscience Research Australia	1,158,586.40	Medical Research Support Program.
Neuroscience Research Australia	1,000,000.00	Schizophrenia Chair Grant Agreement.
Neuroscience Research Australia	15,000.00	Support the GeneMappers Conference.
New Horizons Enterprises Ltd	6,518,827.77	Community Living Supports.
New Horizons Enterprises Ltd	2,693,700.00	Community Living Supports for refugees.
New Horizons Enterprises Ltd	21,600.00	Diploma of Mental Health Scholarship.
New Horizons Enterprises Ltd	11,099,347.30	Housing and Accommodation Support Initiative.
New Horizons Enterprises Ltd	372,820.00	Suicide Prevention Fund 2019-22.
New South Wales Basketball Association Ltd	65,000.00	Mental Health Sports Fund Grant.
New South Wales Rugby League Ltd	70,000.00	Mental Health Sports Fund Grant.
New South Wales Rugby Union Ltd	63,525.00	Mental Health Sports Fund Grant.
Newcastle Football Ltd	75,000.00	Mental Health Sports Fund Grant.
Northern Beaches Council	117,802.00	Suicide Prevention Community Gatekeeper Training 2019-20.
Northern Rivers Social Dev Council Ltd	1,172,515.16	Family Referral Service.
NSW Consumer Advisory Group - Mental Health Inc	148,000.00	Consumer Workers Forum.
NSW Consumer Advisory Group - Mental Health Inc	300,000.00	COVID-19 Being Mental Health Peer Support Line Pilot Program.
NSW Consumer Advisory Group - Mental Health Inc	60,000.00	Peer Supervision Model (developed by Being).
NSW Consumer Advisory Group - Mental Health Inc	110,000.00	Senior Peer Workforce Project officer - Being.
NSW Cycling Federation Inc	26,000.00	Mental Health Sports Fund Grant.

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
NSW Department of Industry	5,050,000.00	Building stronger communities.
NSW Federation of Housing Associations Inc	180,000.00	Mental health training for frontline Community Housing providers.
NSW Gymnastic Association Inc	64,342.00	Mental Health Sports Fund Grant.
NSW Netball Association Ltd	36,411.00	Mental Health Sports Fund Grant.
NSW Nurses and Midwives Association	89,303.00	Bob Fenwick Mentoring Grants Program 2019-20.
NSW Users and Aids Association Inc	20,000.00	Accreditation, Communication and Resource Development 2018-21.
NSW Users and Aids Association Inc	185,000.00	Alcohol and Other Drugs Funding 2019-20 to 2021-22.
NSW Users and Aids Association Inc	503,125.72	DanceWise at music festivals.
Obesity Australia Pty Ltd	75,000.00	Support for the work and operations of the Obesity Collective.
Odyssey House NSW	34,670.00	Alcohol and Other Drugs Early Intervention Innovation Fund.
Odyssey House NSW	1,000,000.00	Capital Grant funding for Parent and Children Program facility.
One Eighty Avalon Inc	63,765.00	Support local community and the youth community.
Open Minds Australia Ltd	1,720,549.68	Community Living Supports.
Open Minds Australia Ltd	11,781.82	COVID-19 technology costs.
Open Minds Australia Ltd	1,235,793.39	Housing and Accommodation Support Initiative.
Orange Aboriginal Medical Service	32,500.00	COVID-19 expenses and bushfire recovery and relief.
Orange Aboriginal Medical Service	200,000.00	Orange Social and Emotional Wellbeing Emergency Drought Relief Mental Health.
Paediatrio Ltd	5,000,000.00	Paediatric Precision Medicine Funding.
Pathfinders Ltd	2,644,422.96	Family Referral Service.
Peer Support Australia	136,363.63	Drought affected children and young people.
Pharmaceutical Society of Aust	64,000.00	Prescription Medicine Safety.
Pharmacy Guild of Australia NSW Branch	1,000,000.00	Mental Health First Aid Training.
Pharmacy Guild of Australia NSW Branch	3,599,323.25	Pharmacy Needle and Syringe Program Fitpack Scheme / Pharmacy Incentive Scheme.
Pink Hope	140,000.00	Contribution to support and information services.
Pius X Aboriginal Corp	150,000.00	Social and Emotional Wellbeing Emergency Drought Relief Mental Health.
Praxis Australia Ltd	5,000.00	Support the COVID-19 webinar series.
Psychiatric Service Dog Association (NSW) Inc	500,000.00	Funding for MindDog to train psych assistance dogs.
Public Service Commission	150,000.00	Disability project operating costs contribution.
Public Service Commission	156,793.00	Public Service Commission Flexibility strategy.
Public Service Commission	408,432.00	Public Service Commission Leadership academy program.
Red Frogs Australia	44,890.00	Peer-based harm reduction services at music festivals.
Regional Arts NSW Ltd	18,181.82	Ash Dust Air: an anthology of young writers from southern NSW.
Relationships Australia Canberra and Region Inc	971,698.40	Family Referral Service.
Relationships Australia (NSW)	2,571,977.00	Family Referral Service.
Retina Australia NSW Inc	20,138.00	Donation to Cure Blindness Australia.
RichmondPRA Ltd	2,462,347.99	Community Living Supports.
RichmondPRA Ltd	49,609.09	COVID-19 technology costs.
RichmondPRA Ltd	13,590,212.52	Housing and Accommodation Support Initiative.
RichmondPRA Ltd	240,000.00	National Disability Insurance Scheme (NDIS) Mental Health Access officer pilots.
RichmondPRA Ltd	1,332,379.68	Youth Community Living Supports 2019-20.
Royal Flying Doctor Service of Australia (South Eastern Section)	1,500,000.00	Emergency Drought Relief Package.
Royal Society for the Welfare of Mothers and Babies	1,440,000.00	COVID-19 Mental Health Supports.
Royal Society for the Welfare of Mothers and Babies	500,000.00	Fund for Tresillian redevelopment of the Wollstonecraft facility.
Royal Society for the Welfare of Mothers and Babies	47,353.00	Funding for Tresillian towards minor works at Willoughby Residential Unit.

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
Royal Society for the Welfare of Mothers and Babies	1,955,000.00	Tresillian Regional Family Care Centre Hubs.
RSL Lifecare Ltd	689,211.06	Mental Health Aged Care Partnership Initiative transition unit.
RSL Lifecare Ltd	115,567.72	Pathways to Community Living Initiative.
S & Z Fencing Pty Ltd	6,386.36	Equine Learning Experiences Australia.
Safe & Together Institute	75,000.00	Training and mentoring for NSW Health staff in domestic violence response.
Samaritans Foundation Diocese of Newcastle	357,934.00	Drug and Alcohol Treatment Services.
Schizophrenia Fellowship of NSW Ltd	178,964.89	Forensic Reintegration Program.
Service NSW	3,000,000.00	Pre-IVF Fertility Testing Rebate FY19-20.
Shoalhaven City Council	45,000.00	Warden Head Lighthouse site upgrade.
Smart Recovery Australia Ltd	41,622.38	Alcohol and Other Drugs Early Intervention Innovation Fund.
Solushin Pty Ltd	10,000.00	International Engagement Grant.
South Coast Womens Health & Welfare Aboriginal Corporation	42,732.07	COVID-19 expenses and bushfire recovery and relief.
Southern Cross Care NSW and ACT	641,340.00	Specialist Residential Aged Care Facility (RACF) in Western Sydney Local Health District.
Spark Up Pty Ltd	137,031.90	Hand sanitiser for winter flu campaign.
Special Olympics Australia	25,000.00	Soar and Roar Festival funding.
St John Ambulance Australia (NSW)	5,000,000.00	COVID-19 Community Medical Support.
St Vincent De Paul Society NSW	83,333.96	Drug and Alcohol Treatment Services.
St Vincents Hospital Sydney Ltd	100,000.00	Research Hubs Funding.
State Library of New South Wales	178,302.00	Drug Information Service 2018-20
Surf Life Saving NSW Inc	10,000.00	Support for bushfire victims on the Far South Coast.
Surfing NSW Inc	60,000.00	Mental Health Sports Fund Grant.
Swimming New South Wales Ltd	58,775.00	Mental Health Sports Fund Grant.
Sydney North Health Network	339,282.00	The Way Back Support Service.
Tacca Industries	1,500,000.00	Ventilator Innovation Project.
Tamara Lee	900.00	Promotion of research.
Tamworth Aboriginal Medical Service Inc	150,000.00	Drought Relief Mental Health.
Tenterfield Show Society Inc	12,500.00	Mental Health Grant - Tenterfield Show Society.
Tharawal Aboriginal Corporation	12,500.00	Dental service upgrade of Aboriginal Health Community Controlled Health Services.
The Australian Society of Specialist General Surgeons	9,090.91	2019 General Surgeons Australia Wellbeing Summit.
The Baggy Blues Members Club Ltd	75,000.00	Baggy Blues Tour to raise awareness about mental health in rural NSW.
The Baggy Blues Members Club Ltd	75,000.00	Mental Health Sports Fund Grant.
The Buttery Ltd	363,802.92	Drug and Alcohol Treatment Services.
The Buttery Ltd	919,467.12	Provide the new Housing and Accommodation Support Initiative Plus site in Kempsey.
The George Institute for Global Health	100,000.00	Cardiovascular Research Capacity Program.
The Groundswell Project Inc	120,000.00	The Groundswell Project to improve palliative care resources.
The Heart Research Institute Ltd	500,000.00	Embedding Quality Research Project.
The Heart Research Institute Ltd	656,106.30	Medical Research Support Program.
The Salvation Army (NSW) Property Trust	222,974.95	Drug and Alcohol Treatment Services.
The Sax Institute	1,000,000.00	Research Grant.
The Sax Institute	262,500.00	The Australian Prevention Partnership Centre (TAPPC) funding.
The Ted Noffs Foundation	14,975.40	Evaluation of The Ted Noffs Foundation Street University Program.
The Twenty Ten Association Inc	40,000.00	Suicide Prevention Community Gatekeeper Training.
The Westmead Institute for Medical Research	248,000.00	Expand INOVATe study.
The Westmead Institute For Medical Research	3,399,913.18	Medical Research Support Program.
Tobwabba Aboriginal Medical Service	100,000.00	Dental Service upgrade of Aboriginal Health Community Controlled Health Services.

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
Tradies in Sight	10,000.00	Educational and informational events for tradies and families in central and western NSW.
Tumut Valley Christian Fellowship Inc	5,000.00	Donation to Family and Friends Support.
UCA - Parramatta Mission	2,469,049.85	Community Living Supports.
UCA - Parramatta Mission	57,358.64	COVID-19 technology costs.
UCA - Parramatta Mission	6,643,918.27	Housing and Accommodation Support Initiative.
UCA - Parramatta Mission	1,800,000.00	LikeMind Program - Penrith and Seven Hills.
Ulladulla And Districts Community Resources Centre Inc	10,000.00	Counselling services for bushfire-affected community.
UNICEF Australia	27,272.73	UNICEF Drought Youth Summit.
United Hospital Auxiliaries of NSW Inc	2,000.00	Fund to purchase IT equipment.
Uniting (NSW ACT)	62,120.00	COVID-19 related expenses.
Uniting (NSW ACT)	4,265,850.51	Family Referral Service.
Uniting (NSW ACT)	41,818.18	NSW HyperCare Family Referral Service (FRS) program.
Uniting Church In Australia - Grafton	1,200.00	Senior citizen fitness program 'Be Fit For You'.
University of Adelaide	22,014.75	COHS NSW annual contribution to the National Oral Health Promotion Clearinghouse (NOHPC) for 2019.
University of Melbourne	377,138.00	Safe & Together Implementation and Evaluation (ESTIE) project.
University of Melbourne	70,000.00	National Health and Medical Research Council Partnership Grant - Chlamydia Case Management in General Practice.
University of Newcastle	911,500.00	Emergency Drought Relief Mental Health.
University of Newcastle	275,800.00	New Fathers Pilot Project.
University of Newcastle	2,380,810.00	Cardiovascular Research Capacity Program.
University of Newcastle	60,000.00	PhD Partnership Program.
University of Newcastle	4,062,242.00	Rural and Remote Mental Health and the Rural Adversity Mental Health Program.
University of NSW	150,000.00	Housing and Accommodation Support Initiative and Community Living Supports Evaluation 2019-20.
University of NSW	80,000.00	Standing Tall - National Health and Medical Research Council (NHMRC) Partnership.
University of NSW	30,000.00	Australia's adolescent HPV vaccination program.
University of NSW	5,230,060.00	Cardiovascular Research Capacity Program.
University of NSW	2,500,000.00	Elite Postdoctoral and Research Leader Grants - Kovacic.
University of NSW	466,767.00	Encouraging More Clinical Trials in Australia - SPHERE.
University of NSW	441,092.30	Intellectual Disability Mental Health Chair.
University of NSW	496,441.00	Investigator Development Grant.
University of NSW	61,000.00	Mental Health Workplace Research Program.
University of NSW	749,600.00	NSW Prevention Research Support Program.
University of NSW	120,000.00	PhD Partnership Program.
University of NSW	183,000.00	Research Program Workplace Mental Health.
University of NSW	5,249,999.00	Senior and Clinical Scientist Grants - UNSW / VCCRI.
University of NSW	1,027,369.00	TRGS Round 4 - Total Cardiac Care Plus.
University of NSW	150,000.00	Enhancing Treatment of Hepatitis C in Opioid Substitution Settings II.
University of Sydney	33,348.00	Chair of Medical Physics.
University of Sydney	37,500.00	Contribution to The Biostatistics Collaboration of Australia.
University of Sydney	38,500.00	Eating Disorders Pilot Program.
University of Sydney	331,995.92	NSW Health Chair of Population Oral Health.
University of Sydney	11,119,431.00	Cardiovascular Research Capacity Program.
University of Sydney	250,000.00	Cardiovascular Synergy Seeding Grants.
University of Sydney	15,000.00	Co-creating Evidence from High Value Public Health Data.
University of Sydney	4,425,000.00	Elite Postdoctoral and Research Leader Grants.
University of Sydney	200,000.00	Investigator Development Grant.
University of Sydney	100,000.00	Medical Research Hub Grants Funding FY2019-20.
University of Sydney	984,143.00	NSW Prevention Research Support Program.
University of Sydney	480,000.00	PhD Partnership Program.
University of Technology Sydney	90,740.00	Cardiovascular Research Capacity Program.
University of Technology Sydney	60,000.00	PhD Partnership Program.

GRANT RECIPIENT	AMOUNT \$	DESCRIPTION
University of Wollongong	1,125,113.80	Project Air.
University of Wollongong	195,020.00	Suicide Prevention Community Gatekeeper Training.
University of Wollongong	1,179,947.00	Cardiovascular Research Capacity Program.
University of Wollongong	250,000.00	NSW Prevention Research Support Program.
University of Wollongong	60,000.00	PhD Partnership Program.
Victor Chang Cardiac Research Institute Ltd	750,000.00	Cardiovascular Research Capacity Program.
Victor Chang Cardiac Research Institute Ltd	1,657,550.79	Medical Research Support Program.
Victor Chang Cardiac Research Institute Ltd	20,000.00	Support the International Mechanobiology Conference.
Victor Chang Cardiac Research Institute Ltd	20,000.00	Sydney Cardiovascular Symposium.
Walgett Aboriginal Medical Service	200,000.00	Aboriginal Social and Emotional Wellbeing Services in the Drought Emergency Drought Relief Mental Health Package.
Watershed Drug And Alcohol Rehabilitation and Education Services Ltd	193,871.00	Drug and Alcohol Treatment Services.
We Help Ourselves	731,597.00	Drug and Alcohol Treatment Services 2017-20.
Wellington Aboriginal Corporation Health Service	165,000.00	Aboriginal Social and Emotional Wellbeing Emergency Drought Relief Mental Health.
Wellington Aboriginal Corporation Health Service	127,385.25	Women's Safety Package Local Support Coordinator - Dubbo and Wellington.
Wellways Australia Ltd	3,011,627.50	Community Living Supports.
Wellways Australia Ltd	45,058.38	COVID-19 technology costs.
Wellways Australia Ltd	11,134,859.05	Housing and Accommodation Support Initiative.
Wellways Australia Ltd	256,106.00	Suicide Prevention Community Gatekeeper Training 2019-20.
Wellways Australia Ltd	888,257.52	Youth Community Living Supports 2019-20.
Wesley Community Services Ltd	3,328,999.95	Delivery Mums and Kids Matter (MaKM) program.
Western Sydney Local Health District	21,522.73	Centre of Oral Health Strategy grant paid by Western Sydney Local Health District to the University of Sydney and Albury Wodonga.
Western Sydney University	10,290.00	The Mothers and Postnatal (MAP) Care at Blacktown.
Western Sydney University	750,000.00	Cardiovascular Research Capacity Program.
Women's Alcohol and Drug Advisory Centre Inc	205,395.00	Drug and Alcohol Treatment Services.
Women's Health NSW Inc	75,000.00	Upgrade Women's Health NSW Database.
Woolcock Institute of Medical Research Ltd	1,095,350.10	Medical Research Support Program.
Woolworths Ltd	141,920.00	Basics Box' food supplies to Aboriginal community in NSW.
Woven Threads Productions Pty Ltd	75,000.00	Woven Threads Mental Health Series.
Yaraandoo Life Centre	10,000.00	Pathways Community Counselling Service.
Yfoundations Inc	1,000.00	Online module for young people on the topic of sexual health.
Yfoundations Inc	278,000.00	Youth Sexual Health Program Grant 2018-20.
Yoorana Gunya Family Healing Centre Aboriginal Corp	150,000.00	Aboriginal Social and Emotional Wellbeing Emergency Drought Relief Mental Health.
Yoorana Gunya Family Healing Centre Aboriginal Corp	6,524.35	COVID-19 expenses and bushfire recovery and relief.
Yourtown	1,375,000.00	Kids Helpline satellite site NSW.
Zig Zag Railway Co-Op Ltd	2,700.00	Donation towards purchase of defibrillator.
TOTAL	310,578,107.93	

NSW Ministry of Health operating consultants 2019–20

Consultancies equal to or more than \$50,000

CONSULTANT	COST \$	DESCRIPTION
Management Services		
Deloitte Consulting Pty Ltd	50,000.00	Cross-divisional initiative engagement.
Deloitte Access Economics Pty Ltd	73,844.00	NSW-based study of the economic cost of suicide.
Gscf Pty Ltd	66,000.00	Planning for orthoptist workforce.
inside out & associates Australia Pty Ltd	66,039.09	Co-design of Suicide Prevention Outreach Teams.
Karabena Consulting Trust	73,636.36	Development of Aboriginal health governance and accountability framework.
KPMG	263,845.03	Componentisation and useful life review.
KPMG	112,500.00	Assessment of Centre for Health Records Linkage (CHeReL) operations.
KPMG	171,575.00	Alignment of outcomes budgeting framework between the Ministry and NSW Treasury.
PricewaterhouseCoopers	311,848.67	New Accounting Standards implementation.
Procure Group Pty Ltd	104,146.40	Independent probity advice for various tenders.
Resolution Response Pty Ltd	114,386.43	Technical advice on the NSW Ambulance Fixed Wing procurement process.
Roses in the Ocean Ltd	695,450.00	Development of local Lived Experience Advisory Groups across NSW.
Roses in the Ocean Ltd	188,304.00	Co-design of the Alternative to Emergency Department initiative.
The Sax Institute	80,100.00	Evidence check for three targeted suicide prevention issues.
Synergia Consulting Pty Ltd	174,000.00	Evaluation of suicide prevention fund.
SUBTOTAL	2,545,674.98	
Organisational reviews		
Deloitte Consulting Pty Ltd	249,387.29	Modelling future health system costs.
SUBTOTAL	249,387.29	
Training		
4 Mental Health Ltd	417,700.00	NSW license for Connecting with People suicide prevention training.
Emerson Health Pty Ltd	55,000.00	Horizons scanning and scenario generation for the nutrition and dietetics workforce.
NSW Consumer Advisory Group	200,000.00	Support roles for the Towards Zero Suicides and Zero Suicides in Care initiatives.
SUBTOTAL	672,700.00	
Legal services		
King & Wood Mallesons	233,709.50	Tender process consulting for Western Sydney Local Health District Managed Equipment Services Project.
Herbert Smith Freehills	634,121.37	Legal support in engaging private hospital operators as part of NSW Health COVID-19 response act.
SUBTOTAL	867,830.87	
Consultancies equal to or more than \$50,000	4,335,593.14	

Consultancies less than \$50,000

CONSULTANT	COST \$
During the year, 23 other consultancies were engaged in the following areas:	
Management services	218,957.45
Training	48,806.82
Legal services	68,317.21
Consultancies less than \$50,000	336,081.48
TOTAL CONSULTANCIES	4,671,674.62

Payment of accounts

The following tables provide payment performance information for the NSW Ministry of Health for 2019-20.

2019-20 AGED ANALYSIS AT THE END OF EACH QUARTER				
QUARTER	CURRENT NOT YET DUE \$'000	OVERDUE 1-30 DAYS \$'000	OVERDUE 31-60 DAYS \$'000	OVERDUE 61 AND OVER \$'000
ALL SUPPLIERS¹				
September	31	4,039	658	286
December	-	10,316	4,262	322
March	-	14,253	1,001	46
June	1	7,397	3,188	62
SMALL BUSINESS SUPPLIERS²				
September	-	128	3	10
December	-	42	8	2
March	-	27	0	0
June	-	62	53	2
ACCOUNTS DUE OR PAID WITHIN EACH QUARTER				
	SEPTEMBER	DECEMBER	MARCH	JUNE
ALL SUPPLIERS¹				
Number of accounts due for payment	3,790	3,299	3,421	4,161
Number of accounts paid on time	3,778	3,274	3,404	4,131
Actual percentage of accounts paid on time (based on number of accounts)	99.7%	99.2%	99.5%	99.3%
Dollar amount of accounts due for payment (\$'000)	396,711	382,606	371,917	686,531
Dollar amount of accounts paid on time (\$'000)	396,552	382,391	371,416	682,870
Actual percentage of accounts paid on time (based on \$)	99.9%	99.9%	99.9%	99.5%
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts (\$)	0	0	0	0
SMALL BUSINESS SUPPLIERS²				
Number of accounts due for payment to small business	288	344	370	390
Number of accounts due to small businesses paid on time	288	333	364	388
Actual percentage of small business accounts paid on time (based on number of accounts)	100%	96.8%	98.4%	99.5%
Dollar amount of accounts due for payment to small businesses (\$'000)	5,419	5,359	4,225	5,229
Dollar amount of accounts due to small businesses paid on time (\$'000)	5,419	5,338	4,186	5,201
Actual percentage of small business accounts paid on time (based on \$)	100%	99.6%	99.1%	99.5%
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

1: The reporting of all suppliers excludes payments between NSW Health entities. **2:** The reporting of small business suppliers is in accordance with the requirements for annual reporting as prescribed in the NSW Treasury Circular 11/21 Annual Reporting on Payment of Accounts. **Commentary:** Time for payment of accounts for the Ministry 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 Ministry was not required to make any payment of interest on overdue accounts related to small business suppliers in the 2019-20 financial year.

Risk management and insurance activities

Across NSW Health, the major insurable risks are public liability (including medical indemnity for employees), workers compensation and medical indemnity provided through the Visiting Medical Officer (VMO) and Honorary Medical Officer (HMO) Public Patient Indemnity Scheme.

NSW Treasury Managed Fund

Insurable risks are covered by the NSW Treasury Managed Fund (TMF), of which the NSW Ministry of Health (and its controlled entities) is a member agency. The Health portfolio is a significant proportion of the TMF Fund and is identified as an independent pool within the TMF Scheme.

NSW 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 are actuarially determined, and contributions include an experience factor. The aim of the deposit contribution funding is to allocate deposit contributions across the TMF with reference to benchmark expectations of relative claims costs for the agencies in the TMF, and to provide a financial incentive to improve injury and claims management outcomes.

The workers compensation deposit contribution is adjusted through hindsight calculation after three and five years. Workers compensation 2014-15 final five years, and 2016-17 interim three years were declared and adjusted as at 30 June 2019, with the Ministry receiving a surplus of \$27.2 million for the 2014-15 fund year and a surplus of \$12.4 million for the 2015-16 fund year, a net result of a \$39.6 million surplus.

2019-20	CONTRIBUTIONS PAID TO ICARE (\$000)	FUNDING RECEIVED FROM NSW TREASURY (\$000)	VARIANCE (\$000)
Workers Compensation	198,848	194,998	(3,850)
Motor Vehicle	9,204	9,204	0
Property	12,889	12,760	(129)
Liability	236,121	233,760	(2,361)
Miscellaneous	341	338	(3)
TOTAL TMF	457,403	451,060	(6,343)
VMO	34,505	34,505	0
TOTAL	491,908	485,565	(6,343)

Treasury Managed Fund claims frequency and cost by insurance line

	2019-20		2018-19	
	FREQUENCY	CLAIMS COST \$(M)	FREQUENCY	CLAIMS COST \$(M)
Workers Compensation	4,303	38.4	4,420	38.6
Motor Vehicle	1,947	9.0	2,005	10.3
Property	480	12.5	325	14.6
Liability	682	143.3	690	163.8
Miscellaneous	45	0.1	17	0.3
TOTAL TMF	7,457	203.4	7,457	227.6
VMO	122	33.3	124	41.5
TOTAL	7,579	236.7	7,581	269.1

Asset management

Key achievements

The Ministry introduced a new asset management governance structure this year. This governance approach focuses on partnering with NSW Health entities in implementing statewide programs and capturing meaningful data to support future growth and sustainability programs.

The Ministry successfully executed a statewide interface between the finance and asset management systems to facilitate implementation of the AASB 16 Leasing Standard. Leases are now accounted for against the general ledger and are captured in a central, statewide register for all NSW Health. Additionally, a shared services central lease data management model was established within HealthShare NSW to support NSW Health entities manage the increased requirements for AASB 16. This model was designed to be scalable, in line with local and agency needs and also captures leases that are not subject to the AASB 16 leasing standard. This approach ensures data consistency and improves reporting from both financial and asset management perspectives for all lease types.

The Ministry engaged Health Infrastructure to manage the Maintenance Assistance Program (MAP) and the Solar Capital Works Program. The MAP facilitated delivery of approximately \$9.5 million in maintenance works to improve environments across NSW Health. The MAP was developed, designed and delivered in under 70 days, and included a benefits realisation process.

Completed MAP works included:

- HEPA (high-efficiency particulate air) filter replacement and air conditioning sterilisation upgrades
- conversion of existing rooms into isolation/negative pressure rooms
- oxygen compound upgrades
- replacement of damaged floor finishes in critical areas
- layout modifications to enable staff and community members to comply with social distancing guidelines.

The Solar Capital Works program delivered \$5.6 million in solar panel systems to more than 35 sites across the state's rural and regional health facilities.

These solar panel system locations were selected to provide a sustainable solution to managing long-term utility costs and provide financial respite to services most affected by the 2019-20 bushfires.

The ongoing implementation of the Asset and Facilities Management Online (AFMO) system remains a priority. The system is a critical enabling tool to identify statewide asset management opportunities and provides data to support NSW Health entities in local asset program prioritisation. Implementation support for AFMO is being adapted to align with the introduction of the NSW Health Asset Management Framework.

Land disposals

The 17 properties sold in 2019-20 realised \$42.5 million. This represents a 37 per cent decrease in the number of properties sold compared with the previous financial year (27 sold) but an 18 per cent increase in realised gross proceeds (\$35.9 million for 2018-19). All sales were undertaken in accordance with government policy and documents relating to these sales can be obtained under the *Government Information (Public Access) Act 2009*.

PROPERTY	STATUS AS AT 30 JUNE 2020	REVENUE (\$'000'S)
Jewells, Former Ambulance Residence, 101 Fencott Drive	Contract Settled	550
Brookvale, Former Ambulance Residence, 39 Martin Street	Contract Settled	1,420
Kotara, Former Ambulance Residence, 12 Nereida Close	Contract Settled	510
Cobar, Former Ambulance Residence, 10 Becker Street	Contract Settled	140
Kiama, 39 Shoalhaven Street and Terralong Street	Contract Settled	1,200
North Ryde, 15-29 Twin Road	Contract Settled	11,200
Corowa, Former Nurses Accommodation, Pt 58-61 Guy Street	Contract Settled	239
North Manly, Queenscliff Community Health Centre, 389 Pittwater Road	Contract Exchanged	8,750
Kempsey, 143 Tozer Street	Contract Settled	265
Nth Turrumurra Aged Care Facility, 10 Murra Road	Contract Settled	15,000
Molong, 2 Buundella Close	Contract Settled	60
Molong, 5 Riddell Street	Contract Settled	296
Lake Cargelligo, 13 Wonboyn Street	Contract Settled	145
Kempsey, Unit 3A Lindsay Place	Contract Settled	230
Kempsey, 85 Belgrave Road	Contract Settled	-
Bega, Old Bega Hospital, 1 McKee Drive	Contract Settled	297
Gosford, 15 Ward Street	Contract Exchanged	2,205
TOTAL GROSS		\$42,506
TOTAL NET (Approximately, less 10% sales costs)		\$38,255

Capital works

NSW Health's full year capital expenditure for 2019-20 (excluding capital expensing) was \$3 billion for works in progress and completed works. The total spent on capital in 2019-20 represents 14 per cent of the total Property, Plant, Equipment and Intangibles asset base.

The Capital Works Program total expenditure for NSW Health in 2019-20 was \$3.2 billion, inclusive of capital expensing. The program is jointly delivered by local health districts and other NSW Health organisations for projects valued at less than \$10 million, and by Health Infrastructure for projects valued at \$10 million or more.

All major capital projects completed in 2019-20

PROJECT	TOTAL COST
Ambulance Service NSW	
Ambulance Radio Network Replacement	19,818,817
Central Coast Local Health District	
Gosford Hospital Redevelopment	348,000,000
Paediatric Allergy Clinics	100,000
Statewide Cataract Surgeries Equipment Purchases	63,450
NSW Central Coast Cancer Linear Accelerator	3,853,000
Wyong Hospital Carpark	10,207,000
Gosford Hospital Oncology Management Information System Implementation	1,273,000
COVID-19 Clinics Security Enhancements	85,000
Gosford Hospital Car Park	39,091,426
Far West Local Health District	
Emergency Departments Security and Duress Alarms Upgrade	701,120
Statewide Cataract Surgeries Equipment Purchases	64,000
COVID-19 Clinics Security Enhancements	45,000
Wilcannia Aged Care Outdoor Space	82,000
Reconfiguration of Broken Hill Hospital and Dental Facility	29,693,128
Remote Staff Accommodation at Ivanhoe and Wilcannia	493,000
Hunter New England Local Health District	
Asset Refurbishment and Replacement Program	3,231,943
Gunnedah Birthing Suite Upgrade	400,000
Gunnedah Ward Refurbishment	350,000
Statewide Cataract Surgeries Equipment Purchases	66,000
Paediatric Amenity Upgrades Armidale & Manning	500,000
Illawarra Shoalhaven Local Health District	
Radiation Oncology Planning System Server Replacement	1,530,000
Bulli Aged Care Centre of Excellence	37,100,000
ISLHD Information Technology Upgrade	442,637
COVID-19 Clinics Security Enhancements	130,000
Shoalhaven Car Park	11,788,000
Murrumbidgee Local Health District	
Asset Refurbishment and Replacement Program	3,446,804
COVID-19 Clinics Security Enhancements	85,000
West Wyalong Community Health Relocation Project	368,800
Leeton Aged Care Air Conditioning Upgrade	415,000

PROJECT	TOTAL COST
Mid North Coast Local Health District	
Bellingen River District Hospital Renovation and Upgrade	496,204
Coffs Harbour Health Campus Mobile X-Ray	255,676
Coffs Harbour Health Campus CT scanner	1,149,798
Port Macquarie BH Flexible Endoscopy System Stage 3	391,597
Kempsey Hospital Network Centralised CSSD	505,412
Coffs Harbour Digital X-Ray Room	301,459
MNCLHD Linac Upgrades	2,878,535
Statewide Cataract Surgeries Equipment Purchases	70,884
COVID-19 Clinics Security Enhancements	130,000
Nambucca Valley Cancer Resource Centre	420,000
Coffs Harbour Linac Replacement	4,532,457
Coffs Harbour Cone Beam Computed Tomography Imagine Machine	220,000
Port Macquarie Linac Replacement	2,967,544
Macksville Hospital Redevelopment	73,000,000
Port Macquarie Mental Health Unit	18,007,600
Nepean Blue Mountains Local Health District	
Blue Mountains Renal Dialysis Centre	5,107,107
Nepean Hospital and Integrated Ambulatory Services Redevelopment	2,000,000
Nepean Car Park Stage 2	28,500,000
Statewide Cataract Surgeries Equipment Purchases	79,304
Northern NSW Local Health District	
Asset Refurbishment and Replacement Program	3,446,804
Maclean District Hospital Helipad	750,000
Northern Sydney Local Health District	
Electronic Record for Intensive Care	1,165,557
Oncology Management Information System Implementation	1,866,000
Statewide Cataract Surgeries Equipment Purchases	58,140
Palliative Care Refurbishment	37,772
COVID-19 Clinics Security Enhancements	175,000
Mona Vale Hospital Drug and Alcohol Service	2,900,000
Royal North Shore Hospital Douglas Building	15,000,000
Sydney Children's Hospitals Network	
Kids Cancer Building	4,190,000
eMM Project	1,606,717
South Eastern Sydney Local Health District	
Primrose House Relocation	67,350
Sutherland Hospital Trolley washer	265,000
La Perouse Aboriginal CHC Dental Clinic	162,874
Statewide Cataract Surgeries Equipment Purchases	66,000
Fertility and Research Centre Stage 1	1,600,300
CT Scanner- Sutherland Hospital	1,411,000
Royal Hospital For Women - Fertility Clinic Stage 2	1,190,000
St George Hospital Birthing Suite and Theatre Refurbishment	11,500,000
St George Hospital Redevelopment	265,500,000

PROJECT	TOTAL COST
Sydney Local Health District	
Concord Hospital Radiography Fluoroscopy	950,000
RPAH Pet MR	6,000,000
Dame Eadith Walker Estate - Landscaping	757,189
RPAH Replacement of 2 Philips Bucky Diagnost x-ray units	1,200,000
COVID-19 Clinics Security Enhancements	130,000
RPA Respiratory Labs	744,419
Canterbury Hospital Replace TSSU Sterilisers/Equipment	800,000
Concord Hospital Mammography Unit Replacement	750,000
Paediatric Allergy Clinic	100,000
MRI RPA Radiology Lifehouse	4,500,000
Endoscopy Suite - RPAH	401,205
Statewide Cataract Surgeries Equipment Purchases	102,990
Concord Hospital Maternity Services	2,200,000
Southern NSW Local Health District	
Eurobodalla Operating Theatre Renovations	73,130
Statewide Cataract Surgeries Equipment Purchases	60,000
Western NSW Local Health District	
Emergency Departments Security and Duress Alarms Upgrade	2,294,696
Forbes Hospital Remediation	330,000
Paediatric Amenity Upgrade – Bathurst Hospital	250,000
Dubbo Hospital - CT Scanners	4,725,047
Nyngan MPS: Establishment of a Level 3 Satellite Dialysis Unit	1,029,371
Statewide Cataract Surgeries Equipment Purchases	75,455
COVID-19 Clinics Security Enhancements	130,000
Dental Chairs at Wanaaring and Mudgee	90,000
Dubbo Hospital MRI Scanner and CT Scanner - Fit Out	1,470,886
Mudgee Hospital Redevelopment	70,700,000
Western Sydney Local Health District	
Blacktown and Mount Druitt Hospitals Redevelopment Stage 1 & 2	655,186,804
Oral Health Minor Works	750,000
Energy Efficient Government Program - Solar Power Generator Unit at Blacktown Hospital	1,295,249
Energy Efficient Government Program - Cumberland/Auburn Hospitals	6,553,308
Paediatric Allergy clinic	100,000
IVF Facility Enhancements	500,000
Palliative Care Refurbishment	50,000
Westmead Oral Scanner and Ceramic Miller	220,000
Westmead Centre for Oral Health - Dental Services	687,582
COVID-19 Clinics Security Enhancements	85,000
Statewide Cataract Surgeries Equipment Purchases	64,345

Milestones

In 2019-20 Health Infrastructure achieved its biggest year to date, delivering just over \$2 billion in infrastructure planning and construction, including the completion of 23 projects across NSW* with highlights including:

Regional

- Bulli Aged Care Centre of Excellence (\$50.4 million) (December 2019)
- Macksville Hospital Redevelopment (\$73 million) (May 2020)
- Mudgee Hospital Redevelopment (\$70.7 million) (May 2020)
- Shoalhaven Hospital Car Park (\$11.8 million) (December 2019)

Metropolitan

- Blacktown and Mount Druitt Hospitals Redevelopment Stage 1 & 2 (more than \$700 million) (July 2019)
- Campbelltown Hospital Stage 2 Multi Storey Car Park (\$34.1 million) (February 2020)
- Royal North Shore Hospital Douglas Building, floors 4/5 (May 2020)
- Westmead Central Acute Services Building (part of the \$1 billion Westmead Redevelopment) (May 2020).

Eight new ambulance stations as part of the \$122 million Rural Ambulance Infrastructure Reconfiguration Program in the largest ever transformation of NSW Ambulance infrastructure:

- Birmingham Gardens Ambulance Station (April 2020)
- Bungendore Ambulance Station (Nov 2019)
- Cowra Ambulance Station (Dec 2019)
- Goulburn Ambulance Station (Dec 2019)
- Grenfell Ambulance Station (Dec 2019)
- Pottsville Ambulance Station (July 2019)
- Rutherford Ambulance Station (Nov 2019)
- Yass Ambulance Station (Oct 2019)

Seven new projects as part of the \$304.9 million Multi-Purpose Service Program and \$100 million HealthOne Strategy, delivering contemporary, purpose-built facilities which will benefit rural and regional communities now and into the future – from Evans Head to Cobar and Tumbarumba.

- Barham Multi-Purpose Service (Dec 2019)
- Cobar Health Service (Nov 2019)
- Tumbarumba Multi-Purpose Service (May 2020)
- Evans Head HealthOne (Feb 2020)
- Port Stephens Tomaree HealthOne (May 2020)
- St Clair HealthOne (Nov 2019)
- Tibooburra HealthOne (Dec 2019)

In addition, 86 projects were completed under the \$20 million Therapeutic Environment Minor Capital Works Program as part of the \$700 million Statewide Mental Health Infrastructure Program to support the delivery of mental health care reform in NSW.

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



SECTION 5

Financial report



INDEPENDENT AUDITOR'S REPORT

Ministry of Health

To Members of the New South Wales Parliament

Opinion

I have audited the accompanying financial statements of Ministry of Health (the Ministry), which comprise the Statements of Comprehensive Income for the year ended 30 June 2020, the Statements of Financial Position as at 30 June 2020, the Statements of Changes in Equity and the Statement of Cash Flows for the year then ended, notes comprising a Statement of Significant Accounting Policies and other explanatory information of the Ministry and the consolidated entity. The consolidated entity comprises the Ministry and the entities it controlled at the year's end or from time to time during the financial year.

In my opinion, the financial statements:

- give a true and fair view of the financial position of the Ministry and the consolidated entity as at 30 June 2020, and of their financial performance and cash flows for the year then ended in accordance with Australian Accounting Standards
- are in accordance with section 45E of the *Public Finance and Audit Act 1983* (PF&A Act) and the Public Finance and Audit Regulation 2015

My opinion should be read in conjunction with the rest of this report.

Basis for Opinion

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under the standards are described in the 'Auditor's Responsibilities for the Audit of the Financial Statements' section of my report.

I am independent of the Ministry and the consolidated entity in accordance with the requirements of the:

- Australian Auditing Standards
- Accounting Professional and Ethical Standards Board's APES 110 'Code of Ethics for Professional Accountants (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 2020. 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
Fair value measurement of property, plant and equipment	
<p>At 30 June 2020, NSW Health reported \$21.6 billion in property, plant and equipment measured at fair value. Most of these assets are the land, buildings and infrastructure assets of the 17 local health districts and networks. Five of the local health districts performed a comprehensive revaluation in 2019-20. These local health districts engaged expert valuers to perform revaluations of their property, plant and equipment. The remaining 12 local health districts and networks used land and building indices to assess whether the carrying values of property, plant and equipment reported in the financial statements reflected their fair value.</p> <p>I considered this to be a key audit matter because of the:</p> <ul style="list-style-type: none"> • financial significance of the assets valued • geographical spread of NSW Health's property, plant and equipment across NSW • specialised and unique nature of health and health infrastructure assets • judgement and complexities associated with the application of AASB 13 'Fair Value Measurement' requirements, in particular significant judgements required for: <ul style="list-style-type: none"> - identifying components of buildings and determining the current cost for replacing each identified component - forecasting the remaining useful lives of building components to calculate the accumulated depreciation. <p>Details on the valuation techniques, inputs and processes for major asset classes are disclosed in Note 30 of the financial statements.</p>	<p>Key audit procedures included the following:</p> <ul style="list-style-type: none"> • assessed the adequacy of management's review of the valuation process • assessed the competence, capabilities and objectivity of the expert valuers used to perform comprehensive revaluations and provide indices • 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 • assessed the appropriateness of the components of buildings used for measuring gross replacement cost with reference to common industry practices • assessed the reasonableness of unit rates used by comparing the unit rates for a sample of assets to external sources including market sales data used by the valuers or construction industry pricing data • evaluated the reasonableness of useful life estimates, in particular: <ul style="list-style-type: none"> - tested that assets still in use have not reached or exceeded their useful lives - compared asset useful lives between local health districts and networks, and made enquiries of management to explain outliers - reviewed assets' condition assessments for consistency with the remaining useful life. • assessed the reasonableness of indices applied by NSW Health to the fair value of its property, plant and equipment against independent external sources and relevant internal data • assessed the adequacy of the financial statement disclosures against the requirements of applicable Australian Accounting Standards and Treasurer's Directions.

Key Audit Matter

How my audit addressed the matter

Recognition and measurement of grants and contributions revenue under the National Health Reform Agreement and the National Partnership Agreement for COVID-19

During 2019-20 most revenue received by NSW Health from the Commonwealth was based on two agreements, the National Health Reform Agreement and the National Partnership Agreement on COVID-19. At 30 June 2020, NSW Health reported:

- \$5.47 billion of Commonwealth National Health Reform Funding with specific performance obligations
- \$1.26 billion of Commonwealth National Health Reform Funding without specific performance obligations
- \$874.6 million of funding with specific performance obligations under the Commonwealth National Partnership Agreement on COVID-19
- a contract liability of \$323 million relating to the Commonwealth National Partnership Agreement on COVID-19.

I consider this to be a key audit matter because there is significant complexity and judgement involved in calculating the revenue under these agreements, including:

- interpreting the clauses of the agreements and determining whether specific performance obligations exist
- collecting and classifying data on the volume of health activities delivered to determine the activity-based revenue earned under both agreements
- identifying and classifying costs relating to the treatment of COVID-19 patients and determining the associated revenue under the Commonwealth National Partnership Agreement on COVID-19
- calculating the revenue for ensuring the viability of private hospitals in New South Wales, which involved:
 - analysing financial and operational data provided by private hospitals
 - forecasting activity, revenues and costs of private hospitals
 - reconciling amounts paid to private hospitals based on forecasts to their entitlements based on actual operating and financial performance.

Further information on recognition and measurement of Commonwealth funding and the related contract liability is disclosed in Notes 11 and 33 of the financial statements.

Key audit procedures included the following:

- tested the accuracy of NSW Health's assessment of whether specific performance obligations exist for each funding stream with reference to both agreements and the relevant Australian Accounting Standards
- obtained an understanding of the processes and key controls in place for recording the volume of health activity delivered
- tested the accuracy of formulas used to calculate the activity-based funding under both agreements and evaluated their consistency with the agreements
- tested the accuracy of formulas used to calculate the costs of treating COVID-19 patients and the associated revenue and evaluated the consistency of these formulas with the National Partnership Agreement on COVID-19
- assessed the historical accuracy of the estimated revenue for ensuring the viability of private hospitals against the subsequent, audited claims made by the private hospitals
- tested revenue without specific performance obligations to the applicable clauses of the agreements, the calculations and the cash received.

Other Information

The Ministry's annual report for the year ended 30 June 2020 includes other information in addition to the financial statements and my Independent Auditor's Report thereon. The Secretary of the Ministry is responsible for the other information. At the date of this Independent Auditor's Report, the other information I have received comprise the Certification of the Financial Statements by the Secretary of NSW Health.

My opinion on the financial statements does not cover the other information. Accordingly, I do not express any form of assurance conclusion on the other information.

In connection with my audit of the financial statements, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit, or otherwise appears to be materially misstated.

If, based on the work I have performed, I conclude there is a material misstatement of the other information, I must report that fact.

I have nothing to report in this regard.

Secretary's Responsibilities for the Financial Statements

The Secretary is responsible for the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards and the PF&A Act, and for such internal control as the Secretary determines is necessary to enable the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Secretary is responsible for assessing the ability of the Ministry and the consolidated entity to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting.

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: https://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

13 October 2020
SYDNEY

Ministry of Health

Certification of the Financial Statements

for the year ended 30 June 2020



We state, pursuant to Section 45F of the *Public Finance and Audit Act 1983* :

1. The financial statements of the Ministry of Health for the year ended 30 June 2020 have been prepared in accordance with:
 - a. Australian Accounting Standards (AAS) (which include Australian Accounting Interpretations);
 - b. the requirements of the *Public Finance and Audit Act 1983 (the Act)*, the *Public Finance and Audit Regulation 2015*; and
 - c. NSW Treasurer's Directions issued under the Act.
2. The financial statements exhibit a true and fair view of the financial position for the Ministry of Health as at 30 June 2020 and the financial performance for the year then ended.
3. We are not aware of any circumstances which would render any particulars in the financial statements to be misleading or inaccurate.

Handwritten signature of Elizabeth Koff in black ink.

Elizabeth Koff
Secretary, NSW Health

29 September 2020

Handwritten signature of Daniel Hunter in black ink.

Daniel Hunter
Deputy Secretary, Finance and Asset Management and Chief
Financial Officer, NSW Health

29 September 2020

Ministry of Health

Statement of Comprehensive Income for the year ended 30 June 2020

		Consolidated Actual 2020 \$'000	Consolidated Budget 2020 \$'000	Consolidated Actual Restated 2019 \$'000	Parent Actual 2020 \$'000	Parent Actual 2019 \$'000
	Notes					
Continuing operations						
Expenses excluding losses						
Employee related expenses	2	14,999,553	14,633,657	14,407,818	178,639	163,595
Operating expenses	3	7,102,385	6,772,670	6,715,865	1,136,183	885,629
Depreciation and amortisation	4	1,075,955	1,035,455	867,477	13,790	5,113
Grants and subsidies	5	1,503,521	1,428,963	1,421,119	21,004,062	19,549,291
Finance costs	6	121,694	120,821	108,107	2,275	580
Total expenses excluding losses		24,803,108	23,991,566	23,520,386	22,334,949	20,604,208
Revenue						
Appropriations	8	14,926,529	14,601,021	13,272,795	14,926,529	13,272,795
Acceptance by the Crown Entity of employee benefits and other liabilities	12	680,534	500,208	919,276	8,374	10,494
Sale of goods and services	9	-	-	2,844,970	-	221,193
Sale of goods and services from contracts with customers	9	2,674,358	2,833,076	-	173,430	-
Investment revenue	10	19,478	25,421	36,646	2,214	3,427
Grants and other contributions	11	9,499,705	7,704,606	7,438,249	7,875,593	6,962,788
Other income	13	168,888	168,431	157,743	42,815	9,339
Total revenue		27,969,492	25,832,763	24,669,679	23,028,955	20,480,036
Operating result		3,166,384	1,841,197	1,149,293	694,006	(124,172)
Gains / (losses) on disposal	14	(13,891)	-	(35,819)	(5)	(31)
Impairment losses on financial assets	20	(41,251)	-	(37,805)	-	-
Other gains / (losses)	15	(2,012)	(10,283)	-	9,956	-
Net result from continuing operations		3,109,230	1,830,914	1,075,669	703,957	(124,203)
Net result from discontinued operations		-	-	-	-	-
Net result		3,109,230	1,830,914	1,075,669	703,957	(124,203)

Ministry of Health

Statement of Comprehensive Income for the year ended 30 June 2020 (continued)

	Notes	Consolidated Actual 2020 \$'000	Consolidated Budget 2020 \$'000	Consolidated Actual Restated 2019 \$'000	Parent Actual 2020 \$'000	Parent Actual 2019 \$'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	330,929	-	1,841,750	-	12,680
Changes in revaluation surplus of other assets	28	2,607	-	(1,544)	-	-
Total other comprehensive income		333,536	-	1,840,206	-	12,680
TOTAL COMPREHENSIVE INCOME		3,442,766	1,830,914	2,915,875	703,957	(111,523)

See Note 17 for details regarding restated prior year balances for the consolidated entity.

The accompanying notes form part of these financial statements.

Ministry of Health

Statement of Financial Position as at 30 June 2020

	Notes	Consolidated Actual 2020 \$'000	Consolidated Budget 2020 \$'000	Consolidated Actual Restated 2019 \$'000	Parent Actual 2020 \$'000	Parent Actual 2019 \$'000
ASSETS						
Current assets						
Cash and cash equivalents	19	2,658,959	1,407,138	1,316,849	728,371	334,204
Receivables	20	1,270,638	825,102	888,069	297,845	349,550
Contract assets	21	2,031	-	-	-	-
Inventories	22	921,933	157,131	177,646	25,803	32,873
Financial assets at fair value	23	157,609	43,712	121,328	-	-
Other financial assets	24	100,592	314,786	255,336	744,176	16,041
		<u>5,111,762</u>	<u>2,747,869</u>	<u>2,759,228</u>	<u>1,796,195</u>	<u>732,668</u>
Non-current assets held for sale	29	9,087	2,652	55,578	-	-
Total current assets		<u>5,120,849</u>	<u>2,750,521</u>	<u>2,814,806</u>	<u>1,796,195</u>	<u>732,668</u>
Non-current assets						
Receivables	20	123,548	9,073	22,808	-	-
Financial assets at fair value	23	32,005	30,184	32,088	-	-
Other financial assets	24	-	-	-	11,072	14,651
Property, plant and equipment						
- Land and buildings	25	19,793,783	20,200,730	18,177,865	186,497	132,577
- Plant and equipment	25	1,264,800	1,824,239	1,232,185	4,697	2,077
- Infrastructure systems	25	510,076	463,099	463,797	961	1,067
Total property, plant and equipment		<u>21,568,659</u>	<u>22,488,068</u>	<u>19,873,847</u>	<u>192,155</u>	<u>135,721</u>
Right-of-use assets	26	1,186,464	-	-	511,160	-
Intangible assets	27	715,886	696,045	704,238	1,756	877
Other non-current assets	28	62,037	65,753	67,302	-	-
Total non-current assets		<u>23,688,599</u>	<u>23,289,123</u>	<u>20,700,283</u>	<u>716,143</u>	<u>151,249</u>
Total assets		<u>28,809,448</u>	<u>26,039,644</u>	<u>23,515,089</u>	<u>2,512,338</u>	<u>883,917</u>

Ministry of Health

Statement of Financial Position as at 30 June 2020 (continued)

		Consolidated Actual 2020 \$'000	Consolidated Budget 2020 \$'000	Consolidated Actual Restated 2019 \$'000	Parent Actual 2020 \$'000	Parent Actual 2019 \$'000
	Notes					
LIABILITIES						
Current liabilities						
Payables	32	1,844,106	1,750,365	1,810,245	449,170	397,797
Contract liabilities	33	425,763	-	-	373,005	-
Borrowings	34	172,785	156,993	11,917	11,853	-
Provisions	35	2,560,496	2,170,812	2,309,387	22,831	18,869
Other current liabilities	36	90,382	26,064	108,690	-	54,442
Total current liabilities		5,093,532	4,104,234	4,240,239	856,859	471,108
Non-current liabilities						
Contract liabilities	33	97	-	-	-	-
Borrowings	34	2,089,914	1,486,564	1,090,175	499,673	-
Provisions	35	44,025	45,576	41,720	534	713
Other non-current liabilities	36	264,012	161,124	182,842	-	43,694
Total non-current liabilities		2,398,048	1,693,264	1,314,737	500,207	44,407
Total liabilities		7,491,580	5,797,498	5,554,976	1,357,066	515,515
Net assets		21,317,868	20,242,146	17,960,113	1,155,272	368,402
EQUITY						
Reserves		7,289,257	7,350,406	6,937,950	133,744	133,744
Accumulated funds		14,028,611	12,891,740	11,022,163	1,021,528	234,658
Total equity		21,317,868	20,242,146	17,960,113	1,155,272	368,402

See Note 17 for details regarding restated prior year balances for the consolidated entity.

The accompanying notes form part of these financial statements.

Ministry of Health

Statement of Changes in Equity for the year ended 30 June 2020

CONSOLIDATED	Notes	Accumulated Funds \$'000	Asset Revaluation Surplus \$'000	Total \$'000
Balance at 1 July 2019		11,022,163	6,937,950	17,960,113
Changes in accounting policy (AASB 1058)	1(h)(i)	(61,711)	-	(61,711)
Changes in accounting policy (AASB 16)	1(h)(i)	8,977	(8,977)	-
Restated total equity at 1 July 2019		10,969,429	6,928,973	17,898,402
Net result for the year		3,109,230	-	3,109,230
Other comprehensive income:				
Net changes in revaluation surplus of property, plant and equipment	25	-	330,929	330,929
Net changes in revaluation surplus of other assets	28	-	2,607	2,607
Reclassification of revaluation increments / (decrements) to accumulated funds on disposal of assets		(26,748)	26,748	-
Total other comprehensive income		(26,748)	360,284	333,536
Total comprehensive income for the year		3,082,482	360,284	3,442,766
Transactions with owners in their capacity as owners				
Increase / (decrease) in net assets from equity transfers	44	(23,300)	-	(23,300)
Balance at 30 June 2020		14,028,611	7,289,257	21,317,868
Balance at 1 July 2018		9,856,612	5,137,130	14,993,742
Correction of errors	17	50,496	-	50,496
Balance at 1 July 2018		9,907,108	5,137,130	15,044,238
Net result for the year		1,075,669	-	1,075,669
Other comprehensive income:				
Net changes in revaluation surplus of property, plant and equipment	25	-	1,841,750	1,841,750
Net changes in revaluation surplus of other assets	28	-	(1,544)	(1,544)
Reclassification of revaluation increments / (decrements) to accumulated funds on disposal of assets		39,386	(39,386)	-
Total other comprehensive income		39,386	1,800,820	1,840,206
Total comprehensive income for the year		1,115,055	1,800,820	2,915,875
Balance at 30 June 2019		11,022,163	6,937,950	17,960,113

See Note 17 for details regarding restated prior year balances for the consolidated entity.

The accompanying notes form part of these financial statements.

Ministry of Health

Statement of Changes in Equity for the year ended 30 June 2020 (continued)

PARENT	Notes	Accumulated Funds \$'000	Asset Revaluation Surplus \$'000	Total \$'000
Balance at 1 July 2019		234,658	133,744	368,402
Net result for the year		703,957	-	703,957
Total comprehensive income for the year		703,957	-	703,957
Transactions with owners in their capacity as owners				
Increase / (decrease) in net assets from equity transfers	44	82,913	-	82,913
Balance at 30 June 2020		1,021,528	133,744	1,155,272
Balance at 1 July 2018		341,562	121,064	462,626
Net result for the year		(124,203)	-	(124,203)
Other comprehensive income				
Net changes in revaluation surplus of property, plant and equipment	25	-	12,680	12,680
Total other comprehensive income		-	12,680	12,680
Total comprehensive income for the year		(124,203)	12,680	(111,523)
Transactions with owners in their capacity as owners				
Increase / (decrease) in net assets from equity transfers	44	17,299	-	17,299
Balance at 30 June 2019		234,658	133,744	368,402

The accompanying notes form part of these financial statements.

Ministry of Health

Statement of Cash Flows for the year ended 30 June 2020

	Notes	Consolidated Actual 2020 \$'000	Consolidated Budget 2020 \$'000	Consolidated Actual 2019 \$'000	Parent Actual 2020 \$'000	Parent Actual 2019 \$'000
CASH FLOWS FROM OPERATING ACTIVITIES						
Payments						
Employee related		(14,247,884)	(14,130,987)	(13,581,780)	(174,869)	(157,553)
Suppliers for goods and services		(9,205,594)	-	(7,442,639)	(1,124,963)	(833,014)
Grants and subsidies		(1,697,255)	(1,428,963)	(1,605,514)	(21,098,850)	(19,663,462)
Finance costs		(116,175)	(120,821)	(104,020)	(303)	-
Other		-	(8,162,884)	-	-	-
Total payments		(25,266,908)	(23,843,655)	(22,733,953)	(22,398,985)	(20,654,029)
Receipts						
Appropriations		14,926,529	14,601,021	13,272,795	14,926,529	13,272,795
Reimbursements from the Crown Entity		238,728	-	243,402	5,618	5,485
Sale of goods and services		2,710,567	2,813,594	2,902,418	119,352	70,983
Interest received		20,816	25,421	30,988	2,214	3,427
Grants and other contributions		10,119,385	7,704,607	7,567,052	8,217,880	6,953,461
Other		912,710	1,578,089	949,030	280,199	295,139
Total receipts		28,928,735	26,722,732	24,965,685	23,551,792	20,601,290
NET CASH FLOWS FROM OPERATING ACTIVITIES	41	3,661,827	2,879,077	2,231,732	1,152,807	(52,739)

Ministry of Health

Statement of Cash Flows for the year ended 30 June 2020 (continued)

	Notes	Consolidated Actual 2020 \$'000	Consolidated Budget 2020 \$'000	Consolidated Actual 2019 \$'000	Parent Actual 2020 \$'000	Parent Actual 2019 \$'000
CASH FLOWS FROM INVESTING ACTIVITIES						
Proceeds from sale of property, plant and equipment and intangibles		49,071	48,718	43,226	36,792	17,332
Proceeds from sale of financial assets		356,350	3,771	364,765	-	-
Purchases of property, plant and equipment and intangibles		(2,341,747)	(2,597,359)	(2,240,844)	(62,304)	(262)
Purchases of financial assets		(237,805)	-	(377,238)	-	-
Other		-	(64,648)	-	(724,556)	1,808
NET CASH FLOWS FROM INVESTING ACTIVITIES		(2,174,131)	(2,609,518)	(2,210,091)	(750,068)	18,878
CASH FLOWS FROM FINANCING ACTIVITIES						
Proceeds from borrowings and advances		8,080	-	-	-	-
Repayment of borrowings and advances		(11,352)	(157,558)	(17,664)	-	-
Payment of principal portion of lease liabilities		(142,181)	-	-	(8,439)	-
Payment of principal portion of finance lease liabilities		-	-	(395)	-	-
NET CASH FLOWS FROM FINANCING ACTIVITIES		(145,453)	(157,558)	(18,059)	(8,439)	-
NET INCREASE / (DECREASE) IN CASH AND CASH EQUIVALENTS		1,342,243	112,001	3,582	394,300	(33,861)
Opening cash and cash equivalents		1,316,849	1,295,137	1,313,267	334,204	368,065
Effects of exchange rate changes on cash and cash equivalents		(133)	-	-	(133)	-
CLOSING CASH AND CASH EQUIVALENTS	19	2,658,959	1,407,138	1,316,849	728,371	334,204

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 2020

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 2020 have been authorised for issue by the Secretary on the date the accompanying statement was signed.

(b) Principles of consolidation

The consolidated financial statements comprise the financial statements of the parent entity and its controlled entities, after elimination of all inter-entity transactions and balances. The controlled entities are consolidated from the date the parent entity obtained control and until such time as control passes.

The financial statements of the controlled entities are prepared for the same reporting period as the parent entity, using generally consistent accounting practices. As a result no adjustments were required for any material dissimilar accounting policies.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

1. Statement of Significant Accounting Policies (continued)

(c) Basis of preparation

The consolidated financial statements are general purpose financial statements which have been prepared on an accruals basis and in accordance with:

- applicable Australian Accounting Standards (AAS) (which include Australian Accounting Interpretations);
- the requirements of the *Public Finance and Audit Act 1983 (the Act)*, the *Public Finance and Audit Regulation 2015*; and
- NSW Treasurer's Directions issued under the Act.

Property, plant and equipment and certain financial assets and liabilities are measured at fair value. Other financial statement items are prepared in accordance with the historical cost convention except where specified otherwise.

Judgements, key assumptions and estimations management has made are disclosed in the relevant notes to the consolidated financial statements.

Following the Novel Coronavirus (COVID-19) pandemic in late February 2020, the consolidated entity has seen a decline in normal hospital activities. Restrictions were imposed by the Australian Government resulting in the suspension of non-urgent elective surgeries to ensure increased capacity across the health system. Critical resources were reassigned to plan and prepare for possible surges as a result of the outbreak. The unprecedented measures undertaken by both the Australian and State governments to contain the spread of COVID-19, have resulted in significant impacts to the economy and within the health sector.

The Commonwealth has entered a National Partnership Agreement (NPA), in response to the COVID-19 pandemic, with States and Territories, including NSW. The Agreement will deliver funding to public hospitals and provide stability and certainty of funding while ensuring access to new life saving therapies in public hospitals.

Despite the impact of COVID-19, these statements are prepared on a going concern basis.

All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency, which is the consolidated entity's presentation and functional currency.

(d) Statement of Compliance

The consolidated financial statements and notes comply with Australian Accounting Standards which include Australian Accounting Interpretations.

(e) Accounting for the Goods & Services tax (GST)

Income, expenses and assets are recognised net of the amount of GST, except that the:

- amount of GST incurred by the consolidated entity as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of an asset's cost of acquisition or as part of an item of expense; and
- receivables and payables are stated with the amount of GST included.

Cash flows are included in the consolidated Statement of Cash Flows on a gross basis. However, the GST components of cash flows arising from investing and financing activities which is recoverable from, or payable to, the Australian Taxation Office are classified as operating cash flows.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

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 have 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 2019-20*

The accounting policies applied in 2019-20 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 15 *Revenue from Contracts with Customers*, AASB 1058 *Income of Not-for-Profit Entities* and AASB 16 *Leases* for the first time. The nature and effect of the changes as a result of adoption of these new accounting standards are described below.

Several other amendments and interpretations apply for the first time in 2019-20, but do not have an impact on the financial statements of the consolidated entity.

AASB 15 Revenue from Contracts with Customers (AASB 15)

AASB 15 supersedes AASB 111 *Construction Contracts*, AASB 118 *Revenue* and related Interpretations and it applies, with limited exceptions, to all revenue arising from contracts with customers. AASB 15 establishes a five-step model to account for revenue arising from contracts with customers and requires that revenue be recognised at an amount that reflects the consideration to which the consolidated entity expects to be entitled in exchange for transferring goods or services to a customer.

AASB 15 requires the consolidated entity to exercise judgement, taking into consideration all of the relevant facts and circumstances when applying each step of the model to contracts with their customers. The standard also specifies the accounting for the incremental costs of obtaining a contract and the costs directly related to fulfilling a contract. In addition, the standard requires relevant disclosures.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

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 2019-20 (continued)

AASB 15 Revenue from Contracts with Customers (AASB 15) (continued)

In accordance with the transition provisions in AASB 15, the consolidated entity has adopted AASB 15 retrospectively with the cumulative effect of initially applying the standard recognised at the date of initial application, i.e. 1 July 2019. The consolidated entity has used the transitional practical expedient permitted by the standard to reflect the aggregate effect of all of the modifications that occur before 1 July 2018 when:

- identifying the satisfied and unsatisfied performance obligations;
- determining the transaction price; and
- allocating the transaction price to the satisfied and unsatisfied performance obligations.

The impact of applying the above practical expedients is not expected to significantly affect the financial statements.

The effect of adopting AASB 15 is as follows:

CONSOLIDATED

Impact on the Statement of Comprehensive Income (increase/(decrease)):

		30 June 2020 AASB 15	30 June 2020 Without adoption of AASB 15	30 June 2020 Impact of AASB 15
	Notes	\$'000	\$'000	\$'000
Revenue				
Sale of goods and services from contracts with customers		2,674,358	2,674,358	-
Grants and other contributions	(a)(b)	6,821,884	6,909,352	(87,468)
Operating result		9,496,242	9,583,710	(87,468)
Net Result		9,496,242	9,583,710	(87,468)

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

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 2019-20 (continued)

AASB 15 Revenue from Contracts with Customers (AASB 15) (continued)

CONSOLIDATED

Impact on the Statement of Financial Position (increase/(decrease)):

		30 June 2020 AASB 15 \$'000	30 June 2020 Without adoption of AASB 15 \$'000	30 June 2020 Impact of AASB 15 \$'000
	Notes			
Assets				
Contract assets	(a)	2,031	-	2,031
Receivables	(a)	2,409	154	2,255
Total assets		4,440	154	4,286
Liabilities				
Contract liabilities	(b)	425,860	-	425,860
Other liabilities	(b)	-	334,106	(334,106)
Total liabilities		425,860	334,106	91,754
Equity				
Accumulated funds		(421,420)	(333,952)	(87,468)
Total adjustments to equity		(421,420)	(333,952)	(87,468)

The adoption of AASB 15 did not have an impact on Other Comprehensive Income and the Statement of Cash Flows for the consolidated entity for the financial year.

The nature of these adjustments on the consolidated entity is described below:

(a) Income from grants were previously recognised upon receipt of cash. Under the new revenue recognition requirements of AASB 15, income should be recognised when a performance obligation, by transferring a promised good or service, is satisfied. This may be at a point in time or over time. This has led to the accrual of grant income where the entity has satisfied its obligations promised in the contract with the customer.

(b) Income from grants were previously recognised upon receipt of cash. Under the new revenue recognition requirements of AASB 15, income should be recognised when a performance obligation, by transferring a promised good or service, is satisfied. This may be at a point in time or over time. This has led to a deferral of grant income where the entity has not yet satisfied its obligations promised in the contract with the customer.

The reason for the changes in grants and other contributions is due to the non-recurring nature of grants and contributions received and varying nature of performance obligations across grant contracts resulting in different timing of revenue received.

The adoption of AASB 15 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 2020

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 2019-20 (continued)

AASB 1058 Income of Not-for-Profit Entities (AASB 1058)

AASB 1058 replaces most of the existing requirements in AASB 1004 *Contributions* (AASB 1004). The scope of AASB 1004 is now limited mainly to contributions by owners (including parliamentary appropriations that satisfy the definition of a contribution by owners), administrative arrangements and liabilities of government departments assumed by other entities.

AASB 1058 applies to income with a donation component, i.e. transactions where the consideration to acquire an asset is significantly less than fair value principally to enable a not-for-profit entity to further its objectives; and volunteer services. AASB 1058 adopts a residual approach, meaning that entities first apply other applicable Australian Accounting Standards (e.g. AASB 1004, AASB 15, AASB 16, AASB 9, AASB 137) to a transaction before recognising income.

Not-for-profit entities need to determine whether a transaction is/contains a donation (accounted for under AASB 1058) or a contract with a customer (accounted for under AASB 15).

AASB 1058 requires recognition of receipt of an asset, after the recognition of any related amounts in accordance with other Australian Accounting Standards, as income:

- when the obligations under the transfer is satisfied, for transfers to enable an entity to acquire or construct a recognisable non-financial asset that will be controlled by the consolidated entity;
- immediately, for all other income within the scope of AASB 1058.

In accordance with the transition provisions in AASB 1058, the consolidated entity has adopted AASB 1058 retrospectively with the cumulative effect of initially applying the standard at the date of initial application, i.e. 1 July 2019. The consolidated entity has adopted the practical expedient in AASB 1058 whereby existing assets acquired for consideration significantly less than fair value principally to enable the consolidated entity to further its objectives, are not restated to their fair value.

The effect of adopting AASB 1058 is as follows:

CONSOLIDATED

Impact on the Statement of Comprehensive Income (increase/(decrease)):

	Notes	30 June 2020 AASB 1058 \$'000	30 June 2020 Without adoption of AASB 1058 \$'000	30 June 2020 Impact of AASB 1058 \$'000
Revenue				
Grants and other contributions	(a)	2,677,821	2,680,830	(3,009)
Operating result		2,677,821	2,680,830	(3,009)
Net Result		2,677,821	2,680,830	(3,009)

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

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 2019-20 (continued)

AASB 1058 Income of Not-for-Profit Entities (AASB 1058) (continued)

CONSOLIDATED

Impact on the Statement of Financial Position (increase/(decrease)):

		30 June 2020 AASB 1058	30 June 2020 Without adoption of AASB 1058	30 June 2020 Impact of AASB 1058
	Notes	\$'000	\$'000	\$'000
Liabilities				
Other liabilities	(a)	65,084	364	64,720
Total liabilities		65,084	364	64,720
Equity				
Accumulated funds		(65,084)	(364)	(64,720)
Total adjustments to equity		(65,084)	(364)	(64,720)

The adoption of AASB 1058 did not have an impact on Other Comprehensive Income and the Statement of Cash Flows for the consolidated entity for the financial year.

The nature of these adjustments on the consolidated entity is described below:

- (a) Income from grants to construct non-financial assets to be controlled by the entity were previously recognised upon receipt of cash. Under the new revenue recognition requirements of AASB 1058, income should have been recognised over time as the non-financial assets are being constructed. This has led to deferral of grant income where the entity has not yet satisfied its obligations to construct or acquire the assets.

The reason for the changes in grants and other contributions is due to the timing of revenue received to construct non-financial assets to be controlled by the consolidated entity.

The adoption of AASB 1058 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 2020

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 2019-20 (continued)*

AASB 16 Leases (AASB 16)

AASB 16 supersedes AASB 117 *Leases* (AASB 117), Interpretation 4 *Determining whether an Arrangement contains a Lease*, Interpretation 115 *Operating Leases – Incentives* and Interpretation 127 *Evaluating the Substance of Transactions Involving the Legal Form of a Lease*. The standard sets out the principles for the recognition, measurement, presentation and disclosure of leases and requires lessees to recognise most leases on the Statement of Financial Position.

Lessor accounting

Lessor accounting under AASB 16 is substantially unchanged from AASB 117. Lessors will continue to classify leases as either operating or finance leases using similar principles as in AASB 117. Therefore, AASB 16 does not have a significant impact for leases where the entity is the lessor.

Lessee accounting

AASB 16 requires the consolidated entity to account for all leases under a single on-balance sheet model similar to the accounting for finance leases under AASB 117. As the lessee, the consolidated entity recognises a lease liability and right-of-use asset at the inception of the lease. The lease liability is measured at the present value of the future lease payments, discounted using the interest rate implicit in the lease, or the lessee's incremental borrowing rate if the interest rate implicit in the lease cannot be readily determined. The corresponding right-of-use asset is measured at the value of the lease liability adjusted for lease payments before inception, lease incentives, initial direct costs and estimates of costs for dismantling and removing the asset or restoring the site on which it is located.

The consolidated entity has adopted the partial retrospective option in AASB 16, where the cumulative effect of initially applying AASB 16 is recognised on 1 July 2019 and the comparatives for the year ended 30 June 2019 are not restated.

In relation to leases that had previously been classified as 'operating leases' under AASB 117, a lease liability is recognised at 1 July 2019 at the present value of the remaining lease payments, discounted using the lessee's incremental borrowing rate at the date of initial application. The weighted average lessee's incremental borrowing rate applied to the lease liabilities on 1 July 2019 was 1.82% (parent entity: 1.66%).

The corresponding right-of-use asset is initially recorded on transition at an amount equal to the lease liability, adjusted by the amount of any prepaid or accrued lease payments relating to that lease recognised in the Statement of Financial Position as at 30 June 2019. The exception is right-of-use assets that are subject to accelerated depreciation. These assets are measured at their fair value at 1 July 2019.

For leases previously classified as finance lease, the consolidated entity recognised the carrying amount of the lease asset and lease liability immediately before transition as the carrying amount of the right of use asset and the lease liability at the date of initial application. The measurement principles of AASB 16 are only applied after that date.

The consolidated entity elected to use the practical expedient to expense lease payments for lease contracts that, at their commencement date, have a lease term of 12 months or less and do not contain a purchase option (short-term leases), and lease contracts for which the underlying asset is valued at \$10,000 or under when new (low-value assets).

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

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 2019-20 (continued)

AASB 16 Leases (AASB 16) (continued)

In applying AASB 16 for the first time, the consolidated entity has used the following practical expedients permitted by the standard:

- not reassess whether a contract is, or contains, a lease at 1 July 2019, for those contracts previously assessed under AASB 117 and Interpretation 4;
- applying a single discount rate to a portfolio of leases with reasonably similar characteristics;
- relying on its previous assessment on whether leases are onerous immediately before the date of initial application as an alternative to performing an impairment review;
- not recognise a lease liability and right-of-use-asset for short-term leases that end within 12 months of the date of initial application;
- excluding the initial direct costs from the measurement of the right-of-use asset at the date of initial application; and
- using hindsight in determining the lease term where the contract contained options to extend or terminate the lease.

The effect of adopting AASB 16 on the Statement of Financial Position as at 1 July 2019 (increase/ (decrease)) is, as follows:

CONSOLIDATED

	1 July 2019 \$'000
Assets	
Property, plant and equipment	(37,559)
Right-of-use assets	758,884
Total assets	<u>721,325</u>
Liabilities	
Borrowings	721,228
Provisions	97
Total liabilities	<u>721,325</u>
Equity	
Accumulated funds	8,977
Asset revaluation reserve	(8,977)
Total equity	<u>-</u>

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

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 2019-20 (continued)

AASB 16 Leases (AASB 16) (continued)

The lease liabilities as at 1 July 2019 can be reconciled to the operating lease commitments as of 30 June 2019 as follows:

CONSOLIDATED

	1 July 2019
	\$'000
Operating lease commitments as at 30 June 2019 (GST included)	768,549
Less: GST included in operating lease commitments	69,560
Operating lease commitments as at 30 June 2019 (GST excluded)	698,989
Weighted average incremental borrowing rate as at 1 July 2019	1.82%
Discounted operating lease commitments as at 1 July 2019	650,874
Add: commitments relating to leases previously classified as finance leases (GST excluded)	33,863
(Less): commitments relating to short-term leases	(12,765)
(Less): commitments relating to low-value assets	(2,995)
(Less): commitments including service charges	(56,893)
Add: contracts re-assessed as lease contracts	83,040
Add: lease payments relating to renewal periods not included in operating lease commitments as at 30 June 2019	72,134
(Less): adjustments relating to differences in rental amounts, including changes in the index or rate affecting variable payments	(2,925)
(Less): Other adjustments	(9,243)
Lease liabilities as at 1 July 2019	755,090

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

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 2019-20 (continued)

AASB 16 Leases (AASB 16) (continued)

The effect of adopting AASB 16 on the Statement of Financial Position as at 1 July 2019 (increase/ (decrease)) is, as follows:

PARENT

	1 July 2019 \$'000
Assets	
Right-of-use assets	22,335
Total assets	<u>22,335</u>
Liabilities	
Borrowings	22,335
Total liabilities	<u>22,335</u>
Equity	
Accumulated funds	-
Total equity	<u>-</u>

The lease liabilities as at 1 July 2019 can be reconciled to the operating lease commitments as of 30 June 2019 as follows:

	1 July 2019 \$'000
Operating lease commitments as at 30 June 2019 (GST included)	27,783
Less: GST included in operating lease commitments	2,478
Operating lease commitments as at 30 June 2019 (GST excluded)	<u>25,305</u>
Weighted average incremental borrowing rate as at 1 July 2019	1.66%
Discounted operating lease commitments as at 1 July 2019	<u>24,271</u>
Add: contracts re-assessed as lease contracts	277
(Less): adjustments relating to differences in rental amounts, including changes in the index or rate affecting variable payments	<u>(2,213)</u>
Lease liabilities as at 1 July 2019	<u>22,335</u>

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

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 following new Australian Accounting Standards, excluding standards not considered applicable or material to the consolidated entity, have not been applied and are not yet effective. The possible impact of these standards in the period of initial application includes:

AASB 1059 Service Concession Arrangements: Grantors (AASB 1059)

AASB 1059 is applicable to public sector entities only and is effective for annual periods beginning on or after 1 January 2020. This standard requires the grantor to recognise a service concession asset in a service concession arrangement where it controls the asset. A corresponding financial liability and/or grant of right liability is also recognised depending on the nature of the consideration exchanged. Service concession assets (including those provided by the operator, an upgrade to or a major component replacement of an existing asset of the grantor; and existing assets of the grantor – also applicable to previously unrecognised intangible assets except goodwill) are initially measured at current replacement cost based on AASB 13 *Fair Value Measurement* principles. They are subsequently accounted for under AASB 116 *Property, Plant & Equipment* or AASB 138 *Intangible Assets*. Service concession liabilities are initially measured at the same amount as the service concession asset and subsequently measured using either the 'financial liability' model applying AASB 9 *Financial Instruments* or, the 'grant of right to operator' model under AASB 1059. AASB 1059 requires retrospective application.

Overview of Assessment Activities

The consolidated entity has completed its impact assessment of AASB 1059 by reviewing all material arrangements where the private sector is performing any services on behalf of the consolidated entity. Any identified arrangements has been assessed whether it falls within the scope of AASB 1059. If it does meet the scoping guidelines of AASB 1059, financial impacts were calculated.

Upon review, the consolidated entity has identified the following arrangements impacted by AASB 1059:

- (a) St George car park
- (b) Randwick car park
- (c) Royal North Shore Hospital car parks
- (d) Northern Beaches Hospital PPP (excluding the private portion)
- (e) Hawkesbury Hospital

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

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 (continued)

AASB 1059 Service Concession Arrangements: Grantors (AASB 1059) (continued)

Financial impact estimated as follows:

CONSOLIDATED

	1 July 2019 Increase / (decrease) \$'000
<hr/>	
Assets	
Service concession assets	650,494
Emerging asset	(49,140)
Property, plant and equipment	(489,631)
Total assets	<hr/> 111,722
Liabilities	
Non-financial liabilities	(49,319)
Financial liabilities	14,459
Grant of a right to the operator liability	124,777
Total liabilities	<hr/> 89,917
Increase / (decrease) in Accumulated Funds	<hr/> 21,806

Net impact on the net result for 2020 and 2021 is estimated to be a decrement of \$3.79 million and \$5.04 million respectively.

Application Date

The consolidated entity plans to adopt the new accounting standards on the required effective date in line with the NSW Treasury's instructions.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

2. Employee related expenses

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Salaries and wages (including annual leave and ADOs)	12,927,807	12,176,034	145,382	130,284
Superannuation - defined benefit plan	83,606	93,355	987	980
Superannuation - defined contribution plan	1,126,322	1,058,471	11,854	10,695
Long service leave	634,541	887,664	8,010	10,462
Redundancies	19,372	3,915	497	451
Workers' compensation insurance	194,401	176,575	267	246
Payroll tax and fringe benefits tax	13,504	11,804	11,642	10,477
	14,999,553	14,407,818	178,639	163,595

Refer to Note 35 for further details on recognition and measurement of employee related expenses.

Employee related costs of \$20.4 million (2019: \$40.0 million) (parent entity: \$Nil (2019: \$Nil)) have been capitalised in property, plant and equipment and intangible assets and are excluded from the above.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

3. Operating expenses

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Ambulance transportation costs	116,385	154,081	-	-
Auditor's remuneration	4,504	4,553	581	568
Blood and blood products	144,861	146,545	24,387	26,663
Capital project expense	76,729	53,505	1,363	12,486
Works performed for entities controlled by the ultimate parent	78,719	62,485	-	-
Consultants	29,231	26,857	4,757	1,549
Contractors	193,448	162,313	12,035	12,161
Domestic supplies and services	158,032	143,652	1,103	1,046
Electricity, gas and water	175,459	183,543	424	489
Food Supplies	114,958	116,764	-	-
Information management expenses	273,805	282,835	36,821	37,760
Insurance	296,066	292,934	268,243	268,263
Interstate patient outflows	267,124	262,252	267,124	262,214
Legal services	13,856	13,948	3,249	2,758
Maintenance (see (a) below)	617,130	574,442	4,812	6,448
Medical and surgical supplies	908,851	905,410	8,014	6,192
Motor vehicle expenses	47,455	48,017	28	99
Office expenses	95,831	99,732	3,745	4,501
Operating lease rental expenses	-	174,179	-	11,216
Expenses relating to short-term leases	37,762	-	46	-
Expenses relating to leases of low-value assets	8,537	-	39	-
Variable lease payments, not included in lease liabilities	925	-	-	-
Other management services	153,791	157,908	76,786	62,573
Outsourced patient care	399,415	258,125	17,552	-
Pharmaceutical supplies	872,423	869,197	135,671	138,139
Specialised health services	431,103	407,907	638	45
Staff related costs	159,340	177,957	6,739	7,518
Travel expenses	86,984	111,008	1,416	1,918
Viability payments to private hospitals	184,133	-	184,133	-
Visiting medical officers	914,897	862,108	-	-
General expenses	240,631	163,608	76,477	21,023
	7,102,385	6,715,865	1,136,183	885,629

General expenses of \$240.6 million (2019: \$163.6 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 2020

3. Operating expenses (continued)

(a) Reconciliation of total maintenance

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Maintenance contracts	226,108	217,207	1,507	1,844
New/replacement equipment under \$10,000	241,815	217,939	2,042	3,315
Repairs maintenance/non contract	148,268	138,098	1,013	1,124
Other	939	1,198	250	165
Maintenance expense - contracted labour and other (non-employee related), as above	617,130	574,442	4,812	6,448
Employee related maintenance expense (Note 2)	62,709	60,524	-	-
Total maintenance expenses	679,839	634,966	4,812	6,448

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 32.

Insurance

The consolidated entity's insurance activities are conducted through the NSW Treasury Managed Fund (TMF) Scheme of self insurance for Government entities. The expense (premium) is determined by the fund manager based on past claim experience. The TMF is managed by NSW Self Insurance Corporation (SiCorp), an entity controlled by the ultimate parent.

Lease expenses

Lease expense (up to 30 June 2019)

Operating leases

Up to 30 June 2019, operating lease payments are recognised as an operating expense in the Statement of Comprehensive Income on a straight-line basis over the lease term. An operating lease is a lease other than a finance lease.

Lease expense (from 1 July 2019)

From 1 July 2019, 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.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

4. Depreciation and amortisation

	Consolidated 2020 \$'000	Consolidated ¹ 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Depreciation - buildings	572,657	542,838	4,070	4,222
Depreciation - plant and equipment	238,979	229,922	437	516
Depreciation - infrastructure systems	25,538	24,448	106	70
Depreciation - right-of-use land and buildings	77,810	-	8,805	-
Depreciation - right-of-use plant and equipment	77,484	-	-	-
Amortisation - intangible assets	83,487	70,269	372	305
	1,075,955	867,477	13,790	5,113

¹ Depreciation - buildings has been restated to be \$0.55 million higher in the prior year for the consolidated entity. Refer to Note 17 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.

5. Grants and subsidies

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Payments to entities controlled by the Ministry	-	-	20,012,929	18,610,047
Payments to other Affiliated Health Organisations	980,394	914,809	650,539	607,835
Grants provided to support:				
- Community packages	32,197	28,431	-	-
- Grants to research organisations	116,523	131,954	82,279	95,056
- Non-Government organisations	167,934	164,529	86,225	84,090
Grants paid to entities controlled by the ultimate parent	7,119	26,625	-	23,192
Other grants	199,354	154,771	172,090	129,071
	1,503,521	1,421,119	21,004,062	19,549,291

Recognition and Measurement

Grants and subsidies generally comprise contributions in cash or in kind to various local government authorities and not-for-profit community organisations to support their health-related objectives and activities. The grants and subsidies are expensed on the transfer of the cash or assets. The transferred assets are measured at their fair value.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

6. Finance costs

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Interest expense from finance lease	101,248	102,474	-	-
Interest expense from lease liabilities	13,617	-	303	-
Interest expense from financial liabilities at amortised cost	1,311	1,495	-	-
Other interest and charges	5,518	4,138	1,972	580
	121,694	108,107	2,275	580

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 2020

7. Revenue

Recognition and Measurement

Until 30 June 2019, income is recognised in accordance with AASB 111 *Construction Contracts*, AASB 118 *Revenue* and AASB 1004 *Contributions*.

From 1 July 2019, 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.

8. Appropriations and transfers to the Crown Entity

Summary of compliance

	Consolidated 2020		Consolidated 2019	
	\$'000	\$'000	\$'000	\$'000
	Appropriations	Expenditure	Appropriations	Expenditure
Original budget per Appropriation Act	14,601,021	14,060,044	13,514,974	13,272,795
Other appropriations / expenditure:				
Section 4.11 GSF Act / Section 26 PFAA – Commonwealth specific purpose payments	6,685	6,685	11,390	-
Section 4.13 GSF Act Exigency of Government	859,800	859,800	-	-
Total annual appropriations / expenditure / net claim on annual appropriations (includes transfer payments)	15,467,506	14,926,529	13,526,364	13,272,795
Amount drawn down against annual appropriations		14,926,529		13,272,795
Appropriations (per consolidated statement of comprehensive income):				
Recurrent		13,119,877		11,422,907
Capital		1,806,652		1,849,888
		14,926,529		13,272,795

The Ministry of Health receives its funding under appropriations from the Consolidated Fund. Appropriations for each financial year are set out in the Appropriation Act for that year. Due to COVID-19, the State Budget and related 2020-21 Appropriation Bill has been delayed and is anticipated to be tabled in November/December 2020. However, pursuant to section 4.10 of the GSF Act, the Treasurer has authorised Ministers to spend specified amounts from Consolidated Fund. This authorisation is current from 1 July 2020 until the earlier of 31 December 2020 (or another prescribed by the regulations) or enactment of the 2020-21 annual Appropriations Act.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

8. Appropriations and transfers to the Crown Entity (continued) Summary of compliance (continued)

	Consolidated		Parent	
	2020	2019	2020	2019
- deemed appropriations:	\$'000	\$'000	\$'000	\$'000
Opening balance	1,316,849	1,313,267	334,204	368,065
Add: additions of deemed appropriations	6,387,548	5,364,179	633,897	609,127
Less: expenditure charged against deemed appropriations	5,045,438	5,360,597	239,730	642,988
Closing balance	2,658,959	1,316,849	728,371	334,204

Notes:

1. The summary of compliance is based on the assumption that annual appropriation monies are spent first (except where otherwise identified or prescribed).
2. 'Expenditure' refers to cash payments. The term 'expenditure' has been used for payments for consistency with AASB 1058 *Income of Not-for-Profit Entities*.

Recognition and Measurement

Parliamentary appropriations

Until 30 June 2019, except as specified below, 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.
- Lapsed appropriations are recognised as liabilities rather than income, as the authority to spend the money lapses and the unspent amount is not controlled by the consolidated entity.
- The liability is disclosed in Note 36 as part of 'Current liabilities - other'. The liability will be extinguished next financial year through the next annual Appropriations Act.

After AASB 15 and AASB 1058 became effective on 1 July 2019, the treatment of appropriations remains the same, because appropriations do not contain an enforceable sufficiently specific performance obligation as defined by AASB 15.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

9. Sale of goods and services from contracts with customers / Sale of goods and services

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Sale of goods comprise the following				
Sales and recoveries of pharmaceutical supplies	408,130	393,136	-	-
Sales of prostheses	62,560	60,528	-	-
Other	29,581	52,281	-	160
	500,271	505,945	-	160
Rendering of services comprise the following				
<i>Patients</i>				
Ambulance transportation fees	59,576	56,663	-	-
Fees for clinical services	46,836	44,503	-	-
Fees for medical services rendered	1,036,002	1,168,093	48,293	61,304
Interstate patient inflows	100,358	128,945	100,358	128,945
Motor accident third party insurance covered	148,959	153,205	-	1,812
<i>General Community</i>				
Car parking fees	46,277	50,093	-	-
Commercial activities	42,557	45,185	-	-
Fees for non-medical services	2,878	2,651	-	-
<i>Non-NSW Health entities</i>				
Services provided to non NSW Health organisations	21,347	18,174	-	-
<i>Entities controlled by the ultimate parent</i>				
Fees for capital works performed	78,719	62,485	-	-
<i>Other</i>				
Fees for private usage of hospital's facilities	495,089	505,512	-	-
General user charges fees	41,188	48,108	1,606	7,628
Personnel service fees recharged	23,007	20,812	23,007	20,812
Shared corporate services fees	-	-	-	394
Other services	31,294	34,596	166	138
	2,174,087	2,339,025	173,430	221,033
	2,674,358	2,844,970	173,430	221,193

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

9. Sale of goods and services from contracts with customers / Sale of goods and services (continued)

Recognition and Measurement

Sales of goods (until 30 June 2019)

Revenue from the sale of goods is recognised as revenue when the consolidated entity transfers the significant risks and rewards of ownership of the assets, usually on delivery of the goods.

Sales of goods from contracts with customers (from 1 July 2019)

Revenue from sale of goods is recognised when the consolidated entity satisfies the performance obligation by transferring the promised goods. Sale of goods comprises mainly sales and recovery of pharmaceutical supplies and sales of prosthesis. The consolidated entity typically satisfies its performance obligations when the pharmaceutical supplies and prosthesis are supplied to the customer. The payments are typically due when invoiced.

Revenue from these sales is recognised based on the price specified in the contract, 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.

Rendering of services (until 30 June 2019)

Revenue from rendering of services is recognised when the service is provided or by reference to the type and stage of services provided to date.

Rendering of services from contracts with customers (from 1 July 2019)

Revenue from rendering of services is recognised when the consolidated entity satisfies the performance obligation by transferring the promised services. Services comprise mainly of patient services and other non-patient related services.

Patient services

The consolidated entity typically satisfies its performance obligations when daily treatments are provided to patients under a contract. The payments for these services are typically due when invoiced.

Non-patient related services

Non-patient related services include, but are not limited to, car parking fees, commercial activities, fees for private usage of facilities, and services performed for entities controlled by the ultimate parent. The consolidated entity typically satisfies its performance obligations when the related services are provided to the customers under a contract. The payments for these services are typically due when invoiced.

Revenue is measured at the transaction price agreed under various contracts. No element of financing is deemed present as payments are due when service is provided.

Refer to Note 33 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 2020

10. Investment revenue

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Interest income from financial assets at amortised cost	14,960	26,479	2,214	3,427
Finance income on the net investment in the lease	221	-	-	-
Net gain / (loss) from TCorp IM Funds measured at fair value through profit or loss	4,222	4,509	-	-
Royalties	64	245	-	-
Dividends	11	13	-	-
Other	-	5,400	-	-
	19,478	36,646	2,214	3,427

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

Until 30 June 2019, royalties are recognised on an accrual basis in accordance with the substance of the relevant agreement.

From 1 July 2019, 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 2020

11. Grants and other contributions

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Clinical drug trials	-	43,562	-	-
Commonwealth National Health Reform Funding	-	6,740,998	-	6,740,998
Commonwealth Government grants	-	255,521	-	109,854
Grants from entities controlled by the ultimate parent	-	219,161	-	105,756
Grants received from entities controlled by the Ministry	-	-	-	5,500
Research grants	-	25,132	-	-
Other grants	-	105,189	-	680
Grants to acquire / construct a recognisable non-financial asset to be controlled by the entity				
- Grants to acquire / construct non-financial asset	15,440	-	-	-
Other grants with sufficiently specific performance obligations				
- Commonwealth National Health Reform Funding	5,472,169	-	5,472,169	-
- Commonwealth National Partnership Agreement on COVID-19	874,613	-	874,613	-
- Commonwealth Government grants for community based services	87,816	-	-	-
- Commonwealth Government grants - other	32,165	-	929	-
- Clinical drug trials and research grants	67,737	-	-	-
- Grants from entities controlled by the ultimate parent	11,396	-	3,559	-
- Other grants	60,609	-	2,317	-
Grants without specific performance obligations				
- Commonwealth National Health Reform Funding	1,258,716	-	1,258,716	-
- Commonwealth Government grants - other	138,455	-	123,862	-
- Clinical drug trials and research grants	17,609	-	-	-
- Grants from entities controlled by the ultimate parent	435,627	-	122,170	-
- NSW Treasurer's state contingency grant	950,361	-	16,561	-
- Other grants	31,613	-	697	-
Donations	45,379	48,686	-	-
	9,499,705	7,438,249	7,875,593	6,962,788

Recognition and Measurement

Grants and other contributions (until 30 June 2019)

Income from grants (other than contribution by owners) is recognised when the consolidated entity obtains control over the contribution. The consolidated entity is deemed to have assumed control when the grant is received or receivable.

Contributions are recognised at their fair value. Contributions of services are recognised when and only when a fair value of those services can be reliably determined and the services would be purchased if not donated.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

11. Grants and other contributions (continued)

Grants and other contributions (from 1 July 2019) (continued)

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 is recognised when the consolidated entity satisfies a performance obligation by transferring the promised goods or services. The consolidated entity typically receives grants in respect of 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 agreed timetable or on achievement of different milestones set up in the contract.

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 33 for the transaction price allocated to the performance obligations that have not been satisfied at the end of the year and when it is expected to be recognised as revenue.

Income from grants without sufficiently specific performance obligations is recognised when the consolidated entity obtains control over the granted assets (e.g. cash).

Volunteer services

Receipt of volunteer services is recognised when and only when the fair value of those services can be reliably determined and the services would have been purchased if not donated. The consolidated entity receives volunteer services for the below activities:

- Chaplaincies and Pastoral Care
- Pink Ladies / Hospital Auxiliaries
- Patient Support Groups
- Community Organisations
- Health Education
- Patient and Family Support
- Patient Services, Fund Raising
- Practical Support to Patients and Relatives
- Counselling, Transport, Home Help and Patient Activities

Receipt of these services, while important, is not recognised because typically such services would not have been purchased if not donated.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

12. Acceptance by the Crown Entity of employee benefits

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Superannuation - defined benefit plan	83,606	93,355	987	980
Long service leave provision	596,876	825,868	7,334	9,461
Payroll tax	53	53	53	53
	680,535	919,276	8,374	10,494

13. Other income

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Commissions	2,968	3,471	-	-
Discounts	3,156	3,941	-	3
Emerging assets of private sector provided infrastructure	4,552	6,643	-	-
Insurance refunds	7,307	7,806	-	-
Lease and rental income				
- other rental income	36,928	36,698	2,477	1,659
Treasury Managed Fund hindsight adjustment	37,920	47,001	37,920	426
Property not previously recognised	27,187	-	-	-
Other	48,870	52,183	2,418	7,251
	168,888	157,743	42,815	9,339

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 arise 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.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

14. Gains / (losses) on disposal

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Gains / (losses) on disposal of:				
Property, plant and equipment				
Written down value of assets disposed	61,896	79,451	36,797	17,363
Less: Proceeds from disposal	47,386	36,396	36,792	17,332
Less: Finance lease receivable	-	7,103	-	-
Net gains / (losses) on disposal	(14,510)	(35,952)	(5)	(31)
Right-of-use assets				
Written down value of assets disposed	2,297	-	-	-
Less: lease liabilities extinguished	2,329	-	-	-
Net gains / (losses) on disposal	32	-	-	-
Intangible assets				
Written down value of assets disposed	10	379	-	-
Net gains / (losses) on disposal	(10)	(379)	-	-
Assets held for sale				
Written down value of assets disposed	1,088	6,318	-	-
Less: Proceeds from disposal	1,685	6,830	-	-
Net gains / (losses) on disposal	597	512	-	-
Financial assets				
Written down value of financial assets	356,350	364,765	-	-
Less: Proceeds from sale of financial assets	356,350	364,765	-	-
Net gains / (losses) on disposal	-	-	-	-
Total gains / (losses) on disposal	(13,891)	(35,819)	(5)	(31)

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

15. Other gains / (losses)

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Impairment losses on assets held for sale	(456)	-	-	-
Impairment losses on right-of-use assets	(2,898)	-	-	-
Foreign exchange gains / (losses)	1,342	-	9,956	-
	(2,012)	-	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 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 31 Restricted assets.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

17. Prior Period Errors

Historically the Thomas Walker Convalescent Hospital has been reflected in the NSW Health Foundation's Financial Statements, a non-controlled entity of the ultimate parent, as the legal title vested with the NSW Health Foundation.

Section 19A of the *Walker Trusts Act 1938* provides for the overall control, management and administration of the Estate to Royal Prince Alfred Hospital, which forms part of Sydney Local Health District, a controlled entity of the Ministry. On that basis, Sydney Local Health District should have recognised Thomas Walker Convalescent Hospital in their Statement of Financial Position in the current and prior periods.

The error has been corrected during the year, with retrospective adjustments made in the prior periods. Land and buildings has increased by \$50.5 million as at 1 July 2018 for the consolidated entity, while depreciation expense increased by \$0.5 million for the year ended 30 June 2019.

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.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

17. Prior Period Errors (continued)

Statement of Comprehensive Income for the year ended 30 June 2019

	Notes	Original Actual 2019 \$'000	Adjustment Actual 2019 \$'000	Restated Actual 2019 \$'000
Continuing operations				
Expenses excluding losses				
Employee related expenses	2	14,407,818	-	14,407,818
Operating expenses	3	6,715,865	-	6,715,865
Depreciation and amortisation	4	866,928	549	867,477
Grants and subsidies	5	1,421,119	-	1,421,119
Finance costs	6	108,107	-	108,107
Total expenses excluding losses		23,519,837	549	23,520,386
Revenue				
Appropriations	8	13,272,795	-	13,272,795
Acceptance by the Crown Entity of employee benefits and other liabilities	12	919,276	-	919,276
Sale of goods and services	9	2,844,970	-	2,844,970
Investment revenue	10	36,646	-	36,646
Grants and other contributions	11	7,438,249	-	7,438,249
Other income	13	157,743	-	157,743
Total revenue		24,669,679	-	24,669,679
Operating result		1,149,842	(549)	1,149,293
Gains / (losses) on disposal	14	(35,819)	-	(35,819)
Impairment losses on financial assets	20	(37,805)	-	(37,805)
Net result from continuing operations		1,076,218	(549)	1,075,669
Net result		1,076,218	(549)	1,075,669
Other comprehensive income				
<i>Items that will not be reclassified to net result in subsequent periods</i>				
Changes in revaluation surplus of property, plant and equipment	25	1,841,750	-	1,841,750
Changes in revaluation surplus of other assets	28	(1,544)	-	(1,544)
Total other comprehensive income		1,840,206	-	1,840,206
TOTAL COMPREHENSIVE INCOME		2,916,424	(549)	2,915,875

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

17. Prior Period Errors (continued)

Statement of Financial Position as at 1 July 2018 and 30 June 2019

	Notes	Original 1 July 2018 \$'000	Adjustment \$'000	Restated 1 July 2018 \$'000	Original 2019 \$000	Adjustment \$'000	Restated 2019 \$'000
ASSETS							
Current assets							
Cash and cash equivalents	19	1,313,267	-	1,313,267	1,316,849	-	1,316,849
Receivables	20	803,005	-	803,005	888,069	-	888,069
Inventories	22	206,191	-	206,191	177,646	-	177,646
Financial assets at fair value	23	44,448	-	44,448	121,328	-	121,328
Other financial assets	24	314,786	-	314,786	255,336	-	255,336
		<u>2,681,697</u>	-	<u>2,681,697</u>	<u>2,759,228</u>	-	<u>2,759,228</u>
Non-current assets held for sale	29	40,943	-	40,943	55,578	-	55,578
Total current assets		<u>2,722,640</u>	-	<u>2,722,640</u>	<u>2,814,806</u>	-	<u>2,814,806</u>
Non-current assets							
Receivables	20	11,851	-	11,851	22,808	-	22,808
Financial assets at fair value	23	37,044	-	37,044	32,088	-	32,088
Property, plant and equipment							
- Land and buildings	25	14,960,365	50,496	15,010,861	18,127,918	49,947	18,177,865
- Plant and equipment	25	1,205,494	-	1,205,494	1,232,185	-	1,232,185
- Infrastructure systems	25	463,618	-	463,618	463,797	-	463,797
Total property, plant and equipment		<u>16,629,477</u>	<u>50,496</u>	<u>16,679,973</u>	<u>19,823,900</u>	<u>49,947</u>	<u>19,873,847</u>
Intangible assets	27	675,142	-	675,142	704,238	-	704,238
Other non-current assets	28	62,203	-	62,203	67,302	-	67,302
Total non-current assets		<u>17,415,717</u>	<u>50,496</u>	<u>17,466,213</u>	<u>20,650,336</u>	<u>49,947</u>	<u>20,700,283</u>
Total assets		<u>20,138,357</u>	<u>50,496</u>	<u>20,188,853</u>	<u>23,465,142</u>	<u>49,947</u>	<u>23,515,089</u>

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

17. Prior Period Errors (continued)

Statement of Financial Position as at 01 July 2018 and 30 June 2019 (continued)

	Notes	Original 1 July 2018 \$'000	Adjustment \$'000	Restated 1 July 2018	Original 2019 \$000	Adjustment \$'000	Restated 2019 \$'000
LIABILITIES							
Current liabilities							
Payables	32	1,688,281	-	1,688,281	1,810,245	-	1,810,245
Borrowings	34	18,591	-	18,591	11,917	-	11,917
Provisions	35	2,167,508	-	2,167,508	2,309,387	-	2,309,387
Other current liabilities	36	27,432	-	27,432	108,690	-	108,690
Total current liabilities		3,901,812	-	3,901,812	4,240,239	-	4,240,239
Non-current liabilities							
Borrowings	34	1,101,560	-	1,101,560	1,090,175	-	1,090,175
Provisions	35	44,064	-	44,064	41,720	-	41,720
Other non-current liabilities	36	95,581	-	95,581	182,842	-	182,842
Total non-current liabilities		1,241,205	-	1,241,205	1,314,737	-	1,314,737
Total liabilities		5,143,017	-	5,143,017	5,554,976	-	5,554,976
Net assets		14,995,340	50,496	15,045,836	17,910,166	49,947	17,960,113
EQUITY							
Reserves		5,137,130	-	5,137,130	6,937,950	-	6,937,950
Accumulated funds		9,858,210	50,496	9,908,706	10,972,216	49,947	11,022,163
Total equity		14,995,340	50,496	15,045,836	17,910,166	49,947	17,960,113

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

18. Program groups of the Consolidated Entity
(a) Program group statements of the Consolidated Entity (From 1 July 2019)

CONSOLIDATED

	Program Group 1 * Population Health		Program Group 2 * Community Health Care Systems		Program Group 3 * Emergency Health Care Services		Program Group 4 * Acute Services		Program Group 5 * Sub and Non Acute Health Care Services		Program Group 6 * Research Capabilities		Program Group 7 * Independent Advisory Bodies		Not Attributable ***		Total	
	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000
Continuing operations																		
Expenses excluding losses																		
Employee related expenses	528,804		3,715,312		2,140,940		7,160,505		864,311		589,781						14,999,553	
Operating expenses	283,690		1,729,187		882,792		3,681,330		303,036		222,350						7,102,385	
Depreciation and amortisation	31,389		280,484		194,373		489,548		52,262		27,899						1,075,955	
Grants and subsidies	27,685		639,767		77,733		497,037		93,561		137,129		30,609				1,503,521	
Finance costs	2,564		33,814		17,574		59,091		3,265		5,386						121,694	
Total expenses excluding losses	874,132		6,398,564		3,313,312		11,887,511		1,316,435		982,545		30,609				24,803,108	
Revenue																		
Appropriations **																		
Acceptance by the Crown Entity of employee benefits and other liabilities																		
customers	27,094		183,417		89,192		319,344		34,139		27,348						14,926,529	
Investment revenue	5,390		732,039		144,292		1,430,420		354,894		7,323						680,534	
Grants and other contributions	551		4,633		1,737		9,757		2,139		661						2,674,358	
Other income	245,793		1,877,137		814,113		5,404,998		850,729		306,935						9,499,705	
Total revenue	4,448		37,504		14,033		90,204		17,360		5,339						168,888	
Gains / (losses) on disposal	283,276		2,834,730		1,063,367		7,254,723		1,259,261		347,606						27,969,492	
Impairment losses on financial assets																	(13,897)	
Other gains / (losses)																	(41,251)	
Net result from continuing operations	(590,856)		(3,563,834)		(2,249,945)		(4,632,788)		(57,174)		(634,939)		(30,609)				(2,012)	
Net result from discontinued operations																		
Net result	(590,856)		(3,563,834)		(2,249,945)		(4,632,788)		(57,174)		(634,939)		(30,609)				3,109,230	
Other comprehensive income																		
Items that will not be reclassified to net result in subsequent periods																		
Changes in revaluation surplus of property, plant and equipment	9,654		86,268		59,783		150,569		16,074		8,581						330,929	
Change in revaluation surplus of other assets	75		680		471		1,166		127		68						2,607	
Total other comprehensive income	9,729		86,948		60,254		151,735		16,201		8,649						333,536	
Total comprehensive income	(581,127)		(3,476,886)		(2,189,691)		(4,481,033)		(40,973)		(626,290)		(30,609)				3,442,766	

* The name and purpose of each program group is summarised in Note 18 (b).

** Program groups have been redefined in 2019-20 and as a result it is impracticable to adjust comparatives into the new program groups.

*** Appropriations are made on an entity basis and not to individual program groups. Consequently, appropriations are included in the 'Not Attributable' column.

Ministry of Health
Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

18. Program groups of the Consolidated Entity (continued)
(a) Program group statements of the Consolidated Entity (From 1 July 2019) (continued)

CONSOLIDATED

	1 * Population Health		2 * Community Health Care Systems		3 * Emergency Health Care Services		4 * Acute Services		5 * Sub and Non Acute Health Care Services		6 * Research Capabilities		7 * Independent Advisory Bodies		Not Attributable		Total	
	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000
ASSETS																		
Cash and cash equivalents	93,710	-	685,943	-	355,196	-	1,274,373	-	141,125	-	105,331	-	3,281	-	2,658,959	-	1,270,638	-
Receivables	2,560	-	347,806	-	68,556	-	679,620	-	168,617	-	3,479	-	-	-	2,031	-	921,933	-
Contract assets	3	-	556	-	110	-	1,086	-	270	-	6	-	-	-	157,609	-	100,592	-
Inventories	36,825	-	224,459	-	114,592	-	477,859	-	39,336	-	28,862	-	-	-	9,087	-	5,120,849	-
Financial assets at fair value	5,555	-	40,659	-	21,054	-	75,538	-	8,365	-	6,243	-	195	-	-	-	-	-
Other Financial Assets	3,545	-	25,950	-	13,438	-	48,211	-	5,339	-	3,985	-	124	-	-	-	-	-
Non-current assets held for sale	265	-	2,369	-	1,642	-	4,134	-	441	-	236	-	-	-	-	-	-	-
Total current assets	142,463	-	1,327,742	-	574,888	-	2,560,821	-	363,493	-	148,142	-	3,600	-	-	-	-	-
Non-current assets																		
Receivables	249	-	33,818	-	6,666	-	66,082	-	16,395	-	338	-	-	-	123,548	-	32,005	-
Financial assets at fair value	1,129	-	8,256	-	4,275	-	15,339	-	1,699	-	1,268	-	39	-	-	-	-	-
Property, plant and equipment																		
- Land and buildings	571,462	-	5,159,908	-	3,575,774	-	9,005,947	-	961,444	-	513,248	-	-	-	19,793,783	-	1,264,800	-
- Plant and equipment	36,899	-	329,712	-	228,488	-	575,470	-	61,435	-	32,796	-	-	-	510,076	-	1,186,464	-
- Infrastructure systems	14,881	-	132,968	-	92,146	-	232,079	-	24,776	-	13,226	-	-	-	715,886	-	62,037	-
Right-of-use assets	34,614	-	309,291	-	214,336	-	539,828	-	57,630	-	30,765	-	-	-	-	-	-	-
Intangible assets	20,885	-	186,619	-	129,326	-	325,720	-	34,773	-	18,563	-	-	-	-	-	-	-
Other non-current assets	2,185	-	16,004	-	8,287	-	29,733	-	3,293	-	2,458	-	77	-	-	-	-	-
Total non-current assets	688,304	-	6,176,576	-	4,259,298	-	10,790,198	-	1,161,445	-	612,662	-	116	-	23,688,599	-	28,809,448	-
TOTAL ASSETS	830,767	-	7,504,318	-	4,833,886	-	13,351,019	-	1,524,938	-	760,804	-	3,716	-	-	-	-	-
LIABILITIES																		
Current liabilities																		
Payables	73,659	-	448,977	-	229,213	-	955,843	-	78,682	-	57,732	-	-	-	1,844,106	-	425,763	-
Contract liabilities	11,017	-	84,131	-	36,487	-	242,244	-	38,128	-	13,756	-	-	-	172,785	-	2,560,496	-
Borrowings	6,089	-	44,574	-	23,081	-	82,872	-	9,171	-	6,845	-	213	-	90,382	-	5,093,532	-
Provisions	90,269	-	634,222	-	365,452	-	1,222,333	-	147,542	-	100,678	-	-	-	-	-	-	-
Other current liabilities	3,185	-	23,316	-	12,074	-	43,318	-	4,797	-	3,580	-	112	-	-	-	-	-
Total current liabilities	184,219	-	1,235,220	-	666,307	-	2,546,550	-	278,320	-	182,591	-	325	-	-	-	-	-
Non-current liabilities																		
Contract liabilities	3	-	19	-	8	-	55	-	9	-	3	-	-	-	97	-	2,089,914	-
Borrowings	73,655	-	539,144	-	279,180	-	1,001,644	-	110,923	-	82,789	-	2,579	-	44,025	-	264,012	-
Provisions	1,551	-	10,905	-	6,284	-	21,017	-	1,731	-	1,045	-	326	-	-	-	-	-
Other non-current liabilities	9,304	-	68,108	-	35,268	-	126,534	-	14,013	-	94,982	-	-	-	-	-	-	-
Total non-current liabilities	84,513	-	618,176	-	320,740	-	1,149,250	-	127,482	-	277,573	-	2,905	-	2,398,048	-	7,491,680	-
TOTAL LIABILITIES	268,732	-	1,853,396	-	987,047	-	3,695,800	-	405,802	-	460,164	-	3,230	-	-	-	-	-
NET ASSETS	562,035	-	5,650,922	-	3,846,839	-	9,655,219	-	1,119,136	-	290,640	-	486	-	21,377,868	-	21,377,868	-

* The name and purpose of each program group is summarised in Note 18 (b).

** Program groups have been redefined in 2019-20 and as a result it is impracticable to adjust comparatives into the new program groups.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

18. Program groups of the Consolidated Entity
(a) Program group statements of the Consolidated Entity (Until 30 June 2019)
CONSOLIDATED

CONSOLIDATED ENTITY EXPENSES AND INCOME	Program Group 1 * Acute Health Services		Program Group 2 * Sub-Acute Health Services		Program Group 3 * Mental Health Services		Program Group 4 * Community Health Care Services		Program Group 5 * Public Health Services		Program Group 6 * Research Capability		Program Group 7 * Ambulance Emergency Services		Program Group 8 * Independent Advisory Bodies		Not Attributable ***		Total	
	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	
Continuing operations																				
Expenses excluding losses																				
Employee related expenses		10,447,088		856,502		1,450,203		601,906		383,970		2,821		665,328						14,407,818
Operating expenses		5,170,357		310,492		392,521		187,191		349,569		2,384		303,351						6,715,865
Depreciation and amortisation		691,613		48,865		62,027		16,946		18,479				29,547						867,477
Grants and subsidies		986,197		89,312		161,269		13,023		52,370		87,486		3,172		28,290				1,421,119
Finance costs		93,655		4,049		6,063		483		1,909				1,948						108,107
Total expenses excluding losses		17,388,910		1,309,220		2,072,083		819,549		806,297		92,691		1,003,346		28,290				23,520,396
Revenue																				
Appropriations ***																				
Acceptance by the Crown Entity of employee benefits and other liabilities																				13,272,795
Sale of goods and services		679,089		591,111		82,962		26,989		26,648		96		44,381						919,276
Sale of goods and services from contracts with customers		2,231,936		265,438		117,274		69,910		7,133				153,279						2,844,970
Investment revenue		27,797		2,511		3,345		1,347		1,203				443						36,646
Grants and other contributions		6,130,204		381,559		520,031		248,429		157,785				241						7,438,249
Other income		91,138		13,473		19,511		9,133		6,771		871		16,846						157,743
Total revenue		9,160,164		722,092		743,123		355,808		199,540		967		215,190						24,669,679
Gains / (losses) on disposal																				(35,819)
Impairment losses on financial assets																				(37,805)
Net result from continuing operations		(8,228,746)		(587,128)		(1,328,960)		(463,741)		(606,757)		(91,724)		(788,156)		(28,290)				(1,075,669)
Net result from discontinued operations																				
Net result		(8,228,746)		(587,128)		(1,328,960)		(463,741)		(606,757)		(91,724)		(788,156)		(28,290)				1,075,669
Other comprehensive income																				
Changes in revaluation surplus of property, plant and equipment		1,511,750		106,894		135,686		37,071		40,424				9,925						1,841,750
Change in revaluation surplus of other assets		(1,274)		(156)		(69)		(41)		(4)										(1,544)
Total other comprehensive income		1,510,476		106,738		135,617		37,030		40,420				9,925						1,840,206
Total comprehensive income		(6,718,270)		(480,390)		(1,193,343)		(426,711)		(566,337)		(91,724)		(788,231)		(28,290)				2,915,875

* The name and purpose of each program group is summarised in Note 18 (b).

** Program groups have been realigned in 2019/20 and as a result it is impracticable to adjust comparatives into the new program groups.

*** Appropriations are made on an entity basis and not to individual program groups. Consequently, appropriations are included in the 'Not Attributable' column.

Depreciation and amortisation has been restated to be \$0.549 million higher in 2019 (Acute services: \$0.547 million, Sub-Acute Services: \$0.001 million and Mental Health Services: \$0.001 million). Refer to Note 17 for further details.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

18. Program groups of the Consolidated Entity (continued)
(a) Program group statements of the Consolidated Entity (Until 30 June 2019) (continued)
CONSOLIDATED

CONSOLIDATED ENTITY ASSETS AND LIABILITIES	Program Group 1* Acute Health Services		Program Group 2* Sub-Acute Health Services		Program Group 3* Mental Health Services		Program Group 4* Community Health Care Services		Program Group 5* Public Health Services		Program Group 6* Research Capability		Program Group 7* Ambulance/Emergency Services		Program Group 8* Independent Advisory Bodies		Not Attributable		Total		
	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000	2019** \$'000	2020 \$'000		
ASSETS																					
Current assets																					
Cash and cash equivalents	-	968,527	-	72,923	-	115,415	-	45,649	-	44,911	-	5,163	-	64,261	-	1,316,849	-	-	-	-	1,316,849
Receivables	-	697,499	-	85,341	-	37,705	-	22,477	-	2,293	-	-	-	42,754	-	885,069	-	-	-	-	885,069
Inventories	-	143,234	-	8,602	-	10,874	-	5,186	-	9,684	-	66	-	-	-	177,646	-	-	-	-	177,646
Financial assets at fair value	-	93,814	-	7,063	-	11,179	-	4,422	-	4,350	-	500	-	-	-	121,328	-	-	-	-	121,328
Other Financial Assets	-	197,432	-	14,865	-	23,527	-	9,305	-	9,155	-	1,052	-	-	-	255,336	-	-	-	-	255,336
Non-current assets held for sale	-	42,070	-	2,975	-	3,776	-	1,032	-	1,125	-	-	-	4,600	-	55,578	-	-	-	-	55,578
Total current assets	-	2,142,576	-	197,769	-	202,476	-	88,071	-	71,518	-	6,781	-	111,615	-	2,814,806	-	-	-	-	2,814,806
Non-current assets																					
Receivables	-	18,378	-	2,248	-	993	-	592	-	60	-	-	-	537	-	22,808	-	-	-	-	22,808
Financial assets at fair value	-	24,812	-	1,868	-	2,957	-	1,769	-	1,150	-	132	-	-	-	32,088	-	-	-	-	32,088
Property, plant and equipment	-	14,631,319	-	1,031,102	-	1,308,851	-	357,570	-	389,905	-	459,118	-	84,251	-	18,177,865	-	-	-	-	18,177,865
- Land and buildings	-	947,356	-	66,986	-	85,029	-	23,231	-	25,332	-	84,251	-	-	-	1,232,185	-	-	-	-	1,232,185
- Plant and equipment	-	382,758	-	27,064	-	34,354	-	9,386	-	10,235	-	1,593	-	-	-	463,797	-	-	-	-	463,797
- Infrastructure systems	-	579,871	-	41,002	-	52,046	-	14,220	-	15,506	-	-	-	-	-	704,238	-	-	-	-	704,238
Intangible assets	-	52,040	-	3,918	-	6,201	-	2,453	-	2,413	-	277	-	-	-	67,302	-	-	-	-	67,302
Other non-current assets	-	16,636,534	-	1,174,788	-	1,490,431	-	408,621	-	444,601	-	409	-	545,699	-	20,700,283	-	-	-	-	20,700,283
Total non-current assets	-	18,779,110	-	1,365,957	-	1,692,907	-	496,692	-	516,119	-	7,190	-	657,114	-	23,515,089	-	-	-	-	23,515,089
TOTAL ASSETS																					
LIABILITIES																					
Current liabilities																					
Payables	-	1,383,552	-	83,086	-	105,036	-	50,091	-	93,542	-	638	-	94,300	-	1,810,245	-	-	-	-	1,810,245
Borrowings	-	9,194	-	692	-	1,095	-	433	-	426	-	49	-	28	-	11,917	-	-	-	-	11,917
Provisions	-	1,659,375	-	136,043	-	230,344	-	95,604	-	60,988	-	448	-	126,585	-	2,309,387	-	-	-	-	2,309,387
Other current liabilities	-	80,448	-	6,057	-	9,587	-	3,792	-	3,720	-	429	-	4,647	-	108,690	-	-	-	-	108,690
Total current liabilities	-	3,132,569	-	225,878	-	346,062	-	149,920	-	158,686	-	1,564	-	225,560	-	4,240,249	-	-	-	-	4,240,249
Non-current liabilities																					
Borrowings	-	842,947	-	63,468	-	100,450	-	39,730	-	39,087	-	4,493	-	-	-	1,090,175	-	-	-	-	1,090,175
Provisions	-	29,024	-	2,380	-	4,029	-	1,672	-	1,067	-	8	-	3,540	-	41,720	-	-	-	-	41,720
Other non-current liabilities	-	141,377	-	10,645	-	16,847	-	6,663	-	6,556	-	754	-	-	-	182,842	-	-	-	-	182,842
Total non-current liabilities	-	1,013,348	-	76,493	-	121,326	-	48,065	-	46,710	-	5,255	-	3,540	-	1,314,737	-	-	-	-	1,314,737
TOTAL LIABILITIES	-	4,145,917	-	302,371	-	467,388	-	197,985	-	205,396	-	6,819	-	229,100	-	5,554,976	-	-	-	-	5,554,976
NET ASSETS	-	14,633,193	-	1,063,586	-	1,225,519	-	298,707	-	310,723	-	371	-	428,014	-	17,960,113	-	-	-	-	17,960,113

* The name and purpose of each program group is summarised in Note 18 (b).

** Program groups have been redefined in 2019/20 and as a result it is impracticable to adjust comparatives into the new program groups.

Program groups have been redefined in 2019/20 and as a result it is impracticable to adjust comparatives into the new program groups.

Program, plant and equipment - Land and buildings has been restated to be \$49.95 million higher in 2019 (Acute services: \$49.79 million, Sub-Acute Services: \$0.10 million and Mental Health Services: \$0.10 million). Refer to Note 17 for further details.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

18. Program groups of the Consolidated Entity (continued)

(b) Program Group Name and Purpose of the Consolidated Entity (From 1 July 2019)

Name	Program Group's Purpose
Program Group 1 - Population Health	This program consist of Health Protection Services such as the surveillance, inspection and investigation of environmental standards (eg water quality), Specific Health Screening Services such as breast cancer and cervical cancer screening, Health Prevention Services such as the development, review and implementation of food standards and Dental Services such as school based oral health screening programs.
Program Group 2 - Community Health Care Systems	This program consists of Community Based Services such as primary health, child protection, family planning, migrant/refugee health, women's health, Mental Health Community Based Services such as mental health liaison service in-reach into emergency departments, general hospitals and residential care units, Drug and Alcohol Services such as residential rehabilitation, detoxification, Non-Admitted Services such as specialist allied health, medical and nursing consultation services and Aged Care Community Services such as cardiac or respiratory rehabilitation and palliative care.
Program Group 3 - Emergency Health Care Services	This program consists of services provided to patients attending a hospital emergency department and emergency ambulance transport.
Program Group 4 - Acute Services	This program consists of acute inpatient care to restore or improve health and specialised inpatient mental health care.
Program Group 5 - Sub and Non Acute Health Care Services	This program consists of Aged Care Services such as high and low care residential aged care including government managed nursing homes and Sub-Acute Services such as inpatient rehabilitation, palliative and psychogeriatric care.
Program Group 6 - Research Capability	Research Capabilities includes teaching activities associated with the transfer of clinical knowledge, research undertaken to advance knowledge and the medical research support program.
Program Group 7 - Independent Advisory Bodies	This program covers the provision of services by independent health cluster agencies. The health cluster consists of the consolidated entity and two independent agencies; Health Care Complaints Commission and the Mental Health Commission: Health Care Complaints Commission – responsible for processing, assessing and resolving health care complaints through assisted resolution, facilitated conciliation or referral for investigation and also investigates and prosecutes any serious cases of inappropriate health care, making recommendations to health organisations to address any systemic health care issues. Mental Health Commission – responsible for monitoring, reviewing and improving the mental health system, working with Government and community to secure better mental health for everyone, help prevent mental illness and ensure appropriate support is available close to home.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

18. Program groups of the Consolidated Entity (continued)

(b) Program Group Name and Purpose of the Consolidated Entity (Until 30 June 2019)

Name	Program Group's Purpose
Program Group 1 - Acute Health Services	This program group includes the treatment of patients admitted to a NSW public hospital, attending an emergency department or an outpatient-type clinic. The clinical services provided include medical, surgical, obstetric, diagnostic and therapeutic. The program group also covers the provision of clinical professional training and the strategic investment in medical research and development to improve the health and wellbeing of the people of New South Wales.
Program Group 2 - Sub-Acute Health Services	This program group covers rehabilitation, palliative care, geriatric and psychogeriatric care, aimed at maintaining and/or optimising patients' functioning and quality of life, in public designated facilities and specialist clinics.
Program Group 3 - Mental Health Services	This program group delivers an integrated and comprehensive network of services by Local Health Districts and community-based organisations for people seriously affected by mental illnesses and mental health problems. It also covers the development of preventive programs that meet the needs of specific client groups.
Program Group 4 - Community Health Care Services	The community health care services program group includes health services for persons attending community health centres, services delivered in the home, oral health and targeted community drug and alcohol services.
Program Group 5 - Public Health Services	Public health program group includes services related to: Protective health – services targeted at broad population groups including environmental health promotion and regulations, immunisation strategies, tobacco control, food and poisons regulation and monitoring of communicable diseases. Preventative health – services targeting prevention initiatives that reduce lifestyle-related risk factors that can result in chronic disease and unnecessary hospitalisation, including the healthy children initiative and get healthy programs.
Program Group 6 - Research Capability	This program group, delivered through the Office of Health and Medical Research, includes initiatives aimed at building health and medical research capability and capacity across the state, as well as providing support for New South Wales organisations reaching commercial market scale as New South Wales based enterprises.
Program Group 7 - Ambulance Emergency Services	Ambulance emergency services program group includes high quality clinical care and emergency road, rotary and fixed air wing patient and transport services provided by the Ambulance Service of NSW, a division of the Health Administration Corporation. Non-emergency patient transports in the metropolitan area are excluded.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

18. Program groups of the Consolidated Entity (continued)

(b) Program Group Name and Purpose of the Consolidated Entity (Until 30 June 2019) (continued)

Name	Program Group's Purpose
Program Group 8 - Independent Advisory Bodies	<p>This program covers the provision of services by independent health cluster agencies. The health cluster consists of the consolidated entity and two independent agencies; Health Care Complaints Commission and the Mental Health Commission:</p> <p>Health Care Complaints Commission – responsible for processing, assessing and resolving health care complaints through assisted resolution, facilitated conciliation or referral for investigation and also investigates and prosecutes any serious cases of inappropriate health care, making recommendations to health organisations to address any systemic health care issues.</p> <p>Mental Health Commission – responsible for monitoring, reviewing and improving the mental health system, working with Government and community to secure better mental health for everyone, help prevent mental illness and ensure appropriate support is available close to home.</p>

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

19. Cash and cash equivalents

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Cash at bank and on hand	2,382,810	1,055,929	728,371	334,204
Short-term deposits	276,149	260,920	-	-
	2,658,959	1,316,849	728,371	334,204

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 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Cash and cash equivalents (per Statement of Financial Position)	2,658,959	1,316,849	728,371	334,204
Cash and cash equivalents (per Statement of Cash Flows)	2,658,959	1,316,849	728,371	334,204

Refer to Note 45 for details regarding credit risk, liquidity risk and market risk arising from financial instruments.

20. Receivables

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Current				
Trade receivables from contracts with customers	366,040	-	12,728	-
Sale of goods and services	-	441,897	-	67,682
Receivables from controlled health entities	-	-	14,993	82,831
Goods and Services Tax	163,823	115,505	24,229	12,505
Other receivables	358,611	309,217	237,343	185,974
	888,474	866,619	289,293	348,992
Less: allowance for expected credit losses*				
- Trade receivables from contracts with customers	(63,349)	-	-	-
- Sale of goods and services	-	(58,180)	-	-
- Other receivables	(4,468)	(3,213)	-	-
	820,657	805,226	289,293	348,992
Prepayments	449,981	82,843	8,552	558
Current receivables	1,270,638	888,069	297,845	349,550

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

20. Receivables (continued)

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Non-current				
Trade receivables from contracts with customers	66	-	-	-
Sale of goods and services	-	67	-	-
Other receivables	9,787	7,319	-	-
Prepayments	113,780	15,508	-	-
	123,633	22,894	-	-
Less: allowance for expected credit losses*				
- Trade receivables from contracts with customers	(62)	-	-	-
- Sale of goods and services	-	(62)	-	-
- Other receivables	(23)	(24)	-	-
Non-current receivables	123,548	22,808	-	-
* Movement in the allowance for expected credit losses				
Trade receivables from contracts with customers and other receivables				
Balance at the beginning of the year	(61,479)	-	-	-
Amounts written off during the year	34,828	-	-	-
(Increase) / decrease in allowance recognised in net result ¹	(41,251)	-	-	-
Balance at the end of the year	(67,902)	-	-	-
Sale of goods and services and other receivables				
Balance at the beginning of the year	-	(63,845)	-	-
Amounts written off during the year	-	40,171	-	-
(Increase) / decrease in allowance recognised in net result ¹	-	(37,805)	-	-
Balance at the end of the year	-	(61,479)	-	-

¹ Includes impairment loss of \$38.7 million (2019: \$36.8 million) recognised on receivables from contracts with customers.

Allowance for expected credit losses of \$67.9 million (2019: \$61.5 million) includes an allowance on trade receivables from contracts with customers of \$63.4 million (2019: \$58.2 million) and other receivables of \$4.5 million (2019: \$3.2 million).

Details regarding credit risk, liquidity risk and market risk, including financial assets that are either past due or impaired are disclosed in Note 45.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

20. Receivables (continued)

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

Financial assets at amortised cost

The consolidated entity holds receivables with the objective to collect the contractual cash flows and therefore measures them at amortised cost using the effective interest method, less any impairment. Changes are recognised in the net result for the year when impaired, derecognised or through the amortisation process.

Impairment

The consolidated entity recognises an allowance for expected credit losses (ECLs) for all debt financial assets not held at fair value through profit or loss. ECLs are based on the difference between the contractual cash flows and the cash flows that the consolidated entity expects to receive, discounted at the original effective interest rate.

For trade receivables, the consolidated entity applies a simplified approach in calculating ECLs. The consolidated entity recognises a loss allowance based on lifetime ECLs at each reporting date. The consolidated entity has established a provision matrix based on its historical credit loss experience for trade receivables, adjusted for forward looking factors specific to the receivable.

For lease receivables, the consolidated entity applies the simplified approach permitted by AASB 9 *Financial Instruments*, where the loss allowance is based on lifetime ECLs.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

21. Contract assets

	Consolidated 2020 \$000	Consolidated 1 July 2019 adjusted for AASB 15 \$000	Parent 2020 \$000	Parent 1 July 2019 adjusted for AASB 15 \$000
Current				
Contract assets	2,031	-	-	-
	2,031	-	-	-

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 significantly increased during the year due to the timing of the rights to invoice and the obligations met.

	Consolidated 2020 \$000	Parent 2020 \$000
Contract receivables (included in Note 20)	374,255	27,721
	374,255	27,721

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

22. Inventories

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Current				
Drug supplies	76,639	79,652	23,566	32,602
Medical and surgical supplies	679,650	89,649	2,237	271
Food and hotel supplies	3,772	4,529	-	-
Goods in transit	139,115	-	-	-
Other	22,757	3,816	-	-
	921,933	177,646	25,803	32,873

The majority of the inventory is held for consumption in the ordinary activities of the consolidated entity and will be expensed in food supplies, medical and surgical supplies and pharmaceutical supplies (Note 3).

The increase in medical and surgical supplies is a result of the consolidated entity's increased purchases to prepare, test and treat suspected and confirmed COVID-19 patients. Inventories held for distribution for COVID-19 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. Costs are assigned to individual items of stock mainly on the basis of weighted average costs.

Market demand has increased the weighted average cost of inventories in medical and surgical supplies due to the outbreak of COVID-19. Market demand for these items is expected to continue and as a result the carrying amount and current replacement cost are aligned. At the 30 June 2020, the consolidated entity has determined that it plans to consume the remaining medical and surgical supplies prior to expiry, and there is no available alternative that is more efficient or effective nor a likelihood of an alternative being on the market in the foreseeable future.

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.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

23. Financial assets at fair value

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Current				
TCorpIM Funds Investment facilities	157,609	121,328	-	-
	157,609	121,328	-	-
Non-current				
TCorpIM Funds Investment facilities	32,005	32,088	-	-
	32,005	32,088	-	-

Refer to Note 45 for further information regarding fair value measurement, credit risk, liquidity 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. The classification was based on the purpose of acquiring such financial assets.

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 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.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

24. Other financial assets

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Current				
Other loans and deposits	100,592	255,336	-	-
Intra health loans receivable	-	-	744,176	16,041
	100,592	255,336	744,176	16,041
Non-current				
Intra health loans receivable	-	-	11,072	14,651
	-	-	11,072	14,651

The increase in 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 45 for further information regarding fair value measurement, credit risk, liquidity 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.

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.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

24. Other financial assets (continued)

Impairment (continued)

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.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

25. Property, plant and equipment
(a) Total property, plant and equipment
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	Land and Buildings \$'000	Plant and Equipment \$'000	Infrastructure systems \$'000	Total \$'000
As at 30 June 2020				
Gross carrying amount	28,739,912	2,827,984	999,004	32,566,900
Less: accumulated depreciation and impairment	(8,946,129)	(1,563,184)	(488,928)	(10,998,241)
Net carrying amount	19,793,783	1,264,800	510,076	21,568,659
As at 30 June 2019				
Gross carrying amount	26,653,135	2,717,434	951,741	30,322,310
Less: accumulated depreciation and impairment	(8,475,270)	(1,485,249)	(487,944)	(10,448,463)
Net carrying amount	18,177,865	1,232,185	463,797	19,873,847

The net carrying amount of privately financed project (PFP) assets included in land and buildings and infrastructure is \$1,974.2 million as at 30 June 2020 (30 June 2019: \$1,936.7 million).

Land and buildings 'Gross carrying amount' and 'Accumulated depreciation and impairment' have been restated to be \$67.28 million and \$17.33 million, respectively, higher than in the prior year. Refer to Note 17 for further details.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

25. Property, plant and equipment (continued) (a) Total property, plant and equipment - reconciliation

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A reconciliation of the carrying amount of each class of property, plant and equipment at the beginning and end of the current reporting year is set out below:

	Land and Buildings \$'000	Plant and Equipment \$'000	Infrastructure systems \$'000	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
Derecognition of finance lease assets on initial application of AASB 16*	(37,559)	-	-	(37,559)
Adjusted net carrying amount at beginning of year	18,140,306	1,232,185	463,797	19,836,288
Additions	1,919,557	333,325	14,535	2,267,417
Reclassifications to intangibles	-	(975)	-	(975)
Reclassification from other assets	12,424	-	-	12,424
Reclassification from assets held for sale	44,658	-	288	44,946
Disposals	(45,153)	(16,592)	(151)	(61,896)
Equity transfers - transfers in/(out) - Note 44 (a) ⁽ⁱⁱ⁾	(23,300)	-	-	(23,300)
Net revaluation increment less revaluation decrements ⁽ⁱ⁾	295,216	-	35,713	330,929
Depreciation expense	(572,657)	(238,979)	(25,538)	(837,174)
Other reclassifications within property, plant and equipment	22,732	(44,164)	21,432	-
Net carrying amount at end of year	19,793,783	1,264,800	510,076	21,568,659

* This does not include finance lease assets that relate to privately financed projects according to TPP06-08. AASB 16 does not apply to these assets in 2019-20.

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 30(b).

(ii) Further details regarding equity transfers are disclosed in Note 44.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

25. Property, plant and equipment (continued)
(a) Total property, plant and equipment - reconciliation (continued)

CONSOLIDATED

	Land and Buildings \$'000	Plant and Equipment \$'000	Infrastructure systems \$'000	Total \$'000
Year ended 30 June 2019				
Net carrying amount at beginning of year	14,960,365	1,205,494	463,618	16,629,477
Restatement of land and building assets	50,496	-	-	50,496
Restated net carrying amount at beginning of year	15,010,861	1,205,494	463,618	16,679,973
Additions	1,935,688	289,843	25,844	2,251,375
Reclassifications to intangibles	-	(1,638)	-	(1,638)
Reclassification to assets held for sale	(20,954)	-	-	(20,954)
Disposals	(64,403)	(15,048)	-	(79,451)
Net revaluation increment less revaluation decrements ⁽ⁱ⁾	1,839,448	-	2,302	1,841,750
Depreciation expense	(542,838)	(229,922)	(24,448)	(797,208)
Other reclassifications within property, plant and equipment	20,063	(16,544)	(3,519)	-
Net carrying amount at end of year	18,177,865	1,232,185	463,797	19,873,847

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 30(b).

Land and buildings have been restated to be \$49.95 million higher than in the prior year. The following lines have been restated:

- Restatement of opening balance - \$50.5 million higher
- Depreciation expense - \$0.55 million higher

Refer to Note 17 for further details.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

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
As at 30 June 2020				
Gross carrying amount	28,524,448	2,827,984	999,004	32,351,436
Less: accumulated depreciation and impairment	(8,829,191)	(1,563,184)	(488,928)	(10,881,303)
Net carrying amount	19,695,257	1,264,800	510,076	21,470,133
As at 30 June 2019				
Gross carrying amount	26,438,548	2,717,434	951,741	30,107,723
Less: accumulated depreciation and impairment	(8,363,094)	(1,485,249)	(487,944)	(10,336,287)
Net carrying amount	18,075,454	1,232,185	463,797	19,771,436

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

25. Property, plant and equipment (continued)

(b) Property, plant and equipment held and used by the consolidated entity - reconciliation

CONSOLIDATED

A reconciliation of the carrying amount of each class of property, plant and equipment at the beginning and end of the current reporting year is set out below:

	Land and Buildings \$'000	Plant and Equipment \$'000	Infrastructure systems \$'000	Total \$'000
Year ended 30 June 2020				
Net carrying amount at beginning of year	18,075,454	1,232,185	463,797	19,771,436
Derecognition of finance lease assets on initial application of AASB 16	(37,559)	-	-	(37,559)
Adjusted net carrying amount at beginning of year	18,037,895	1,232,185	463,797	19,733,877
Additions	1,919,241	333,325	14,535	2,267,101
Reclassifications to intangibles	-	(975)	-	(975)
Reclassification from other assets	12,424	-	-	12,424
Reclassification from assets held for sale	44,658	-	288	44,946
Disposals	(45,153)	(16,592)	(151)	(61,896)
Equity transfers - transfers in/(out) - Note 44 (a) ⁽ⁱⁱ⁾	(23,300)	-	-	(23,300)
Net revaluation increment less revaluation decrements ⁽ⁱ⁾	294,322	-	35,713	330,035
Depreciation expense	(567,562)	(238,979)	(25,538)	(832,079)
Other reclassifications within property, plant and equipment	22,732	(44,164)	21,432	-
Net carrying amount at end of year	19,695,257	1,264,800	510,076	21,470,133

* This does not include finance lease assets that relate to privately financed projects according to TPP06-08. AASB 16 does not apply to these assets in 2019-20.

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 30(b).

(ii) Further details regarding equity transfers are disclosed in Note 44.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

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
As at 30 June 2020				
Gross carrying amount	215,464	-	-	215,464
Less: accumulated depreciation and impairment	(116,938)	-	-	(116,938)
Net carrying amount	98,526	-	-	98,526

	Land and Buildings \$'000	Plant and Equipment \$'000	Infrastructure systems \$'000	Total \$'000
As at 30 June 2019				
Gross carrying amount	214,587	-	-	214,587
Less: accumulated depreciation and impairment	(112,176)	-	-	(112,176)
Net carrying amount	102,411	-	-	102,411

(c) Property, plant and equipment where the consolidated entity is the lessor under operating leases - reconciliation
CONSOLIDATED

A reconciliation of the carrying amount of each class of property, plant and equipment at the beginning and end of the current reporting year is set out below:

	Land and Buildings \$'000	Plant and Equipment \$'000	Infrastructure systems \$'000	Total \$'000
Year ended 30 June 2020				
Net carrying amount at beginning of year	102,411	-	-	102,411
Additions	316	-	-	316
Net revaluation increment less revaluation decrements ⁽ⁱ⁾	894	-	-	894
Depreciation expense	(5,095)	-	-	(5,095)
Net carrying amount at end of year	98,526	-	-	98,526

* This does not include finance lease assets that relate to privately financed projects according to TPP06-08. AASB 16 does not apply to these assets in 2019-20.

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 30(b).

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

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
As at 30 June 2020				
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
As at 30 June 2019				
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

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

25. Property, plant and equipment (continued)

(a) Total property, plant and equipment - reconciliation

PARENT

A reconciliation of the carrying amount of each class of property, plant and equipment at the beginning and end of the current reporting year is set out below:

	Land and Buildings \$'000	Plant and Equipment \$'000	Infrastructure systems \$'000	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 - transfers in/(out) - Note 44 (a) ⁽ⁱⁱ⁾	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 acquisitions made through equity transfers are disclosed in Note 44(a).

	Land and Buildings \$'000	Plant and Equipment \$'000	Infrastructure systems \$'000	Total \$'000
Year ended 30 June 2019				
Net carrying amount at beginning of year	124,584	2,744	680	128,008
Additions	33	156	-	189
Reclassifications to intangibles	-	(284)	-	(284)
Disposals	(17,340)	(23)	-	(17,363)
Equity transfers - transfers in/(out) - Note 44 (a) ⁽ⁱⁱ⁾	17,299	-	-	17,299
Net revaluation increment less revaluation decrements ⁽ⁱ⁾	12,534	-	146	12,680
Depreciation expense	(4,222)	(516)	(70)	(4,808)
Other reclassifications within property, plant and equipment	(311)	-	311	-
Net carrying amount at end of year	132,577	2,077	1,067	135,721

(i) Further details regarding fair value measurement of property, plant and equipment are disclosed in Note 30(b).

(ii) Further details regarding acquisitions made through equity transfers are disclosed in Note 44(a).

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

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
As at 30 June 2020				
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
As at 30 June 2019				
Gross carrying amount	90,039	8,338	3,879	102,256
Less: accumulated depreciation and impairment	1,505	(6,261)	(2,812)	(7,568)
Net carrying amount	91,544	2,077	1,067	94,688

(b) Property, plant and equipment held and used by the parent entity - reconciliation

A reconciliation of the carrying amount of each class of property, plant and equipment at the beginning and end of the current reporting year is set out below:

	Land and Buildings \$'000	Plant and Equipment \$'000	Infrastructure systems \$'000	Total \$'000
Year ended 30 June 2020				
Net carrying amount at beginning of year	91,544	2,077	1,067	94,688
Additions	57,990	3,063	-	61,053
Disposals	(36,640)	(6)	(151)	(36,797)
Equity transfers - transfers in/(out) - Note 44 (a) ⁽ⁱⁱ⁾	36,640	-	151	36,791
Depreciation expense	(1,523)	(437)	(106)	(2,066)
Net carrying amount at end of year	148,011	4,697	961	153,669

(ii) Further details regarding acquisitions made through equity transfers are disclosed in Note 44(a).

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

25. Property, plant and equipment (continued)

(c) Property, plant and equipment where the parent entity is the lessor under operating leases

PARENT

	Land and Buildings \$'000	Plant and Equipment \$'000	Infrastructure systems \$'000	Total \$'000
As at 30 June 2020				
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
As at 30 June 2019				
Gross carrying amount	113,888	-	-	113,888
Less: accumulated depreciation and impairment	(72,855)	-	-	(72,855)
Net carrying amount	41,033	-	-	41,033

(c) Property, plant and equipment where the parent entity is the lessor under operating leases - reconciliation

A reconciliation of the carrying amount of each class of property, plant and equipment at the beginning and end of the current reporting year is set out below:

	Land and Buildings \$'000	Plant and Equipment \$'000	Infrastructure systems \$'000	Total \$'000
Year ended 30 June 2020				
Net carrying amount at beginning of year	41,033	-	-	41,033
Depreciation expense	(2,547)	-	-	(2,547)
Net carrying amount at end of year	38,486	-	-	38,486

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

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 44).

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

Depreciation is provided for on a straight-line basis for all depreciable assets so as to write off the depreciable amount of each asset as it is consumed over its useful life to the consolidated entity. Land is not a depreciable asset. All material identifiable components of assets are depreciated separately over their useful lives.

Details of depreciation rates initially applied for major asset categories are as follows:

	Useful lives
Buildings	40 years
Buildings - leasehold improvements	3-10 years
Plant and equipment	4-20 years
Infrastructure systems	40 years

Plant and equipment comprises, among others, medical, computer and office equipment, motor vehicles, furniture and fittings and PODS (a detachable or self-contained unit on ambulances used for patient treatment).

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

25. Property, plant and equipment (continued)

Depreciation of property, plant and equipment (continued)

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.

Finance leases acquired by lessees (Under AASB 117 until 30 June 2019)

Until 30 June 2019, AASB 117 *Leases* (AASB 117) distinguished between finance leases that effectively transfer from the lessor to the lessee substantially all the risks and rewards incidental to ownership of the leased assets, and operating leases under which the lessor does not transfer substantially all the risks and rewards.

Property, plant and equipment at 30 June 2019 includes non-current assets acquired under finance leases only. The assets are recognised at fair value or, if lower, the present value of the minimum lease payments, at the inception of the lease. Property, plant and equipment does not include amounts in respect of operating leases.

Property, plant and equipment acquired under finance leases are depreciated over the asset's useful life. However, if there is no reasonable certainty that the lessee entity will obtain ownership at the end of the lease term, the asset is depreciated over the shorter of the estimated useful life of the asset and the lease term.

Right-of-Use Assets acquired by lessees (under AASB 16 from 1 July 2019)

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.

Therefore, at that date, property, plant and equipment recognised under leases previously treated as finance leases under AASB 117 are derecognised. The right-of-use assets arising from these leases are recognised and included in the separate line item together with those arising from leases previously treated as operating leases under AASB 117.

Further information on leases is contained at Note 26.

The consolidated entity has adopted the option to not apply AASB 16 to assets that would be classified as service concession assets in accordance with AASB 1059 *Service Concession Arrangements: Grantors*. The consolidated entity continues to apply its existing accounting policy to these assets until AASB 1059 is applied.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

25. Property, plant and equipment (continued)

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 participants' perspective, using valuation techniques (market approach, cost approach, income approach) that maximise relevant observable inputs and minimise unobservable inputs. Also refer to Note 30 for further information regarding fair value.

Revaluations are made with sufficient regularity to ensure the carrying amount of each asset in the class does not differ materially from its fair value at reporting date. 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.

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.

Due to the COVID-19 pandemic in early 2020, the consolidated entity performed an additional assessment to determine if the fair value of its property plant and equipment as at 30 June 2020 materially differed from the carrying value. Management concluded that the fair value recorded as at the 30 June 2020 in the financial statements continues to be supported by market data.

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.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

25. Property, plant and equipment (continued)

Revaluations of property, plant and equipment (continued)

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.

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.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

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, 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 \$304.6 million (parent entity: \$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 \$Nil.

From 1 July 2019, 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.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

26. Leases (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
2020			
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

PARENT

	Land and Buildings \$'000	Total \$'000
2020		
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

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

26. Leases (continued)

Lease liabilities

The following table presents liabilities under leases:

CONSOLIDATED

	Total \$'000
2020	
Balance at 1 July 2019	755,090
Additions	582,601
Interest expenses	13,617
Payments	(155,798)
Terminations	(2,328)
Other adjustments	4,560
Balance at 30 June 2020	1,197,742

PARENT

	Total \$'000
2020	
Balance at 1 July 2019	22,335
Additions	497,630
Interest expenses	303
Payments	(8,742)
Balance at 30 June 2020	511,526

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

26. Leases (continued)

The following amounts were recognised in the Statement of Comprehensive Income for the period ended 30 June 2020 in respect of leases where the consolidated entity is the lessee:

CONSOLIDATED

	2020 \$'000
2020	
Depreciation expense of right-of-use assets	155,294
Interest expense on lease liabilities	13,617
Expenses relating to short-term leases	37,762
Expenses relating to leases of low-value assets	8,537
Variable lease payments not included in the measurement of lease liabilities	925
(Gains) / losses on disposal	(32)
Impairment of right-of-use assets	2,898
Total amount recognised in the statement of comprehensive income	219,001

PARENT

	2020 \$'000
2020	
Depreciation expense of right-of-use assets	8,805
Interest expense on lease liabilities	303
Expenses relating to short-term leases	46
Expenses relating to leases of low-value assets	39
Total amount recognised in the statement of comprehensive income	9,193

The consolidated entity had total cash outflows for leases of \$203.02 million (parent entity \$8.83 million) in 2019-20.

Future minimum lease payments under non-cancellable leases as at 30 June 2019 are, as follows:

	Consolidated Operating leases 2019 \$'000	Consolidated Finance leases 2019 \$'000	Parent Operating leases 2019 \$'000	Parent Finance leases 2019 \$'000
Within one year	169,711	970	9,706	-
Later than one year and not later than five years	416,497	4,077	12,512	-
Later than five years	182,341	39,673	5,565	-
Total (including GST)	768,549	44,720	27,783	-
Less: GST recoverable from the Australian Taxation Office	69,560	-	2,478	-
Total (excluding GST)	698,989	44,720	25,305	-

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26. Leases (continued)

The reconciliation between the total future minimum lease payments for finance leases and their present value as at 30 June 2019 are, as follows:

PARENT AND CONSOLIDATION

	Consolidated Total \$'000	Parent Total \$'000
Total minimum finance lease payments	44,720	-
Less: future finance charges	10,857	-
Present value of minimum lease payments	33,863	-

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. The contract generally specifies lease payments of \$Nil or negligible amounts per annum. The leased premises are used by the consolidated entity to provide different community health services and access to helipads. The community health buildings and helipads account for a small portion of similar assets the consolidated entity is using for the purpose of providing health services. Therefore it does not have a significant impact on the consolidated entity's operations.

Recognition and measurement (under AASB 16 from 1 July 2019)

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 30 years
Plant and machinery	1 to 10 years
Motor vehicles and other equipment	1 to 5 years
Aeromedical	1 to 10 years

If ownership of the leased asset transfers to the consolidated entity at the end of the lease term or the cost reflects the exercise of a purchase option, depreciation is calculated using the estimated useful life of the asset.

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Notes to and forming part of the Financial Statements
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26. Leases (continued)

Recognition and measurement (under AASB 16 from 1 July 2019) (continued)

i. Right-of-use assets (continued)

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

In 2019-20, no material impacts were noted due to COVID-19 impacts on market rent for real estate leases.

The only impairment loss for right-of-use assets recognised during the 2019-20 financial year was \$2.9 million, which related to a property that is expected to become vacant in the near future for a period before being subleased. As limited or no benefits are expected to be derived from this asset during this vacant period, an impairment loss has been recognised for the expected vacancy period.

Impairment losses for right-of-use assets are included in 'Other gains / (losses)' in the Statement of Comprehensive Income.

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 they receive an allocation of the appropriations from the Crown Entity and where the Crown Entity 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 their incremental borrowing rates. These rates are published by NSW Treasury on a regular basis.

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Notes to and forming part of the Financial Statements
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26. Leases (continued)

Recognition and measurement (under AASB 16 from 1 July 2019) (continued)

ii. Lease liabilities (continued)

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 34.

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.

Recognition and measurement (under AASB 117 until 30 June 2019)

The determination of whether an arrangement is (or contains) a lease is based on the substance of the arrangement at the inception of the lease. The arrangement is, or contains, a lease if fulfilment of the arrangement is dependent on the use of a specific asset or assets and the arrangement conveys a right to use the asset (or assets), even if that asset (or those assets) is not explicitly specified in an arrangement.

Until 30 June 2019, a lease was classified at the inception date as a finance lease or an operating lease. A lease that transferred substantially all the risks and rewards incidental to ownership to the consolidated entity was classified as a finance lease.

Where a non-current asset was acquired by means of a finance lease, at the commencement of the lease, the asset was recognised at its fair value or, if lower, at the present value of the minimum lease payments. The corresponding liability was established at the same amount. Lease payments were apportioned between finance charges and reduction of the lease liability so as to achieve a constant rate of interest on the remaining balance of the liability. Finance charges were recognised in finance costs in the Statement of Comprehensive Income.

Property, plant and equipment acquired under finance leases was depreciated over the useful life of the asset. However, if there is no reasonable certainty that the consolidated entity will obtain ownership by the end of the lease term, the asset was depreciated over the shorter of the estimated useful life of the asset and the lease term.

An operating lease is a lease other than a finance lease. Operating lease payments were recognised as an operating expense in the Statement of Comprehensive Income on a straight-line basis over the lease term.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

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 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 lease as at 30 June 2020 is \$Nil.

Reconciliation of net investment in leases

	Consolidated 2020 \$'000	Parent 2020 \$'000
Unguaranteed residual amounts - undiscounted	151,230	-
Less: unearned finance income	(141,476)	-
Net investment in finance lease	9,754	-

Gross investment in leases and the present value of minimum lease payment receivable under non-cancellable finance lease as at 30 June 2019 are, as follows:

	Consolidated Gross Investment 2019 \$'000	Consolidated minimum lease 2019 \$'000	Parent Gross Investment 2019 \$'000	Parent minimum lease 2019 \$'000
Within one year	-	-	-	-
Later than one year and not later than five years	-	-	-	-
Later than five years	146,463	-	-	-
Total (excluding GST)	146,463	-	-	-

The accumulated allowance for uncollectable minimum payments receivable for finance leases as at 30 June 2019 is \$Nil.

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Notes to and forming part of the Financial Statements
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26. Leases (continued)

Reconciliation of gross investment in finance leases

	Consolidated 2019 \$'000	Parent 2019 \$'000
Unguaranteed residual amounts - undiscounted	146,463	-
Gross investment in finance lease	146,463	-

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. From 1 July 2019, 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.

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Notes to and forming part of the Financial Statements
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26. Leases (continued)

Lessor for operating leases

Future minimum rental receivables (undiscounted) under non-cancellable operating leases as at 30 June 2020 are as follows:

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	Consolidated 2020 \$'000	Consolidated ¹ 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Within one year	9,904	7,303	280	342
Later than one year and not later than five years	7,942	5,924	264	280
Two to three years	6,380	3,994	55	264
Three to four years	6,207	2,575	56	55
Four to five years	5,828	2,465	44	56
Later than five years	86,738	47,602	149	193
Total (excluding GST)	122,999	69,863	848	1,190

¹ Prior year figures have been restated as a result of new lessor for operating lease commitments identified.

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 aircraft. The lease has not yet commenced and as a result, no right-of-use asset or liability has been recognised at the reporting date. The initial contract value is approximately \$338 million. As at 30 June 2020, \$10 million was prepaid to Pel-Air Aviation Pty Ltd and recorded under prepayments.

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Notes to and forming part of the Financial Statements
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27. Intangible assets

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Cost (gross carrying amount)	1,210,616	1,117,836	3,023	1,772
Less: accumulated amortisation and impairment	494,730	413,598	1,267	895
Net carrying amount	715,886	704,238	1,756	877

A reconciliation of the carrying amount of 'intangibles' at the beginning and end of the current reporting year is set out below:

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Net carrying amount at beginning of year	704,238	675,142	877	825
Additions	94,170	98,106	1,251	73
Reclassifications from property, plant and equipment	975	1,638	-	284
Disposals	(10)	(379)	-	-
Amortisation (recognised in depreciation and amortisation)	(83,487)	(70,269)	(372)	(305)
Net carrying amount at the end of the year	715,886	704,238	1,756	877

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 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.

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Notes to and forming part of the Financial Statements
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28. Other assets

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Non-current				
Emerging rights to assets	62,037	67,302	-	-
	62,037	67,302	-	-

A reconciliation of the carrying amount of 'other assets' at the beginning and end of the current reporting year is set out below:

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Net carrying amount at beginning of year	67,302	62,203	-	-
Additions	4,552	6,643	-	-
Reclassifications to plant and equipment	(12,424)	-	-	-
Net revaluation increment less revaluation decrements	2,607	(1,544)	-	-
Net carrying amount at the end of the year	62,037	67,302	-	-

Recognition and Measurement

The consolidated entity's emerging interest in certain assets has been valued in accordance with TPP 06-8 *Accounting for Privately Financed Projects*. This policy requires the consolidated entity to initially determine the estimated written down replacement cost by reference to the project's historical cost escalated by a construction index and the system's estimated working life. The estimated written down replacement cost is then allocated on a systematic basis over the concession period using the annuity method and the Government Bond rate at the commencement of the concession period.

29. Non-current assets held for sale

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Assets held for sale				
Land and buildings	9,087	55,290	-	-
Infrastructure systems	-	288	-	-
	9,087	55,578	-	-

Further details regarding the fair value measurement are disclosed in Note 30.

Recognition and Measurement

The consolidated entity has certain non-current assets classified as held for sale, where their carrying amount will be recovered principally through a sale transaction, not through continuing use. Non-current assets held for sale are recognised at the lower of carrying amount and fair value less costs of disposal.

These assets are not depreciated while they are classified as held for sale. Interest and other expenses attributable to the liabilities of a disposal group classified as held for sale are continued to be recognised.

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Notes to and forming part of the Financial Statements
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30. Fair value measurement of non-financial assets

Fair value measurement and hierarchy

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value measurement is based on the presumption that the transaction to sell the asset or transfer the liability takes place either in the principal market for the asset or liability or in the absence of a principal market, in the most advantageous market for the asset or liability.

When measuring fair value, the valuation technique used maximises the use of relevant observable inputs and minimises the use of unobservable inputs. Under AASB 13 *Fair Value Measurement*, the consolidated entity categorises, for disclosure purposes, the valuation techniques based on the inputs used in the valuation techniques as follows:

- Level 1 – quoted (unadjusted) prices in active markets for identical assets / liabilities that the entity can access at the measurement date.
- Level 2 – inputs other than quoted prices included within Level 1 that are observable, either directly or indirectly.
- Level 3 – inputs that are not based on observable market data (unobservable inputs).

The consolidated entity recognises transfers between levels of the fair value hierarchy at the end of the reporting period during which the change has occurred.

(a) Fair value hierarchy

CONSOLIDATED	Level 1	Level 2	Level 3	Total Fair Value
	\$'000	\$'000	\$'000	\$'000
2020				
Land and buildings ⁽ⁱ⁾	-	711,356	15,538,688	16,250,044
Infrastructure systems ⁽ⁱ⁾	-	384	484,197	484,581
Other assets (Note 28)	-	-	62,037	62,037
Non-current assets held for sale (Note 29)	-	9,087	-	9,087
	-	720,827	16,084,922	16,805,749
2019				
Land and buildings ⁽ⁱ⁾	-	1,148,213	13,599,570	14,747,783
Infrastructure systems ⁽ⁱ⁾	-	-	424,401	424,401
Other assets (Note 28)	-	-	67,302	67,302
Non-current assets held for sale (Note 29)	-	55,578	-	55,578
	-	1,203,791	14,091,273	15,295,064

(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.

Land and buildings has been restated to be \$49.95 million higher than in the prior year for the consolidated entity. Refer to Note 17 for further details.

There were no transfers between Level 1 and 2 during the year ended 30 June 2020 and 2019.

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Notes to and forming part of the Financial Statements
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30. Fair value measurement of non-financial assets (continued)

(a) Fair value hierarchy (continued)

PARENT	Level 1	Level 2	Level 3	Total Fair Value
	\$'000	\$'000	\$'000	\$'000
2020				
Land and buildings ⁽ⁱ⁾	-	5,030	123,478	128,508
Infrastructure systems ⁽ⁱ⁾	-	-	655	655
	-	5,030	124,133	129,163
2019				
Land and buildings ⁽ⁱ⁾	-	5,030	127,547	132,577
Infrastructure systems ⁽ⁱ⁾	-	-	761	761
	-	5,030	128,308	133,338

(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 2020 and 2019.

(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 maximises the use of observable inputs where available and rely as little as possible on entity or asset specific estimates. The level in the fair value hierarchy is determined on the basis of the lowest level input that is significant to the measurement in its entirety. If significant inputs required to measure fair value of an asset are observable, the asset is included in level 2 of the fair value hierarchy. If one or more of the significant inputs is not based on observable market data, the asset is included in level 3 of the fair value hierarchy. All resulting fair value estimates for non-financial assets are included in level 3 with the exception of some land and buildings and non-current assets held for sale included in level 2.

The 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.

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Notes to and forming part of the Financial Statements
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30. Fair value measurement of non-financial assets (continued)

(b) Valuation techniques, inputs and processes (continued)

The non-financial assets categorised in (a) above have been measured based on the following valuation techniques and inputs:

- For land, the valuation by the valuers is made on a market approach, comparing similar assets (not identical) and observable inputs. The most significant input is price per square metre. All commercial and non-restricted land is included in level 2 as these land valuations have a high level of observable inputs, although these lands are not identical. The majority of the restricted land has been classified as level 3 as, although observable inputs have been used, a significant level of professional judgement is required to adjust inputs in determining the land valuations. Certain parcels of land have zoning restrictions, for example hospital grounds, and values are adjusted accordingly.
- For buildings and infrastructure systems, many assets are of a specialised nature or use, and thus the most appropriate valuation method is depreciated replacement cost. These assets are included as level 3 as these assets have a high level of unobservable inputs. However, residential and commercial properties are valued on a market approach and are included in level 2.
- Non-current assets held for sale are a non-recurring item that is measured at the lesser of its carrying amount or fair value less cost to sell. These assets are categorised as level 2 except when an asset was a level 3 asset prior to transfer to non-current assets held for sale, and continues to be recognised as a level 3 asset where the carrying amount is less than the fair value (less cost) to sell.

Level 3 disclosures:

The fair value of buildings computed by suitably qualified independent valuers using a methodology known as the depreciated replacement cost valuation technique. The following table highlights the key unobservable (level 3) inputs assessed during the valuation process, the relationship to the estimated fair value and the sensitivity to changes in unobservable inputs.

Assets	Valuation Techniques	Valuation Inputs
Land under specialised building(s)	Market approach	This valuation method involves comparing the subject property to comparable sale prices in similar location on a rate per square metre basis, adjusted for restrictions specific for the property (e.g. mandated use and/or zoning).
Specialised Buildings	Depreciated replacement cost approach	This valuation method involves establishing the current replacement cost of the modern equivalent asset for each type of building on a rate per square metre basis; depreciated to reflect the building's remaining useful life which is determined by a number of factors including asset condition and asset life.
Non-Specialised Buildings	Depreciated replacement cost approach	This valuation method involves establishing the current replacement cost of the modern equivalent asset for each type of building on a rate per square metre basis; depreciated to reflect the building's remaining useful life.
Infrastructure systems	Depreciated replacement cost approach	This valuation method involves establishing the current replacement cost of the modern equivalent infrastructure asset on a rate per square metre basis; depreciated to reflect the assets remaining useful life.

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30. 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
2020				
Fair value as at 1 July 2019	13,599,570	424,401	67,302	14,091,273
Derecognition of finance lease assets on initial application of AASB 16	(33,796)	-	-	(33,796)
Adjusted fair value as at 1 July 2019	13,565,774	424,401	67,302	14,057,477
Additions	1,776,355	45,679	4,552	1,826,586
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment'	317,927	35,613	-	353,540
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of other assets'	-	-	2,607	2,607
Transfers from Level 2	431,424	-	-	431,424
Transfers to Level 2	(2,169)	-	-	(2,169)
Disposals	(14,034)	-	-	(14,034)
Depreciation expense	(546,780)	(25,059)	-	(571,839)
Reclassification	10,191	3,563	(12,424)	1,330
Fair value as at 30 June 2020	15,538,688	484,197	62,037	16,084,922

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

30. 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
2019				
Fair value as at 1 July 2018	10,953,554	437,683	62,203	11,453,440
Land and buildings restatement	50,496	-	-	50,496
Restated fair value as at 1 July 2018	11,004,050	437,683	62,203	11,503,936
Additions	892,755	14,971	6,643	914,369
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment'	1,788,153	2,302	-	1,790,455
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of other assets'	-	-	(1,544)	(1,544)
Transfers from Level 2	458,313	566	-	458,879
Transfers to Level 2	(98,424)	-	-	(98,424)
Disposals	(34,660)	-	-	(34,660)
Depreciation expense	(494,203)	(23,652)	-	(517,855)
Prior year carry over adjustments	(11,008)	-	-	(11,008)
Reclassification	94,594	(7,469)	-	87,125
Fair value as at 30 June 2019	13,599,570	424,401	67,302	14,091,273

Land and buildings has been restated to be \$49.95 million higher than in the prior year for the consolidated entity. The following lines have been restated:

- Restatement of opening balance - \$50.5 million higher
- Depreciation expense - \$0.55 million higher

Refer to Note 17 for further details.

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Notes to and forming part of the Financial Statements
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30. 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
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

	Land and Buildings \$'000	Infrastructure Systems \$'000	Other Assets \$'000	Total Level 3 Recurring \$'000
2019				
Fair value as at 1 July 2018	44,202	680	-	44,882
Revaluation increments / decrements recognised in other comprehensive income – included in line item 'Changes in revaluation surplus of property, plant and equipment'	12,255	146	-	12,401
Transfers from Level 2	79,250	-	-	79,250
Transfers to Level 2	(4,750)	-	-	(4,750)
Disposals	(1,045)	-	-	(1,045)
Depreciation expense	(3,410)	(65)	-	(3,475)
Equity transfers	1,045	-	-	1,045
Fair value as at 30 June 2019	127,547	761	-	128,308

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

31. 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 2020.

CONSOLIDATED	30 June 2019			30 June 2020
	Opening equity	Revenue	Expense	Closing equity
	\$000	\$000	\$000	\$000
Category				
Community welfare	15,514	12,365	(11,516)	16,363
Facility improvements	430,295	131,749	(162,548)	399,496
Hold Funds in Perpetuity	16,039	1,251	(2,702)	14,588
Patient welfare	101,062	21,523	(32,195)	90,390
Private practice disbursements (No.2 Accounts)	467,831	112,634	(110,246)	470,219
Public contributions	36,855	7,398	(9,343)	34,910
Research	195,015	83,190	(78,062)	200,143
Staff welfare	18,259	3,527	(2,164)	19,622
Training and education including conferences	94,310	14,038	(16,040)	92,308
Other	13,900	43	(13,943)	-
Total Restricted Assets	1,389,080	387,718	(438,759)	1,338,039
PARENT	30 June 2019			30 June 2020
	Opening equity	Revenue	Expense	Closing equity
	\$000	\$000	\$000	\$000
Category				
Facility improvements	120,349	31,676	(95,186)	56,839
Total Restricted Assets	120,349	31,676	(95,186)	56,839

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

31. 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 or legacies received without any donor-specified conditions as to its use.
Research	Research to gain knowledge, understanding and insight.
Staff welfare	Staff benefits such as staff recognition awards, functions and staff amenity improvements.
Training and education including conferences	Professional training, education and conferences.
Other	This does not meet the definition of any of the above categories.

Unclaimed monies

All money and personal effects of patients which are left in the custody of the consolidated entity by any patient who is discharged or dies in hospital and which are not claimed by the person lawfully entitled thereto within a period of twelve months are recognised as the property of the respective health entity.

All such money and the proceeds of the realisation of any personal effects are lodged to the credit of the Samaritan Fund which is used specifically for the benefit of necessitous patients or necessitous outgoing patients.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

32. Payables

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Accrued salaries, wages and on-costs	440,639	348,342	1,493	843
Payroll tax	98,953	84,121	408	1,277
Trade operating creditors	747,351	866,100	278,125	265,308
Interest	16	14	-	-
Other creditors				
- Capital works	165,275	175,826	-	-
- Payables to controlled health entities	-	-	122,941	98,919
- Other	391,872	335,842	46,203	31,450
Total current payables	1,844,106	1,810,245	449,170	397,797

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are disclosed in Note 45.

Recognition and Measurement

Payables represent liabilities for goods and services provided to the entity and other amounts. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. Payables are financial liabilities at amortised cost, initially measured at fair value, net of directly attributable transaction costs. These are subsequently measured at amortised cost using the effective interest method. Gains and losses are recognised in the net result when the liabilities are derecognised as well as through the amortisation process.

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Notes to and forming part of the Financial Statements
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33. Contract liabilities

	Consolidated 2020 \$000	Consolidated 1 July 2019 adjusted for AASB 15 \$000	Parent 2020 \$000	Parent 1 July 2019 adjusted for AASB 15 \$000
Current				
Contract liabilities	425,763	28,936	373,005	-
	425,763	28,936	373,005	-
Non-current				
Contract liabilities	97	7	-	-
	97	7	-	-

Recognition and Measurement

Contract liabilities are in respect of grants and other contributions received in advance. The balance of the contract liabilities at the 30 June 2020 was impacted by the timing of payments received for grants and other contributions. The satisfaction of the specific performance obligations within the contract hadn't been met at the 30 June 2020. Revenue from the contract liabilities will be recognised when the specific performance obligations have been met.

The contract liability balance has significantly increased during the year because of the timing of payments received.

	Consolidated 2020 \$000	Parent 2020 \$000
Revenue recognised that was included in the contract liability balance (adjusted for AASB 15) at the beginning of the year	28,936	-
Revenue recognised from performance obligations satisfied in previous periods	2,265	-
Transaction price allocated to the remaining performance obligations from contracts with customers	462,751	316,302

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

33. 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

Specific revenue class	2021 \$'000	2022 \$'000	2023 \$'000	≥ 2024 \$'000
Sales of goods and services from contracts with customers	33,080	30,169	-	-
Grants and other contributions	370,496	23,929	3,401	1,676
	403,576	54,098	3,401	1,676

PARENT

Specific revenue class	2021 \$'000	2022 \$'000	2023 \$'000	≥ 2024 \$'000
Grants and other contributions	316,292	10	-	-
	316,292	10	-	-

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for the year ended 30 June 2020

34. Borrowings

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Current				
Other loans and deposits	5,978	5,525	-	-
Lease liability	154,584	951	11,853	-
Public, Private Partnerships (PPP)				
Long Bay Forensic Hospital	2,426	2,193	-	-
Calvary Mater Newcastle Hospital	1,818	1,498	-	-
Orange Hospital & Associated Health Services	2,131	1,519	-	-
Royal North Shore Hospital Redevelopment	5,848	231	-	-
	172,785	11,917	11,853	-
Non-Current				
Other loans and deposits	40,739	39,023	-	-
Lease liability	1,043,158	32,912	499,673	-
Public, Private Partnerships (PPP)				
Long Bay Forensic Hospital	66,974	69,400	-	-
Calvary Mater Newcastle Hospital	67,091	68,909	-	-
Orange Hospital & Associated Health Services	156,697	158,828	-	-
Royal North Shore Hospital Redevelopment	715,255	721,103	-	-
	2,089,914	1,090,175	499,673	-

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above borrowings are disclosed in Note 45.

Recognition and Measurement

Financial liabilities at amortised cost

Borrowings classified as financial liabilities at amortised cost are initially measured at fair value, net of directly attributable transaction costs. These are subsequently measured at amortised cost using the effective interest method. Gains and losses are recognised in net result when the liabilities are derecognised as well as through the amortisation process.

Finance lease liabilities are determined in accordance with *AASB 117 Leases* until 30 June 2019. From 1 July 2019, lease liabilities are determined in accordance with *AASB 16 Leases*.

Borrowings are classified as current liabilities unless the consolidated entity has an unconditional right to defer settlement of the liability for at least 12 months after the reporting date. Refer to Note 45 (b) for derecognition policy.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

34. Borrowings (continued)

(a) Public Private Partnership finance leases under AASB 117 Leases

The Public, Private Partnerships relate to the provision of the development of a facility and its maintenance provided by the private sector for the purpose of public services. These are 'deemed finance lease' arrangements and are included in the future commitments below.

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Within one year	120,828	113,504	-	-
Later than one year but not later than five years	504,450	496,789	-	-
Later than five years	1,633,327	1,771,122	-	-
Minimum lease payments	2,258,605	2,381,415	-	-
Less: Future finance charges	1,240,365	1,357,734	-	-
Recognised as a liability	1,018,240	1,023,681	-	-

The present value of finance lease payments is as follows:

Within one year	12,223	5,441	-	-
Later than one year but not later than five years	86,704	69,513	-	-
Later than five years	919,313	948,727	-	-
Present value of minimum lease payments	1,018,240	1,023,681	-	-
Current (Note 34)	12,223	5,441	-	-
Non-current (Note 34)	1,006,017	1,018,240	-	-
	1,018,240	1,023,681	-	-

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.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

34. Borrowings (continued) Changes in liabilities arising from financing activities

CONSOLIDATED

	Other loans and deposits \$000	Leases \$000	Total liabilities from financing activities \$000
1 July 2018	1,085,893	34,258	1,120,151
Cash flows	(17,664)	(395)	(18,059)
30 June 2019	1,068,229	33,863	1,102,092
Recognised on adoption of AASB 16	-	721,227	721,227
1 July 2019	1,068,229	755,090	1,823,319
Cash flows	(3,272)	(142,181)	(145,453)
New leases	-	582,601	582,601
Non-cash changes other	-	2,232	2,232
30 June 2020	1,064,957	1,197,742	2,262,699

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are disclosed in Note 45.

PARENT

	Leases \$000	Total liabilities from financing activities \$000
30 June 2019	-	-
Recognised on adoption of AASB 16	22,335	22,335
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

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above borrowings are disclosed in Note 45.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

35. Provisions

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Current				
Employee benefits and related on-costs				
Annual leave	1,974,856	1,799,566	16,693	13,354
Long service leave	393,170	358,518	6,138	5,515
Allocated days off	78,940	45,861	-	-
Sick leave	232	237	-	-
Death and disability (ambulance officers)	-	1,249	-	-
	2,447,198	2,205,431	22,831	18,869
Other Provisions				
Make good provision	3,155	228	-	-
Other	110,143	103,728	-	-
	113,298	103,956	-	-
Total current provisions	2,560,496	2,309,387	22,831	18,869
Non-current				
Employee benefits and related on-costs				
Long service leave	34,189	31,175	534	480
Death and disability (ambulance officers)	698	1,049	-	-
	34,887	32,224	534	480
Other Provisions				
Make good provision	6,734	9,496	-	233
Other	2,404	-	-	-
	9,138	9,496	-	233
Total non-current provisions	44,025	41,720	534	713
Aggregate employee benefits and related on-costs				
Provisions - current	2,447,198	2,205,431	22,831	18,869
Provisions - non-current	34,887	32,224	534	480
Accrued salaries, wages and on-costs and payroll tax (Note 32)	539,592	432,463	1,901	2,120
	3,021,677	2,670,118	25,266	21,469

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Notes to and forming part of the Financial Statements
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35. Provisions (continued)

Movements in provisions (other than employee benefits)

Movements in other provisions during the financial year, other than employee benefits, are set out below:

Make good provision

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Carrying amount at beginning of year	9,724	9,442	233	396
- Additional provisions recognised	1,412	1,040	23	-
- Amounts used	(1,247)	(758)	(256)	(163)
Carrying amount at end of year	9,889	9,724	-	233

The majority of 'other' current provision represent a provision for a judgement that was handed down in regard to a legal matter. Final damages to be awarded to the claimant are yet to be determined by the Court.

Other

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Carrying amount at beginning of year	103,728	113,957	-	-
- Additional provisions recognised	26,415	-	-	-
- Amounts used	(17,596)	(10,229)	-	-
Carrying amount at end of year	112,547	103,728	-	-

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 7.9% to 13.2% of nominal value of annual leave) can be used to approximate the present value of the annual leave liability. The consolidated entity has assessed the actuarial advice based on the consolidated entity's circumstances to annual leave and ADOs and has determined that the effect of discounting is immaterial. All annual leave is classified as a current liability even where the consolidated entity does not expect to settle the liability within 12 months as the consolidated entity does not have an unconditional right to defer settlement.

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

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35. Provisions (continued)

Recognition and Measurement

Long service leave and superannuation

The consolidated entity's liability for long service leave and defined benefit superannuation (State Authorities Superannuation Scheme and State Superannuation Scheme) are assumed by the Crown Entity, an entity controlled by the ultimate parent. The consolidated entity accounts for the liability as having been extinguished resulting in the amount assumed being shown as part of the non-monetary revenue item described as 'Acceptance by the Crown Entity of employee benefits and other liabilities'.

Specific on-costs relating to long service leave assumed by the Crown Entity are borne by the consolidated entity.

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 First State Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (i.e. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

Consequential on-costs

Consequential costs to employment are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised. This includes outstanding amounts of workers' compensation insurance premiums and fringe benefits tax.

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.

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Notes to and forming part of the Financial Statements
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36. Other liabilities

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Current				
Unearned revenue	71,100	108,690	-	54,442
Liabilities under transfer to acquire or construct non-financial assets to be controlled by the entity	18,866	-	-	-
Other	416	-	-	-
	90,382	108,690	-	54,442
Non-current				
Unearned revenue	217,509	182,016	-	43,694
Liabilities under transfer to acquire or construct non-financial assets to be controlled by the entity	46,218	-	-	-
Other	285	826	-	-
	264,012	182,842	-	43,694

CONSOLIDATED

Reconciliation of financial assets and corresponding liabilities arising from transfers to acquire / construct non-financial assets to be controlled by the consolidated entity:

	2020 \$'000
Opening balance of liabilities arising from transfers to acquire/construct non-financial assets to be controlled by the entity	-
Add: adjustments upon initial application of AASB 1058	61,711
Adjusted opening balance	61,711
Add: receipt of cash during the financial year	18,813
Less: income recognised during the financial year	15,440
Closing balance of liabilities arising from transfers to acquire / construct non-financial assets to be controlled by the entity	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.

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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 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Within one year	1,658,099	1,477,730	404	125,854
Later than one year and not later than five years	555,608	823,737	-	-
Later than five years	-	44,988	-	-
Total (including GST)	2,213,707	2,346,455	404	125,854

(b) Input tax receivable related to capital commitments for expenditure

The total of capital 'commitments' payable, i.e. \$2,214 million as at 30 June 2020, includes input tax credits of \$201.2 million that are expected to be recoverable from the Australian Taxation Office (2019: \$213.3 million).

Output tax payable related to commitments for revenue

The total of 'commitments' receivable, i.e. \$135 million as at 30 June 2020, includes input tax of \$12.3 million that is expected to be payable to the Australian Taxation Office (2019: \$7.0 million).

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for the year ended 30 June 2020

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 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.

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
Total trust funds	40,418	632,585	(622,294)	50,709

2019	Opening Cash Balance \$'000	Add: Receipts \$'000	Less: Expenditure \$'000	Closing Cash Balance \$'000
Patient Trust	5,864	6,570	(6,769)	5,665
Refundable Deposits	8,699	2,106	(2,134)	8,671
Private Patient Trust Funds	13,829	573,031	(572,745)	14,115
Third Party Funds	12,799	48,843	(49,675)	11,967
Total trust funds	41,191	630,550	(631,323)	40,418

The parent entity does not administer any trust funds on behalf of others.

The following list provides a brief description of the purpose of the trust fund categories.

Category	Purpose
Patient Trust	The safe custody of patients' valuables including monies.
Refundable Deposits	A sum of money held in trust as a security deposit.
Private Patient Trust Funds	The revenue derived from private patient and other billable services provided by Staff Specialists.
Third Party Funds	A sum of money held in trust on behalf of external parties, e.g. external foundations, volunteer groups and auxiliaries.

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 46.

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Notes to and forming part of the Financial Statements
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39. Contingent liabilities and assets

CONSOLIDATED

The consolidated entity is not aware of any contingent liabilities or assets which would have a material effect on the disclosures in these financial statements.

PARENT

The Ministry is not aware of any contingent liabilities or assets which would have a material effect on the disclosures in these financial statements.

40. Interests in associates

Set out below are the associates of the consolidated entity. The proportion of ownership interest held by the group equals the voting rights held by the group.

Name of entity	Place of business and country of incorporation	Class of shares	Ownership interest		Reporting Period	Measurement method	Carrying amount	
			2020 %	2019 %			2020 \$'000	2019 \$'000
Hunter Medical Research Institute	Australia	Not applicable	25	25	31 December	Equity method	-	-
Illawarra Health and Medical Research	Australia	Not applicable	50	50	31 December	Equity method	-	-

Both associates are companies limited by guarantee, whose constitution prohibits the distribution of funds to its members. Accordingly the carrying amount has been equity accounted at \$Nil value and as such no financial information has been disclosed.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

41. Reconciliation of cash flows from operating activities to net result

Reconciliation of cash flows from operating activities to net result as reported in the Statement of Comprehensive Income as follows:

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Net cash used on operating activities	3,661,827	2,231,732	1,152,807	(52,739)
Depreciation and amortisation expense	(1,075,955)	(867,477)	(13,790)	(5,113)
Allowance for impairment	(41,251)	(37,805)	-	-
Effects of exchange rate changes	(133)	-	(133)	-
(Increase) / decrease in unearned revenue	(33,344)	(70,998)	-	(49,587)
Decrease / (increase) in provisions	(253,416)	(139,534)	(3,782)	(1,812)
Increase / (decrease) in prepayments and other assets	1,271,494	147,382	(59,153)	94,177
Increase / (decrease) in contract assets	2,031	-	-	-
Decrease / (increase) in payables	(49,424)	(163,235)	1,018	(109,098)
Decrease / (increase) in contract liabilities	(396,917)	-	(373,005)	-
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)'	(2,898)	-	-	-
Net gain / (loss) on sale of property, plant and equipment	(13,923)	(35,819)	(5)	(31)
Net gain / (loss) on disposal of right-of-use assets	32	-	-	-
Non-cash revenue items	7,502	3,342	-	-
Assets donated or brought to account (Note 42)	28,077	1,438	-	-
Emerging assets recognised (Note 42)	4,552	6,643	-	-
Other	1,432	-	-	-
Net result	3,109,230	1,075,669	703,957	(124,203)

Depreciation and amortisation has been restated to be \$0.55 million higher in the prior year for the consolidated entity. Refer to Note 17 for further details.

42. Non-cash financing and investing activities

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Assets donated or brought to account	28,077	1,438	-	-
Property, plant and equipment acquired by a lease	583,509	-	497,630	-
Emerging rights to assets recognised	4,552	6,643	-	-
	616,138	8,081	497,630	-

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43. Budget Review - Consolidated

The 2019-20 budget represents the initial budget as allocated by the NSW Government at the time of the 2019-20 State Budget, which was presented to Parliament on 18 June 2019. Subsequent amendments to the original budget (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 (\$3,109 million) is higher than the budgeted net result (\$1,831 million) by \$1,278 million for the year ended 30 June 2020.

A reconciliation of the movements between the actual and budgeted net result is presented below:

	\$'000
Net result - actual	3,109,230
The consolidated entity received higher than budgeted appropriations and grants and other contributions from the NSW State and Commonwealth Governments in order to prepare and respond to COVID-19 through purchases of medical and surgical supplies and personal protective equipment	(998,546)
A higher level of appropriations and grants and other contribution funding was provided by State and Commonwealth Governments to enable the consolidated entity to prepare for COVID-19 by purchasing ventilators, pathology and other critical equipment, fit-out of additional ambulances and hospital capacity works	(111,983)
With COVID-19 impacting normal operations, certain expenditure areas, such as travel, training and cross border patient activity were lower than budgeted due to lock down and isolation measures	(126,219)
The consolidated entity receipted higher than expected income from other State Government agencies, such as the Treasury Managed Fund Hindsight adjustment	(68,434)
Actuarial assessment impact of long service leave on annual leave on-costs resulted in additional employee related expenses of \$37 million, not assumed by the Crown	37,666
Other minor variations	(10,800)
Net result - budget	1,830,914

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

43. Budget Review - Consolidated (continued)

ASSETS AND LIABILITIES

The actual net assets (\$21,318 million) is higher than the budgeted net assets (\$20,242 million) by \$1,076 million as at 30 June 2020.

A reconciliation of the movements between significant assets and liabilities is presented below:

	\$'000
Net assets - actual	21,317,868
<hr/>	
The consolidated entity was required to purchase higher than budgeted levels of medical and surgical supplies to prepare for COVID-19 which is held as inventory and stock in transit	(729,116)
Prepayments to vendors to provide medical and surgical supplies was higher than budgeted as vendors require advance payments for manufacturing any personal protective equipment	(269,430)
Additional property, plant and equipment and intangible expenditure was required to respond to COVID-19, including ventilators, pathology and other critical equipment, fit-out of additional ambulances and hospital capacity works	(111,983)
Actuarial assessment impact of long service leave on annual leave on-costs resulted in additional employee related provisions	37,666
Net movement across several asset and liability classes due to other minor variations	(2,859)
Net assets - budget	20,242,146

CASH FLOWS

The actual net cash flows from operating activities was higher than the budget by \$783 million. This is primarily due to COVID-19 related activities including the receipt of appropriations, grants and other contributions being higher than the budget. This was offset by in-year payments being higher than anticipated for employee related expenses, payments of suppliers of goods and services and lower other payments to budget.

The net cash flows from investing activities were lower than expected by \$436 million. This was attributable to higher proceeds to budget from the sale of financial assets by \$353 million and although there was additional purchases for COVID-19 equipment, purchases of property, plant and equipment and intangibles, was under budget by \$256 million. The purchase of financial assets however did exceed budget by \$238 million.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

44. Equity

Accumulated funds

The category 'accumulated funds' includes all current and prior period retained funds.

Asset revaluation surplus

The asset 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.

Increase / (decrease) in net assets from equity transfer

		Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Transfer of property, plant and equipment	(a)	(23,300)	-	36,792	17,299
Transfer of other liabilities	(b)	-	-	46,121	-
		(23,300)	-	82,913	17,299

(a) Transfer of property, plant and equipment

		Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Carrying amount at transfer date					
Land & buildings		54,117	-	36,641	17,299
Infrastructure		-	-	151	-
Fair value at transfer date		23,300	-	36,792	17,299

CONSOLIDATED

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 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 Turramurra \$15.0 million, 1 Brookvale Avenue, Brookvale \$1.3 million, 8 Woonana Avenue, Wahroonga \$3.8 million and 15-29 Twin Road, North Ryde \$11.2 million.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

44. Equity (continued)

Increase / (decrease) in net assets from equity transfer (continued)

PARENT

In 2018-19, in accordance with the Real Property Disposal Framework, the following ambulance stations were transferred from Ambulance Service of NSW, a controlled entity, to the Ministry of Health, at the fair value of the asset: Bankstown ambulance station \$2.5 million; Summer Hill ambulance station \$12.4 million and Auburn ambulance station \$2.4 million.

(b) Transfer of other liabilities

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'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.

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 entities and for-profit government entities are recognised at the amount at which the asset was recognised by the transferor immediately prior to the restructure. Subject to below, in most instances this will approximate fair value.

All other equity transfers are recognised at fair value, except for intangibles. Where an intangible has been recognised at (amortised) cost by the transferor because there is no active market, the consolidated entity recognises the asset at the transferor's carrying amount. Where the transferor is prohibited from recognising internally generated intangibles, the consolidated entity does not recognise that asset.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

45. Financial instruments

The consolidated entity's principal financial instruments are outlined below. These financial instruments arise directly from the consolidated entity's operations or are required to finance its operations. The consolidated entity does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes.

The consolidated entity's main risks arising from financial instruments are outlined below, together with the consolidated entity's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout these financial statements.

The Secretary of NSW Health has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risks faced by the Ministry of Health, to set risk limits and controls and to monitor risks. Compliance with policies is reviewed on a continuous basis.

(a) Financial instrument categories

CONSOLIDATED

Class	Note	Category	2020 \$'000	2019 \$'000
Financial Assets				
Cash and cash equivalents	19	Amortised cost	2,658,959	1,316,849
Receivables ¹	20	Amortised cost	666,602	697,021
Contract assets ²	21	Amortised cost	2,031	-
Financial assets at fair value	23	Fair value through profit or loss - mandatory classification	189,614	153,416
Other financial assets	24	Amortised cost	100,592	255,336
Total financial assets			3,617,798	2,422,622
Financial Liabilities				
Borrowings	34	Financial Liabilities (at amortised cost)	2,262,699	1,102,092
Payables ³	32	Financial Liabilities (at amortised cost)	1,745,153	1,726,124
Other liabilities ³	36	Financial Liabilities (at amortised cost)	701	826
Total financial liabilities			4,008,553	2,829,042

Notes

¹ Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

² While contract assets are also not financial assets, they are explicitly included in the scope of AASB 7 Financial Instruments: Disclosures for the purpose of the credit risk disclosures.

³ Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

45. Financial instruments (continued)

(a) Financial instrument categories (continued)

PARENT

Class	Note	Category	2020 \$'000	2019 \$'000
Financial Assets				
Cash and cash equivalents	19	Amortised cost	728,371	334,204
Receivables ¹	20	Amortised cost	265,064	336,487
Other financial assets	24	Amortised cost	755,248	30,692
Total financial assets			1,748,683	701,383
Financial Liabilities				
Borrowings	34	Financial Liabilities (at amortised cost)	511,526	-
Payables ³	32	Financial Liabilities (at amortised cost)	448,762	396,520
Total financial liabilities			960,288	396,520

Notes

¹ Excludes statutory receivables and prepayments (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

² While contract assets are also not financial assets, they are explicitly included in the scope of AASB 7 Financial Instruments: Disclosures for the purpose of the credit risk disclosures.

³ Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

The consolidated entity determines the classification of its financial assets and liabilities after initial recognition and, when allowed and appropriate, re-evaluates this at each financial year end.

(b) Derecognition of financial assets and financial liabilities

A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when the contractual rights to the cash flows from the financial assets expire; or if the entity transfers its rights to receive cash flows from the asset or has assumed an obligation to pay the received cash flows in full without material delay to a third party under a pass through arrangement and either:

- the consolidated entity has transferred substantially all the risks and rewards of the asset; or
- the consolidated entity has neither transferred nor retained substantially all the risks and rewards for the asset, but has transferred control.

When the consolidated entity has transferred its rights to receive cash flows from an asset or has entered into a pass through arrangement, it evaluates if, and to what extent, it has retained the risks and rewards of ownership. Where the consolidated entity has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset continues to be recognised to the extent of the consolidated entity continuing involvement in the asset. In that case, the consolidated entity also recognises an associated liability. The transferred asset and the associated liability are measured on a basis that reflects the rights and obligations that the entity has retained.

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 2020

45. 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 and contract assets

Collectability of trade receivables, other receivables and contract assets 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 and contract assets.

To measure the expected credit losses, trade receivables, other receivables and contract assets 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 and contract assets 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 2020

45. Financial instruments (continued)

(d) Financial risks (continued)

i. Credit risk (continued)

The loss allowance for trade receivables, other receivables and contract assets as at 30 June 2020 and 2019 was determined as follows:

CONSOLIDATED

	Current	<30 days	30-60 days	61-90 days	>91 days	Total
30 June 2020	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Expected credit loss rate	1.07%	1.26%	13.67%	35.56%	44.33%	9.22%
Estimated total gross carrying amount ¹	355,514	222,988	24,725	13,592	119,716	736,535
Expected credit loss	3,812	2,808	3,381	4,833	53,068	67,902

	Current	<30 days	30-60 days	61-90 days	>91 days	Total
30 June 2019	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Expected credit loss rate	2.13%	5.08%	16.39%	32.94%	37.31%	8.11%
Estimated total gross carrying amount ^{1,3}	552,094	69,021	21,704	11,625	104,056	758,500
Expected credit loss	11,762	3,507	3,557	3,829	38,824	61,479

PARENT

	Current	<30 days	30-60 days	61-90 days	>91 days	Total
30 June 2020	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Expected credit loss rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated total gross carrying amount ^{1,2}	58,435	183,606	904	105	7,021	250,071
Expected credit loss	-	-	-	-	-	-

	Current	<30 days	30-60 days	61-90 days	>91 days	Total
30 June 2019	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Expected credit loss rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated total gross carrying amount ^{1,2,3}	209,992	19,305	20	111	24,228	253,656
Expected credit loss	-	-	-	-	-	-

Notes

¹ The analysis excludes statutory receivables and prepayments as these are not within the scope of AASB 7 Financial Instruments: Disclosures. Therefore the 'total' will not reconcile to the receivables total in Note 20 and the contract assets total in Note 21.

² The estimated total gross carrying amount for the parent entity also excludes receivables from controlled health entities.

³ Prior year amounts have been restated to include other receivables and contract assets.

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 2020.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

45. 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 'AAA' by Standard and Poor's. These deposits are similar to money market or bank deposits and can be placed 'at call' or for a fixed term. These deposits are considered to be low credit risk, and the loss allowance recognised during the period was therefore limited to 12 months expected losses. The consolidated entity didn't recognise a provision for expected credit losses on its other financial assets in 2020 (2019: \$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 Entity. During the current and prior year, there were no defaults of loans payable. No assets have been pledged as collateral.

However, the risk is minimised by the service agreement, as the annual service agreement requires local management to control its financial liquidity and in particular, meet benchmarks for the payment of creditors. Where the controlled entities fail to meet service agreement performance standards, the parent as the state manager can take action in accordance with annual performance framework requirements, including providing financial support and increased management interaction.

Liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Until the 30 June 2019, amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set by the Ministry of Health in accordance with Treasury Circular 11/12 *Payment of Accounts*. For small business suppliers, where terms are not specified, payment is made not later than 5 days from date of receipt of a correctly rendered invoice. For other suppliers, if trade terms are not specified, payment is made no later than 30 days from the date of a correctly rendered invoice or a statement is received. From 1 July 2019, amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set by the NSW Ministry of Health in accordance with NSW Treasury. 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 2020

45. Financial instruments (continued)

(d) Financial risks (continued)

ii. Liquidity risk (continued)

The table following summarises the maturity profile of the consolidated entity's financial liabilities together with the interest rate exposure.

Maturity analysis and interest rate exposure of financial liabilities:

	EIR ³ %	Nominal Amount ¹ \$'000	Interest Rate Exposure			Maturity Dates		
			Fixed Interest Rate \$'000	Variable Interest Rate \$'000	Non - Interest Bearing \$'000	< 1 Year \$'000	1-5 Years \$'000	> 5 Years \$'000
CONSOLIDATED								
2020								
Payables ²		1,745,153	-	-	1,745,153	1,745,153	-	-
Borrowings:								
- 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
- PPP	9.92	2,258,605	125,380	2,133,225	-	120,828	504,450	1,633,327
- Other	-	63	-	-	63	63	-	-
		5,504,936	1,626,495	2,133,225	1,745,216	2,046,269	997,128	2,461,539
2019								
Payables ²		1,726,124	-	-	1,726,124	1,726,124	-	-
Borrowings:								
- Loans and deposits	3.06	47,417	47,417	-	-	6,381	23,930	17,106
- Finance leases	1.55	44,720	44,720	-	-	970	4,077	39,673
- PPP	9.29	2,381,415	133,169	2,248,246	-	113,504	496,789	1,771,122
- Other	-	74	-	-	74	74	-	-
		4,199,750	225,306	2,248,246	1,726,198	1,847,053	524,796	1,827,901

Notes

¹ The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities based on the earliest date on which the consolidated entity can be required to pay. The tables include both interest and principal cash flows and therefore will not agree to the Statement of Financial Position.

² Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

³ Weighted Average Effective Interest Rate (EIR).

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

45. Financial instruments (continued)

(d) Financial risks (continued)

ii. Liquidity risk (continued)

Maturity analysis and interest rate exposure of financial liabilities:

	EIR ³ %	Nominal Amount ¹ \$'000	Interest Rate Exposure			Maturity Dates		
			Fixed Interest Rate \$'000	Variable Interest Rate \$'000	Non - Interest Bearing \$'000	< 1 Year \$'000	1-5 Years \$'000	> 5 Years \$'000
PARENT								
2020								
Payables ²		448,762	-	-	448,762	448,762	-	-
Borrowings:								
- Lease liabilities	2.29	723,831	723,831	-	-	23,387	82,549	617,895
		1,172,593	723,831	-	448,762	472,149	82,549	617,895
2019								
Payables ²		396,520	-	-	396,520	396,520	-	-
		396,520	-	-	396,520	396,520	-	-

Notes

¹ The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities based on the earliest date on which the consolidated entity can be required to pay. The tables include both interest and principal cash flows and therefore will not agree to the Statement of Financial Position.

² Excludes statutory payables and unearned revenue (i.e. not within scope of AASB 7 Financial Instruments: Disclosures).

³ Weighted Average Effective Interest Rate (EIR).

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

45. 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 2019. 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 at fair value through other comprehensive income. Therefore, for these financial instruments, a change of interest rates would not affect profit or loss or equity.

A reasonably possible change of +/-1% is used consistent with current trends in interest rates (based on official RBA interest rate volatility over the last five years). The basis will be reviewed annually and amended where there is a structural change in the level of interest rate volatility.

The following table demonstrates the sensitivity to a reasonably possible change in interest rates:

CONSOLIDATED	2020		2019	
	-1%	1%	-1%	1%
		\$'000		\$'000
Net result	(6,858)	6,858	(6,227)	6,227
Equity	(6,858)	6,858	(6,227)	6,227
		\$'000		\$'000
PARENT		\$'000		\$'000
		\$'000		\$'000
Net result	(14,836)	14,836	(3,649)	3,649
Equity	(14,836)	14,836	(3,649)	3,649

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

45. 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 the US dollar denominated bank account and US currencies held with TCorp for existing purchase commitments. 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

2020	+10%		-10%	
	Net result \$'000	Equity \$'000	Net result \$'000	Equity \$'000
Denominated US Dollars	100,729	(9,157)	(9,157)	11,192

2019	+10%		-10%	
	Net result \$'000	Equity \$'000	Net result \$'000	Equity \$'000
Denominated US Dollars	-	-	-	-

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

45. 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	2020 \$'000	2019 \$'000
TCorpIM Cash Fund	Cash and fixed income	Up to 1.5 years	176,398	254,787
TCorpIM Short Term Income Fund	Cash and fixed income	1.5 years to 3 years	130,329	84,928
TCorpIM Medium-Term Growth Fund	Cash and fixed income, credit, equities, alternative assets and real assets	3 years to 7 years	14,013	16,390
TCorpIM Long-Term Growth Fund	Cash and fixed income, credit, equities, alternative assets and real assets	7 years and over	45,272	52,098

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. For 30 June 2020, TCorp has adopted a new approach of applying a flat 10% sensitivity across all funds which is consistent with best market practice for investment funds. Previous years were based on historical volatility information collected over a ten year period, quoted at two standard deviations (i.e. 95% probability). The TCorpIM Funds are designated at fair value through profit or loss and therefore any change in unit price impacts directly on net results.

A reasonably possible change is based on the percentage change in unit price (as advised by TCorp) multiplied by the redemption value as at 30 June each year for each facility (balance from TCorpIM Funds statement).

	Change in unit price		Impact on net result	
	2020 %	2019 %	2020 \$'000	2019 \$'000
TCorpIM Funds - Cash facility	+/- 10%	+/- 1%	17,640	2,548
TCorpIM Funds - Short Term Income facility	+/- 10%	+/- 1%	13,033	849
TCorpIM Funds - Medium-Term Growth facility	+/- 10%	+/- 6%	1,401	983
TCorpIM Funds - Long-Term Growth facility	+/- 10%	+/- 13%	4,527	6,773

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

45. Financial instruments (continued)

(e) Fair value measurement (continued)

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.

2020	Level 1 \$'000	Level 2 \$'000	Level 3 \$'000	Total \$'000
TCorpIM Funds Investment Facility	-	366,012	-	366,012
2019	Level 1 \$'000	Level 2 \$'000	Level 3 \$'000	Total \$'000
TCorpIM Funds Investment Facility	-	408,203	-	408,203

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 2020 (2019: \$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.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

46. Related party transactions

(a) Key management personnel compensation

Key management personnel compensation is as follows:

	Consolidated 2020 \$'000	Consolidated 2019 \$'000	Parent 2020 \$'000	Parent 2019 \$'000
Short-term employee benefits	3,102	3,057	3,102	3,057
Post-employment benefits	63	62	63	62
	3,165	3,119	3,165	3,119

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 other contributions to health cluster agencies
- 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 and Transport for NSW
- Various grants and other contributions
- Interest income on TCorpIM Funds Investment facilities
- Contract revenue for the construction works
- Insurance refunds
- Revenue from acceptance of long service leave liabilities and defined benefit superannuation.

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Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

46. Related party transactions (continued)

(c) Transactions the consolidated entity had with government related entities during the financial year (continued)

Assets and Liabilities as follows:

- Receivables / payables in respect of the above noted related party revenue and expense transactions
- 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 Finance Entity.

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.

Finance lease with associate

On 1 July 2012, South Western Sydney Local Health District entered into a collaborative relationship with the Ingham Institute (an associate entity of NSW Health) for Applied Medical Research to create a research precinct on the grounds of Liverpool Hospital. The goal is to undertake medical research that can be translated & applied to the needs of the local population and wider Australia. As part of the arrangement the Ingham Institute Building has been sub-leased to South Western Sydney Local Health District to allow its employees to conduct research across a number of streams. This arrangement has been classified as a finance lease. The final repayments for the Ingham Finance Lease are to be made during the year ending 30 June 2052.

Ministry of Health

Notes to and forming part of the Financial Statements
for the year ended 30 June 2020

47. Events after the reporting period

No other matters have arisen subsequent to balance date that would require these financial statements to be amended.

END OF AUDITED FINANCIAL STATEMENTS



SECTION 6

NSW Health Organisations

NSW Ministry of Health

100 Christie Street
St Leonards NSW 2065

Telephone: 9391 9000

Email: feedback@health.nsw.gov.au

Website: www.health.nsw.gov.au

Business hours: 9am-5pm, Monday to Friday

Secretary: Elizabeth Koff

(Biography on page 8)



Key achievements

- Coordinated the statewide public health response to the bushfires including evacuation of health facilities within fire-affected districts, advice and education on air quality, asthma and mental health services, delivery of P2 masks, and care for patients in emergency departments and temporary emergency operations centres.
- Established the Public Health Emergency Operations Centre (PHEOC), comprising teams of contact tracers, planners and epidemiologists, to respond to the COVID-19 pandemic. The PHEOC coordinated the public health response, providing health advice, supporting more than 24,000 contacts to self-isolate and minimise community transmission, and issuing 22 new COVID-19 Ministerial public health orders by 30 June 2020.
- Established the State Health Emergency Operations Centre to assist local health districts to build intensive care and emergency department capacity, increase available ventilators, establish COVID-19 testing clinics and coordinate the supply of personal protective equipment.
- Developed a dedicated online workforce portal to support surge capacity. During the COVID-19 pandemic, more than 1200 clinical and non-clinical applications were received to support the workforce.
- To provide virtual care during the pandemic and keep patients and staff safe, virtual technology software and support enabled virtual meetings to rise by 641 per cent and virtual meeting rooms to triple to more than 10,500.
- Patient safety was improved by the electronic medication management system being implemented at 73 sites, now available for 21,200 beds at 195 NSW Health sites. More than 24,350 critically ill patients had care recorded via the electronic record for intensive care (eRIC), now available for 21 hospitals and 422 beds. This eliminates the need for paper-based ICU records.
- Coordinated the statewide distribution of a record three million influenza vaccinations from March 2020, an increase from 2.4 million in the previous year.
- Increased recruitment of graduate nurses and midwives, with more than 2600 new graduate nurses and midwives employed in 2019-20, a rise of more than 40 per cent since 2015.
- Research capacity in cardiovascular disease was strengthened across two rounds of grant funding for multiple clinical scientists and senior researchers by an investment of \$29.7 million from the Office for Health and Medical Research.
- To support care and service delivery, 23 infrastructure projects worth approximately \$2 billion were completed on time and on budget.
- Provision of 26,300 occasions of care in the community via Out of Hospital Care packages, included almost 16,500 community care packages, more than 8100 safe and supported at home packages and 1700 last days of life palliative care packages.
- \$68 million in funding provided to local health districts to provide five integrated care initiatives assisting more than 52,240 people to live healthier lives for longer, manage their own care in more appropriate settings such as primary and community care, and reduce unnecessary hospital visits.
- The therapeutic environments of 86 acute mental health facilities were enhanced by refurbishment or redevelopment as part of the \$20 million Therapeutic Environments Minor Capital Works Program.
- Patient experience was monitored for new ways of providing services via more than 60,000 patient experience surveys linked into the Registry of Outcomes Value and Experience (ROVE).
- The Improving the Emergency Department Patient Experience Program was extended in May 2020, enabling an additional 86 patient experience staff at 50 emergency departments and COVID-19 clinics to combat stress and pressure on patients, their carers and emergency department staff.
- More than 400 workplaces registered with the Get Healthy at Work program, with 309 workplace health programs developed, and more than 5700 online healthy lifestyle checks completed.
- An estimated 21,000 patients across NSW were assisted by the Opioid Treatment Program, with more than 700 clinicians trained on the use of long-acting injectable buprenorphine to better assist people with opioid dependence.
- Almost 85 per cent of schools are participating in Live Life Well at School program, providing environments that enable children to eat healthily and be physically active, while the NSW Healthy School Canteen Strategy is also being achieved by more than 85 per cent of public schools.
- More than 11,700 pregnant women received support through the Get Healthy in Pregnancy service, to help achieve healthy gestational weight, meet nutrition and exercise requirements, quit smoking, and abstain from alcohol.
- To deliver culturally safe and tailored health services, \$27.9 million was provided to Aboriginal Community Controlled Health Services and 42 health-related organisations for healthy lifestyle programs, prevention and management of chronic disease, oral health, and drug and alcohol prevention and treatment.
- More than 1365 clients received assessment, consultation, counselling, case management, withdrawal management and home visiting from the significantly expanded Substance Use in Pregnancy and Parenting Services.
- Reducing tobacco use was prioritised by implementation of the NSW Health Tobacco Strategy Work Plan 2019-2021 and investment of \$17.3 million in tobacco controls, including public education campaigns, smoking cessation support, programs for vulnerable communities, and enforcement of smoke-free and tobacco retailing laws.

Statutory Health Corporations

Agency for Clinical Innovation

1 Reserve Road
St Leonards NSW 2065 (relocated in June 2020)

Telephone: 9464 4666
Email: aci-info@health.nsw.gov.au
Website: www.aci.health.nsw.gov.au
Business hours: 8:30am-5pm, Monday to Friday

Chief Executive: Dr Jean-Frédéric Levesque

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 Masters in Community Health and a medical degree from the Université de Montréal, Canada. He is a Conjoint Professor at the Centre for Primary Health Care and Equity of the University of New South Wales.

Year in review

This year, the Agency for Clinical Innovation's teams explored applications for integrating virtual care into practice, to connect patients and clinicians. Our telehealth team developed the state's capability for virtual care and membership to the capability interest group grew four-fold throughout the year. We worked in partnership with eHealth NSW and the local health districts to develop and launch a new clinical videoconferencing portal, myVirtualCare.

In January 2020, the Agency's stroke network finalised the telestroke model of care, enabling patients in rural and regional NSW access to the same life-saving treatment as those in metropolitan areas.

A successful pilot demonstrated the model, which will be rolled out to up to 23 hospitals across NSW over the next three years.

Recognising the importance of a strong evidence base in clinical work, we formally established the Evidence Generation and Dissemination Directorate as part of the Agency's structure, joining together the research, audit, evidence generation, clinical monitoring and evaluation teams.

Our clinical directorates developed a new model for clinical engagement to help strengthen the Agency's clinical networks and provide a platform for clinicians to work together to improve patient outcomes. We successfully tested this model during the pandemic and led 12 Communities of Practice to harness the expertise of clinical staff to support the system's response to COVID-19.

Our staff responded to the pandemic with agility and commitment as we faced COVID-19. We paused many network projects to enable clinicians across the state to dedicate their time to preparing for the pandemic. Our response has been multifaceted — our staff supported the Critical Intelligence Unit through the provision of rapid evidence and data analysis to inform decisions, were redeployed to support emergency operations centre activity, and mobilised clinicians in our clinical networks to contribute to the various communities of practice supporting the system response, while continuing to support the Agency's 40 networks, institutes and taskforces.

In addition, senior clinicians from four states partnered to create the Pandemic Kindness Movement, an online resource built on our website. The clinicians curated content for Australian health workers facing the stress of working on the frontline during the pandemic, which was viewed 67,914 times from its launch until 30 June 2020.

Our Agency has responded rapidly and effectively to these significant changes and we acknowledge and thank every staff member and clinician for their deep commitment and dedication during this very challenging year.

Key achievements

- Supported the system response to the COVID-19 pandemic by leading 12 Communities of Practice that leveraged our Agency's existing clinical networks and mobilised clinical leadership across NSW.
- Established the Critical Intelligence Unit to provide rapid, evidence-based advice to inform critical decision making during the COVID-19 pandemic.
- Supported the expansion of telehealth services, including training more than 2800 clinicians to use videoconferencing, expanding membership of our telehealth capability interest group, and launching a videoconferencing portal 'myVirtualCare' in partnership with eHealth and the districts.
- Finalised the telestroke model of care to support the roll out of virtual stroke care in up to 23 sites across NSW, following a successful pilot.

- Led a six-stage modified Delphi process that included face-to-face workshops and voting via email, to elicit views from 35 experts including practising clinicians, patients and consumers, managers, policymakers, data scientists and academics, to reach consensus about the vision for clinical analytics in NSW over the next five years.
- Completed *Improving the Quality of Trauma Care in NSW: Trauma Services Model of Care* guidelines to develop a patient-focused trauma system in NSW, including strengthened network referral arrangements and clarity on trauma service function and structure.
- Launched *Building collaborative cultures of care within NSW mental health services*, an online resource which focuses on maximising self-determination for people with lived experience of mental health issues.
- Implemented up to nine Leading Better Value Care initiatives with every district and two networks, and hosted webinars, forums and workshops for thousands of clinicians to support capability, skill building and knowledge sharing.
- Produced a report for using patient-reported measures to reliably inform clinical decision making and improve quality of care.
- Supported eight project teams from across NSW to commence their Graduate Certificate in Clinical Redesign as part of the first Partnerships for Improving Healthcare Delivery for Aboriginal People school.

Bureau of Health Information

1 Reserve Road
St Leonards NSW 2065 (relocated in June 2020)

Telephone: 9464 4444

Email: BHI-enq@health.nsw.gov.au

Website: www.bhi.nsw.gov.au

Business hours: 9am-5pm, Monday to Friday

Chief Executive: Dr Diane Watson

Dr Diane Watson 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 20 years, Diane has held senior management positions measuring, monitoring and reporting on the performance of healthcare systems to drive improvements in health, care and productivity. Prior to joining the Bureau, Diane was the inaugural Chief Executive Officer of the Victorian Agency for Health Information. She was also the inaugural Chief Executive of the National Health Performance Authority.



Year in review

This year, the Bureau of Health Information published 14 reports and associated information, and continued to work closely with stakeholders to ensure reporting was used to inform healthcare improvement.

The Bureau continued to expand the NSW Patient Survey Program to ensure patients' feedback drives improvements in experiences and outcomes of care. We asked more than 230,000 people across a variety of care settings about their experiences of care in 2019-20.

For the first time, in 2019, all adult Aboriginal patients admitted to hospital and all Aboriginal women who gave birth in NSW public hospitals were invited to provide feedback on their experiences of care. The Snapshot report, *Aboriginal people's experiences of hospital care*, is part of a three-year collaboration with the Centre for Aboriginal Health, aimed at delivering system-wide and detailed information about Aboriginal patients' experiences and outcomes of hospital care in NSW.

During the COVID-19 pandemic, the Bureau continued collecting data as normal via the NSW Patient Survey Program on experiences of care. We also undertook targeted collections of patient-reported measures for people with longstanding health conditions to support monitoring and evaluation of the NSW Health Integrated Care program and provided NSW Health with additional patient survey data for nine high-priority Leading Better Value Care clinical cohorts.

For the first time, our *Healthcare in Focus* report, released in August 2019, examined the use and experience of mental health services by people with lived experience of mental health issues. This report examined care in the community, emergency departments and public hospitals, including specialised mental health inpatient units.

The Bureau published our third, three-yearly report exploring mortality following hospitalisation for seven clinical conditions, including individual profiles for 73 hospitals, and the third, three-yearly report exploring readmission and returns to acute care for eight clinical conditions, with profiles for 74 hospitals, both covering July 2015 to June 2018. We also released a report exploring the measurement, monitoring and reporting of patient safety in NSW hospitals.

We are proud to have reached 76 per cent engagement in the 2019 People Matter Employee Survey and we thank our staff for their continued efforts providing independent reports and information about the performance of the health system.

Key achievements

- Gave voice to more than 87,000 patients about their experiences in the NSW health system and used sophisticated data and analytic methods to deliver insights into health system performance in relation to patient experience.
- Undertook a targeted collection of patient-reported measures for people with longstanding health conditions, to support the monitoring and evaluation of NSW Health's Integrated Care program and provided NSW Health with patient survey data for nine high-priority clinical cohorts for the Leading Better Value Care program.
- Provided analyses of the most recent quarters of admitted patient and emergency department survey data to support the assessment of local health district performance in their service agreements with NSW Health.
- Published four *Healthcare Quarterly* reports featuring detailed information for the public about activity and performance in NSW public hospitals and ambulance services, including the COVID-19 Supplement, providing information on public hospital and ambulance activity during March 2020, when COVID-19 cases peaked.
- Invited every adult who identified as Aboriginal to provide feedback on their admitted patient or maternity care experience during 2019. Results will provide hospitals with valuable information about what they are doing well and where they can improve to better meet the needs of Aboriginal people.
- Developed an Aboriginal patient experience question set in collaboration with the Centre for Aboriginal Health to measure what matters to Aboriginal patients.
- Published the third set of three-yearly reports providing information about mortality for seven clinical conditions, and readmission and returns to acute care for eight clinical conditions, during the period July 2015 to June 2018 in NSW.
- Developed our approach to quarterly reporting on seclusion and restraint in NSW public hospitals and commenced routine reporting at facility level in *Healthcare Quarterly*, in line with the recommendations made in the 2017 *Review of seclusion, restraint and observation of consumers in NSW Health facilities*.
- Hosted our first Masterclass event to support capacity-building and enable networking among more than 100 NSW Health leaders and staff managing, analysing and using health service performance data.
- Examined the use and experiences of health services by people with lived experience of mental health issues in the annual *Healthcare in Focus* report.

Cancer Institute NSW

Level 9, 8 Central Avenue
Australian Technology Park
Eveleigh NSW 2015

Telephone: 8374 5600
Email: information@cancer.nsw.gov.au
Website: cancer.nsw.gov.au
Business hours: 9am-5pm, Monday to Friday

Chief Executive Officer: Professor David Currow FAHMS

Professor David Currow FAHMS is the Chief Cancer Officer of NSW and Chief Executive Officer of the Cancer Institute NSW.



Prior to his appointment in March 2010, Professor Currow 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 *NSW Cancer Plan*: to reduce the incidence of cancer; to increase the survival rate of people with cancer; and to improve the quality of life of people with cancer.

“This year, we worked in close collaboration with the health system, researchers and community members to develop and implement patient-centred initiatives across the spectrum of cancer control, focusing on improving outcomes for groups that are disproportionately affected by cancer.”

People and communities that experience a disproportionate burden of disease include Aboriginal people, people from culturally and linguistically diverse backgrounds, people from rural and remote areas, and people from lower socioeconomic backgrounds.

The bushfires and COVID-19 pandemic presented unique challenges this year. During COVID-19, the Institute supported cancer services to implement sustainable efficiencies in the delivery of care, optimising clinical resources without compromising outcomes. This included establishing a statewide Cancer and Blood and Marrow Transplant Community of Practice, further embedding and streamlining the use of telehealth, and focusing on the delivery of radiotherapy using fewer fractions to treat some cancers.

We also assisted with the statewide emergency response to COVID-19 by supporting the contact tracing function, and seconding some Institute staff to other teams, including the NSW State Health Emergency Operations Centre.

We thank our staff for their commitment and flexibility during unprecedented circumstances, and acknowledge the professionalism and commitment of our colleagues working across the NSW health system to continue to deliver world-class cancer care.

Key achievements

- Delivered a comprehensive tobacco control campaign, with targeted approaches for the general population, Aboriginal people, and culturally and linguistically diverse groups, and undertook extensive formative research to identify and trial concepts for next year's campaign.
- Promoted early detection of breast, bowel and cervical cancers through the delivery of comprehensive screening programs, with targeted approaches for Aboriginal people and culturally and linguistically diverse groups.
- Co-designed and delivered an online cancer screening and primary care quality improvement toolkit to build the capacity and capability of the primary care sector to promote and support participation in national cancer screening programs.
- Developed and implemented multilingual educational resources about cervical screening, through consultation and collaboration with local multicultural health and community organisations.
- Worked in partnership with the Aboriginal Health and Medical Research Council of NSW and key Aboriginal stakeholders to develop the *NSW Aboriginal Cancer Governance and Engagement Framework*, which supports a collaborative approach to improving cancer outcomes for Aboriginal people in NSW.
- Achieved a 54 per cent increase in eviQ Cancer Treatments Online users per month (now 73,000) and a 28 per cent increase in eviQ Education users per month (now 7300) from 2018-19. Thirteen new learning resources (including a podcast series and rapid learning topics) are now available for oncology professionals.
- Delivered the ninth round of annual reporting for the Reporting for Better Cancer Outcomes program, providing local and statewide cancer information to local health districts, specialty health networks, primary health networks and participating private hospitals. In 2019, we reported on 98 key performance indicators across cancer control, more than four times the number of indicators reported in 2015, including new indicators for radiation, medical and surgical oncology, and new cancers included haematological, prostate and sarcoma.
- Expanded and maintained a range of supportive information for people affected by cancer, including:
 - Canrefer, an online directory listing specialists who are active members of a multidisciplinary cancer care team
 - patients.cancer.nsw.gov.au, which has information about 29 cancer types, with content available in eight languages
 - tailored information for people taking part in the Cancer Institute NSW patient-reported measures program.
- Developed and implemented an electronic patient-reported measures system in two local health districts, and tested an in-language tool to collect patient-reported measures from Arabic patients in one district. Three additional local health districts were also engaged to implement the system.
- Invested \$25 million in cancer research, and awarded new grants focused on supporting innovation; including \$3.75 million over five years for a Translational Program Grant on implementing novel therapeutic strategies for childhood brain cancer patients, and seven cancer research fellowships.

Clinical Excellence Commission

Level 17, 2-24 Rawson Place
Haymarket NSW 2000

Telephone: 9269 5500

Email: cec-spc@health.nsw.gov.au

Website: www.cec.health.nsw.gov.au

Business hours: 8:30am-5pm, Monday to Friday

Chief Executive: Carrie Marr

Carrie Marr began her professional health career as a nurse in Scotland. She has held a number of executive roles within the National Health Service, Scotland, including Director, Tayside Centre for Organisational Effectiveness and Associate Director, Change and Innovation. Prior to taking up the role at the Clinical Excellence Commission in 2015, 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

As for many NSW health organisations, in late 2019 and early 2020 the work of the Commission began to refocus as part of the NSW Health response to COVID-19. With the declaration of a pandemic in March 2020, under the NSW Health Policy Directive, we became the lead agency for Infection Prevention and Control. In the ensuing months, the Commission went on to deliver an intense and sustained effort, providing advice and expertise to the NSW Health community and, beyond NSW Health, to personnel in other frontline essential services protecting the people of NSW.

The Commission supported an expanded COVID-19 Infection Prevention and Control Response Team, which formed in late March, by redeploying many of our internal workforce. In April 2020, an expert clinical team, with support from the response team, met requests for advice and expertise at all levels of care.

This work included participation in newly formed communities of practice, developing instructional text and video resources on the use of personal protective equipment for frontline workers, and expert advice delivered at site visits to aged care facilities. We issued COVID-19-related medication safety alerts and recognised the pressure on frontline health workers by providing new resources on team safety culture.

Before, and during this extraordinary challenge, the Commission continued to deliver on its responsibilities as the lead agency supporting safety improvement in the NSW health system. The Commission, in its partnerships with districts and networks, continued to deliver progress in building effective, modern safety system governance, improvement tools and methods, and leading the way on safety culture in clinical teams.

From mid-2019, growth in the use of our Quality Improvement Data System (QIDS) continued its steep rise as more clinicians discovered the value of using local data to drive local quality improvement projects. By the end of June 2020, there were 29,000 users in QIDS — an increase of 500 per cent, year on year.

While work on the Mental Health Patient Safety Program was paused by COVID-19 re-prioritisation, we continued to support districts and networks and their staff with training to assist design and implementation of local mental health improvement projects.

We thank our staff for their efforts in delivering these remarkable outcomes for the year. In particular, our response to the COVID-19 pandemic has been outstanding across all teams and individuals who provided support to safer care for staff, patients and their families.

Key achievements

- Issued 17 safety alert broadcasts, distributed 12 medication safety communications and 13 medication safety updates as part of the Commission's primary function to minimise potential harm.
- Conducted risk assessments in response to 800 notifications regarding issues with medical devices, medicines and biological agents, with nine identified as high risk, requiring system-level response and coordination by our newly established Critical Response Unit.
- Graduated 63 NSW Health staff in the Executive Clinical Leadership Program and 249 in the Foundational Clinical Leadership Program through the Commission's Quality Improvement Academy.
- Conducted a range of activities to prepare NSW Health for legislative changes to serious incident management, including use of the ims+ platform. Developed a preliminary risk assessment and specification of root cause analysis alternate investigation methodologies.
- Developed and published 55 new guidance documents for COVID-19 on our website, attracting more than 200,000 downloads from visitors.
- Developed COVID-19 resources for NSW Health and a wide range of external agencies including aged care facilities, private hospitals and essential services such as NSW Police and Transport for NSW.
- Conducted 226 clinical product assessments of personal protective equipment in collaboration with HealthShare NSW.
- Under the Mental Health Patient Safety Program, supported five districts and networks to commence safety programs; delivered quality improvement training for 83 medical and clinical leads across NSW Health, and trained 51 improvement coaches across districts and networks to support 73 frontline mental health teams in safety and quality improvement projects.
- Delivered weekly personal protective equipment audits for districts and networks, with 13 cycles in our Quality Audit Reporting System.

Health Education and Training Institute

Building 12, Gladesville Hospital
Shea Close Gladesville NSW 2111

Telephone: 9844 6551

Email: heti-info@heath.nsw.gov.au

Website: www.heti.nsw.gov.au
and www.heti.edu.au

Business hours: 8:30am-5pm, Monday to Friday

Chief Executive: Adjunct Professor Annette Solman



Adjunct Professor Annette Solman has significant experience in health management, nursing, inter-professional education, culture change, leadership development, facilitation, quality improvement and research. She commenced as Chief Executive in June 2015.

Trained as a registered nurse, Annette is particularly interested in person-centred care and its application in educational program design to enhance workforce practices. She is dedicated to innovative and contemporary education and training for improved health outcomes.

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. She is a member of the International Practice Development Journal Editorial Board.

Year in review

Lifelong learning, quality and access, and people and systems were three areas of focus for the Health Education and Training Institute over the past 12 months. Part of our 2018-2020 Strategic Plan, these focus areas were brought to life through the delivery of high quality, evidence-based education and training to the NSW Health workforce and to the Institute's higher education students.

This year the Institute placed 1029 first-year doctors – the largest number of interns to commence in NSW public hospitals to date. This included 145 interns based at rural hospitals across the state.

We also developed and implemented a new Emergency Medicine Pathway for the NSW Rural Generalist Medical Training Program to support the training of more doctors in advanced emergency skills in rural NSW.

The Institute remained at the forefront of innovation in education and training; lifting leadership and educational capabilities across the workforce. The Institute's Senior Executive Development Program was recognised with a 2019 International Brandon Hall Group Excellence Gold Award for Best Unique and Innovative Leadership Development Program.

Our e-learning team continued to leverage the use of emerging technologies to design and launch more than 80 new My Health Learning resources, including the contemporary Fetal Safety stream within the new Perinatal Safety Education pathway, in partnership with the Clinical Excellence Commission.

We commenced an intensive work program to design the new practice-focused Mental Health Pathways in Practice, set to be launched in October 2020. The program is being developed in close partnership with the Nursing and Midwifery Office and a community of practice combining 18 local health districts and specialty health networks, and consumer and carer representatives.

To support the COVID-19 health response, the Institute developed *Support During COVID-19* – a selection of resources with a focus on wellbeing, leadership and virtual environments. The Institute also partnered with the Centre for Population Health to design, develop and deliver just-in-time virtual classroom training for the new close contact calls teams, and worked together with the Clinical Excellence Commission to make available the *Personal protective equipment for combined transmission-based precautions* online learning module to all NSW Health staff.

This snapshot of achievements highlights another successful year for the Institute in promoting and supporting a connected and responsive learning community across NSW Health and we thank all our staff for their dedication and commitment to learning, training and development.

Key achievements

- Graduated 22 participants from 16 NSW Health organisations with a Diploma of Leadership and Management as part of the two-year NSW Health Next Generation of Leaders and Managers program.
- Provided a series of website resources titled *Support During COVID-19* focusing on wellbeing, leadership and virtual environments through the HETI Rapid Response Team.
- Delivered the largest cohort of participants in the NSW Health Leadership Program, with 220 people taking part; 50 per cent from rural local health districts.
- Commenced a record number (1029) of medical graduates in careers at NSW Health.

- Appointed 11 Aboriginal interns to NSW public hospitals through the Aboriginal Recruitment Pathway.
- Delivered the redesigned Advanced Training Program in Child and Adolescent Psychiatry, a two-year postgraduate subspecialist training course for child psychiatrists. Currently 26 students are enrolled in the accredited course.
- Delivered Cultural Responsiveness Training workshops in collaboration with Indigenous Allied Health Australia to support culturally responsive capabilities in the Allied Health workforce.
- Collaborated with Centre for Population Health to design, develop and deliver a new virtual classroom version of Close Contact Tracing Training for staff of NSW Health and other agencies working in close contact tracing call centres during the COVID-19 pandemic.
- Developed and implemented a new Emergency Medicine Pathway for the NSW Rural Generalist Medical Training Program to support training more doctors in advanced emergency skills in rural NSW.
- Hosted the 8th Rural Health and Research Congress, attended by 251 delegates. With a theme of Connecting Communities, the program provided 52 presentations and four workshops on consumer voice, the Aboriginal workforce, integrated care, climate and health, and more.

Specialty Health Networks

Justice Health and Forensic Mental Health Network

1300 Anzac Parade Malabar NSW 2036

Telephone: 9700 3000

Email: JHFMHN-Admin@health.nsw.gov.au

Website: www.justicehealth.nsw.gov.au

Business hours: 8am-5pm, Monday to Friday

Chief Executive: Gary Forrest

Gary Forrest has worked in nursing for 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 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 June 2016.

Year in review

Justice Health and Forensic Mental Health Network provides healthcare to adults and young people in contact with the forensic mental health and criminal justice systems in NSW. While this year had its share of challenges, our staff rallied together to continue delivering high quality care to our patients and return them healthier to their communities.

In November 2019, the Network proudly co-hosted the NSW Aboriginal Mental Health and Wellbeing Workforce Forum. This two-day event brought together 260 Aboriginal mental health and wellbeing workers from across NSW to improve service delivery to Aboriginal people. The Forum was run in partnership with the Aboriginal Health and Medical Research Council.

As a statewide service, the Network was significantly impacted by the devastating bushfire season. The Network activated its Emergency Operations Centre to coordinate its response to the unfolding events and worked closely with affected staff to keep them and their patients safe. The Network also worked closely with partner agencies, including Corrective Services NSW and Youth Justice NSW, to maintain staff, patient and community safety.

Despite many staff facing significant personal loss from the fires, all staff showed outstanding professionalism to safely evacuate three facilities and manage many more sites on standby.

Just as the bushfire risk ended, COVID-19 began to spread. Again, the Network was quick to implement a range of procedures to prevent and control the infection in our settings. This fast response, involving close collaboration with partner agencies, kept patients safe during the pandemic, with no Network patients testing positive for the disease to 30 June 2020.

Throughout the COVID-19 pandemic, Network staff stepped up to several challenges including unprecedented demand for access to a new long-acting opioid agonist treatment. Following a successful trial in NSW correctional centres, the Network fast-tracked the roll out of this new treatment option. The Network also significantly increased its use of telehealth to ensure patients had ongoing access to care during the pandemic.

A big thank you to our Network staff who went above and beyond this year to deliver healthcare and reassurance to our patients during extremely difficult circumstances. The professionalism, resilience, and ability to meet and overcome these challenges was inspiring and has greatly benefited our patients.

Key achievements

- Tested 2391 patients for COVID-19 from 18 March to 30 June 2020, and achieved zero cases of COVID-19 among NSW adult inmates, juvenile detainees and Forensic Hospital patients.
- Screened 13,940 patients in custody for HIV, hepatitis C, and sexually transmissible infections as part of the Early Detection Program.
- Diverted 98 per cent of assessed young people with mental illness from custody into community-based care.
- Fast-tracked delivery of a new long-lasting form of Opioid Agonist Treatment (OAT) following the conclusion of a trial in January 2020, with 45 per cent of Network OAT patients now on the new treatment (612 of 1365 OAT patients).
- Delivered 34,080 patient telehealth appointments in 2019-20, an increase of 62 per cent compared to the 2018-19 financial year.
- Reduced average patient wait times by 44 per cent, partly due to an increased use of telehealth.
- Established two sensory modulation rooms in the Forensic Hospital. The rooms aim to reduce both incidence of patient aggression and the use of seclusion and restraints for patients with heightened emotions.
- Supported 2791 Aboriginal custodial patients with chronic health conditions through the Aboriginal Chronic Care Program.
- Enhanced workplace culture with 524 staff members completing strengths finder assessments as part of a new Network Staff Health and Wellbeing Framework.

The Sydney Children's Hospitals Network

Hawkesbury Road
Westmead NSW 2145

Telephone: 9845 0000

Website: www.schn.health.nsw.gov.au

Business hours: 8:30am-5pm, Monday to Friday

Interim Chief Executive: Adjunct Associate Professor Cheryl McCullagh



Associate Professor Cheryl McCullagh has worked in health for more than 30 years, including roles in nursing, research, education, IT and executive management, in specialist referral hospitals in Sydney and Adelaide.

She has a Diploma in Applied Science, a Bachelor of Nursing and a Master of Health Service Management. She holds Adjunct positions in the Sydney Medical School, Faculty of Health Sciences at the University of Sydney and in the Faculty of Medicine, Health and Human Sciences at Macquarie University.

Prior to her role as Interim Chief Executive, Cheryl was the Director of Clinical Integration for the Sydney Children's Hospitals Network.

Year in review

Our Network is the largest provider of paediatric health services in Australia. In 2019-20, the Network saw occupancy averaging 84.3 per cent across both tertiary hospitals and cared for 153,027 children. Care included 963,893 occasions of service (being examination, consultation, treatment or other service provided in a non-admitted setting), and 88,829 emergency department presentations.

In 2020, NSW Health's review into the state's paediatric services recommended that The Children's Hospital at Westmead and Sydney Children's Hospital, Randwick remain comprehensive children's hospitals under the governance of the Network. We commenced implementation of the review's recommendations which will strengthen the services we deliver to children, young people and their families across the state.

The COVID-19 pandemic brought significant change, with the Network adapting its models of care to safely deliver services to patients and families. Mandatory restrictions led to a 317 per cent increase in the use of telehealth, patients were restricted to one 'in person' carer, and we reconfigured wards and adapted work practices to prepare for a possible surge in patients and reduce infection risks. The Network established the Clinical Data and Analytics Platform, developed through the Digital Health Cooperative Research Centre, to provide nationally available real-time analytics on the progression of patients with COVID-19 to severe disease, supporting frontline care.

During the bushfire crisis, the Network offered emergency backup to mental health services operating in bushfire-affected areas. We provided online links to information for families and children on coping with disasters and offered videoconference access to specialist child and adolescent mental health clinicians.

This year, the Network completed major construction on the Central Acute Services Building at Westmead* ahead of schedule. Additional state and federal investment of more than \$1 billion was also announced for further redevelopment projects at The Children’s Hospital at Westmead and Sydney Children’s Hospital, Randwick and we focused on finalising master planning for each precinct.

Our research division, Kids Research, had a record year of outstanding research grant success. Paediatric Precision Medicine, funded through Luminesce Alliance, is one example, allowing the Network to develop and build early-phase clinical trials capability, and work towards an enhanced clinical trials capacity — accelerating the delivery of novel drugs and gene therapy clinical trials.

We thank our staff and volunteers for their tireless work and commitment to caring for our sick and injured children.

Key achievements

- Successfully completed year two of the first Statewide Newborn Screening program (NBS) for spinal muscular atrophy, with more than 180,000 newborns screened since the launch of the program. NBS has supported early parental decision making, improved access to specialist neuromuscular expertise, and facilitated personalised therapeutic strategies.
- Established Paediatric Precision Medicine, allowing the Network to develop and build early-phase clinical trials capability, and work towards an enhanced clinical trials capacity — accelerating the delivery of novel drugs and gene therapy clinical trials.
- Developed the Clinical Data and Analytics Platform, through the Digital Health Cooperative Research Centre. This will provide nationally available real-time analytics on the progression of COVID-19 patients to severe disease and enable clinicians to use this data almost immediately to aid decision-making when treating patients.
- Delivered the first infusion of the CAR T-cell cancer therapy program on a patient in NSW, paving the way for Australian children using this life-changing novel therapy. The Australian Government has committed \$67 million to expand the Network and Children’s Cancer Institute’s world-leading Zero Childhood Cancer program to include all children diagnosed with cancer.
- Developed the Towards Zero Suicides project, a combined project providing alternatives to emergency departments and assertive outreach suicide prevention.

- Launched the Aboriginal Health Strategic Plan, established an Aboriginal Health Unit, held an inaugural Aboriginal Workforce Forum, and employed more Aboriginal health staff with the aim of strengthening Aboriginal services and equity.
- Finalist in the *Providing World Class Customer Service* category of the 2019 Premier’s Awards for the ‘Little Wings’ project, providing free, professional and safe flight and ground transport services for sick children in rural and regional NSW.
- Established the Intellectual Disability Mental Health Hub.
- Launched the International Year of the Nurse and the Midwife with a paediatric nursing event showcasing the projects, education and research our nurses are involved in and celebrated their dedication in caring for patients and families.
- Entered the fourth year of delivering the NSW Health Leadership Program, with more than 250 participants to date.

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

St Vincent’s Health Network

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Business hours: 9am-5pm, Monday to Friday

Chief Executive: Associate Professor Anthony Schembri AM



Associate Professor 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 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 (ACU)/St Vincent’s and Councillor for SPHERE.

Anthony holds academic appointments with the University of NSW, University of Notre Dame Australia and the ACU.

Year in review

Like our local health district colleagues, the Network’s response to both the horrific bushfires and the global COVID-19 pandemic was the focus of 2019-20. The impact of COVID-19 will forever change the way we work as an organisation, as we start to adjust to ‘the new normal’.

During the bushfires, St Vincent's was on standby for evacuees requiring tertiary level care, St Joseph's was on standby to assist residential aged care facilities and St Vincent's Corrections Health Service aided in relocating inmates who had been evacuated from fire-affected prisons across NSW. St Vincent's deployed staff to work in the State Health Emergency Operations Centre and several bushfire-affected regions across NSW.

This was shortly followed by the threat of COVID-19. St Vincent's began implementing our Pandemic Plan shortly before the World Health Organization (WHO) announced a global pandemic. From the outset, we formed the Emergency Operations Centre, operating seven days a week, with an incident controller rostered on 24/7.

A key component of the plan was obtaining the cooperation of St Vincent's Private Hospital and drawing on their resources. We reconfigured the emergency department to accommodate 'red' and 'green' zones, identified satellite spaces to increase capacity, and quickly isolated and managed patients presenting with suspected COVID-19.

More than 1500 staff underwent training to understand this condition and how to provide the best care available to these patients, while keeping themselves and their colleagues safe.

Foot traffic to the campus was significantly reduced, as we restricted visitor access, halted volunteer and student activity, and introduced thermal heat screening prior to entry.

The Network also transitioned to telehealth services and increased the delivery of online consultations. In addition, we established the Virtual Care Clinic to manage COVID-19 positive patients with mild symptoms in their homes. We established a COVID-19 'flu clinic' on campus. This was followed by a 'pop-up' testing clinic in Bondi and East Sydney, and a drive-through service which enabled the hospital to close the onsite clinic and minimise infection risk to staff and patients.

By the end of 2019-20, St Vincent's Pathology tested more than 40,000 members of the community and facilitated contact tracing to minimise community infection and 'flatten the curve'.

Our dedicated and passionate staff went above and beyond for the benefit of our community throughout the pandemic response which has presented the Network with a 'once in a career' event.

Key achievements

- The St Vincent's online treatment platform *This Way Up* developed and tested three different programs for clinical depression and anxiety in a randomised controlled trial, studying 158 participants over 14 weeks. The programs focused on teaching mindfulness skills, cognitive-behavioural skills, or a combination of both. Combining mindfulness training with cognitive behavioural therapy led to significant reductions in symptoms for adults with chronic mental health difficulties.

- Launched a \$3 million clinical genomics research project led by St Vincent's Clinical Genomics Unit. Exploring pharmagenomics, the research examines the genetic profile of patients with moderate-severe depression and how it affects their response to certain drugs. The project will trial genotype-guided psychotropic therapy for these people.
- Acquired the Linear Linac MRI with delivery partners, Genesis Care. The new technology shows the exact position and shape of a tumour during radiation therapy, so it can target the tumour more precisely. The MR-Linac's accuracy means fewer adverse side-effects, reduced number of treatments, and faster recovery time.
- Continued construction of St Vincent's Psychiatric Alcohol and Non-prescription Drug Assessment Unit, to be commissioned July 2020. A \$17.7 million restructure, the purpose-built facility accommodates specialised care for patients suffering from drug or alcohol-related psychotic episodes.
- Performed 7056 occasions of care via telehealth from January to June 2020 — a 381 per cent increase on 2019. Expanded our telehealth capabilities to more than 150 different services and 460 clinicians across the Network.
- Launched a new smartphone app called S-Check to provide support to people who are concerned about their methamphetamine use. The app is a tool for people who might not access treatment and provides up-to-date information, allows tracking of methamphetamine use, self-assessment of associated health problems, and links to support services.
- Collaborated with the University of Notre Dame and University of New South Wales, to offer students a place at St Vincent's Hospital Sydney as Assistants in Medicine. The initiative offers students professional experience while studying, creates paid positions for final-year students, and provides support for St Vincent's medical teams.
- Launched FlexiClinic in June 2020 to improve health outcomes for Aboriginal and Torres Strait Islander patients presenting to emergency. The clinic is managed by a staff specialist or senior registrar 24/7, and patients are seen by a senior clinician and an Aboriginal health worker soon after arrival, significantly reducing waiting times.
- Delivered fast track COVID-19 testing, providing results within an hour. Rapid testing allowed patients presenting with serious respiratory symptoms to be assessed, isolated and immediately transferred to the most clinically appropriate ward for treatment.
- Commenced novel testing and research into Remdesivir, an experimental treatment for COVID-19. St Vincent's is also leading the ADAPT study which aims to understand why COVID-19 causes severe and life-threatening symptoms in some patients, while mild symptoms and faster recovery in others.

Health Administration Corporation

NSW Ambulance

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Website: www.ambulance.nsw.gov.au

Business hours: 9am-5pm, Monday to Friday

Chief Executive: Dr Dominic Morgan ASM

Dr Dominic Morgan ASM is a career health professional with more than 30 years' experience across a broad range of 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 is Chair of the Council of Ambulance Authorities (2019-20) and holds a Bachelor of Health Science, a Diploma in Health 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

The past year has been like few others in our 125-year history.

NSW Ambulance continued to respond to emergencies and deliver excellent care to the community throughout drought, bushfires, floods and a global pandemic. During the year, we responded to more than 1.2 million incidents and almost 1 million Triple Zero (000) calls.

The 2019-20 bushfires significantly affected NSW Ambulance frontline staff. The loss of life, destruction of property and the adverse health effects of air pollution resulted in an increased demand for our services. NSW Ambulance established a State Ambulance Recovery Team that worked continuously with fire-affected communities over six months to assist with rebuilding damaged infrastructure.

NSW Ambulance responded comprehensively to the COVID-19 pandemic. We brought forward the training of 180 paramedics scheduled for Year 3 of the Statewide Workforce Enhancement Program (SWEP) to join the workforce in April 2020 as part of our contingency planning. The safety of our frontline staff and their patients has been at the centre of our response and we implemented initiatives such as increased clinical safety awareness campaigns and changes to clinical protocols.

We continued working to support the capacity and resilience of all our staff, launching our Family Support Network, which provides information and resources to the families of our employees, and a Domestic Violence Referral Network. We also established Employee Connect, a centralised comprehensive model of customer service that connects staff and managers to the right services and ensures staff are provided one-on-one assistance with complex people-related matters. NSW Ambulance rolled out these initiatives during our response to the COVID-19 pandemic, which provided significant support through a challenging time.

This year, NSW Ambulance also secured the future of our fixed-wing aeromedical operations by establishing a new long-term contract with Pel-Air Aviation. Pel-Air will provide an initial fleet of five Beechcraft B350s entering service in 2021, and the potential for two Pilatus PC-24 jet aircraft to enter service in late 2023.

NSW Ambulance staff have responded with increased dedication and professionalism throughout all the challenges of the year and this has ensured we continue providing excellence in care to our patients and the people of NSW. Thank you to all our staff for always working together to provide care and support to the NSW community.

Key achievements

- Celebrated the 40th anniversary of women as paramedics and the ongoing contribution that women have made and continue to make across our organisation. Currently women make up more than 45 per cent of the organisation's workforce.
- Launched an advertising campaign and implemented the Body Worn Camera Concept Trial in response to occupational violence against paramedics. Titled 'It's Never OK', the campaign aimed to educate the community, while the Body Worn Cameras were trialled with volunteers across three locations – Sydney Ambulance Centre in Eveleigh, Liverpool Superstation and Hamilton Station.
- Commissioned eight purpose-built, modern stations at Pottsville, Bungendore, Yass, Rutherford, Grenfell, Cowra, Goulburn and Birmingham Gardens as part of the biggest transformation of rural and regional infrastructure in NSW Ambulance history.
- Responded to three NSW Bushfire State of Emergencies and months of fires that saw loss of life, injury and property devastation. Formed the State Ambulance Recovery Team following the fires to ensure implementation of a thorough recovery process.

- Inducted a record breaking 426 new recruits in May 2020 to prepare for the expected surge in demand due to COVID-19. This included bringing forward the training of 180 Year 3 SWEP recruits. An additional 250 time-limited casual trainees were also trained to support emergency response capability.
- Reached a cumulative audience/circulation of 521 million (with an advertising space rate of \$118 million) through more than 74,000 news stories and other free media activity.
- Acknowledged the 125th anniversary of NSW Ambulance and paid tribute to the exceptional men and women who have provided high quality and compassionate medical care to the people of NSW since 1895.
- Launched the Family Support Network for the families of employees. This provides important resources and tools for families to better support their loved ones.
- Upgraded the Far West Radio Network to support staff delivering services to people living across 120,000 square kilometres of remote outback NSW.
- Brought forward the build of 49 ambulances under the SWEP that were planned for years 3 and 4 of the program. Another 40 ambulances were built specifically to increase our capacity under COVID-19, including 35 Intensive Care ambulances. Together, a significant 89 new ambulances were built.

Health Infrastructure

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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 manages the largest health capital works portfolio in Australia, and is set to deliver a record \$10.1 billion in works over four years to 2023, including critical new and upgraded facilities and services across metropolitan and regional NSW.

This year we delivered more than \$2 billion in infrastructure planning and construction, and completed 23 projects across NSW, our biggest year to date. This represents a 75 per cent increase over the past two years, and was achieved despite the challenges of bushfires, floods and the COVID-19 pandemic.

Our achievements include early completion of the biggest hospital building we have ever delivered; the 14-storey Westmead Redevelopment Central Acute Services Building. Health Infrastructure also delivered the Macksville and Mudgee hospital redevelopments, three Multi-Purpose Service (MPS) facilities within the \$304.9 million Stage 5 MPS Program, and eight ambulance stations as part of the \$122 million Rural Ambulance Infrastructure Reconfiguration Program.

We supported bushfire recovery efforts, working with Infrastructure NSW and local health districts to provide practical assistance for evacuated and recommissioned facilities, and assisting with longer-term resilience planning for energy supply and water recycling.

Health Infrastructure played a pivotal role during NSW Health's COVID-19 response and focused on maximising bed supply by accelerating projects and identifying infrastructure to increase bed count, identifying other accommodation including hotels, and preparing additional capacity for a more significant outbreak, including temporary hospitals.

We worked with industry and the university sector to develop ventilator solutions to provide NSW with additional ventilator capacity if required, demonstrating rapid innovation, problem solving, and project management skills built and developed through our project work.

Health Infrastructure is collaborating with a range of partners in the delivery of world-leading health and education precincts at Westmead, Liverpool and Randwick, co-locating and integrating education, research and health partners to improve community health outcomes.

We maintained business continuity and program delivery to achieve these significant milestones; made possible by the tremendous efforts of our people and project partners who showed resilience and flexibility during this busy and challenging year of bushfires, floods and the COVID-19 pandemic. Our people and partners are commended for delivering future-focused health outcomes for NSW communities.

Key achievements

- Completed 11 business cases for projects with a combined total value of \$2.6 billion.
- Completed the final business case for the Liverpool Health and Innovation Precinct, to redevelop Liverpool Hospital into an international hub of medical excellence, research and education.
- Awarded more than \$1.8 billion in construction contracts across 27 projects.
- Delivered seven projects to support improvement of, and access to, health services in rural and regional NSW as part of the \$304.9 million Stage 5 MPS Program and \$100 million HealthOne Strategy.
- Completed construction of premises for NSW Ministry of Health and other health agencies at 1 Reserve Road, St Leonards, on behalf of Property NSW.
- Completed construction of the biggest hospital building ever delivered by Health Infrastructure; the 14-storey Westmead Central Acute Services Building as part of the Westmead Health Precinct that is transforming healthcare for western Sydney.
- Delivered 38 solar panel installation projects totalling approximately \$5 million, in a very short timeframe, providing sustainable, modern and affordable energy systems for NSW Health.
- Supported the NSW Health COVID-19 response including rapid construction of a temporary hospital solution to deliver significant additional acute or intensive care unit capacity across NSW, if required.
- Worked with the Construction Leadership Group and integrated requirements of the Premier's 10 point commitment to the construction sector with our project delivery methodology, to support sustainability of the sector and enable ongoing delivery of high quality infrastructure for NSW.

HealthShare NSW

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Business hours: 8:30am-5pm, Monday to Friday

Chief Executive: Carmen Rechbauer



Ms Carmen Rechbauer has worked with HealthShare NSW since its inception in 2005 and was appointed to the Chief Executive role in August 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 working closely with food service staff across seven hospitals. Carmen is committed to placing the needs and interests of the health system and its patients at the heart of the organisation's strategy and service delivery model.

Year in review

HealthShare NSW plays a critical support role for NSW public hospitals and their patients. Never has this been more evident than in 2019-20. Through devastating bushfires and the COVID-19 pandemic, HealthShare leveraged its position as a statewide shared service provider to direct and adapt its services to meet the needs of the NSW public health system.

Food and Patient Support Services teams provided 'make ready' services to help hospitals re-open their doors following the fires. In the worst hit areas, teams worked extra hours, organised food supplies and even helped hose down sites while their communities burned around them. Linen Services teams packed and delivered linen ahead of the fires, drivers delivered critical medical and linen supplies to where they were needed, and the Linen Fleet and Logistics team monitored conditions to ensure driver safety in difficult and dangerous conditions.

The Patient Transport Service (PTS) assisted more than 690 evacuations and repatriations of people from hospitals and residential aged care facilities, working close to fire zones in very difficult conditions. The PTS Booking Hub ensured vulnerable people in fire zones were transported to safety. Procurement and Supply Chain teams worked to rapidly distribute emergency supplies (including 750,000 P2 masks) to communities across the state.

From the onset of the COVID-19 pandemic, HealthShare provided emergency governance support to the State Health Emergency Operations Centre. We sourced, procured and supplied personal protective equipment on a scale never experienced before in NSW, which has been used to support COVID-19 clinics, airport screening, quarantine hotels, home isolation kits, and increased safety precautions in hospitals.

HealthShare contributed to the successful hotel quarantine program, supplying meals, transportation and linen for returned travellers, including suspected and positive COVID-19 patients. Through the provision of specialist cleaning and laundering services, HealthShare has also supported enhanced infection control measures in ambulance vehicles and hospitals.

Contingency planning work, including planning for temporary hospitals, recruitment of a surge workforce, and new service models are providing the flexibility needed to respond effectively to future case spikes.

While responding to these crises, HealthShare continued to provide:

- patient meals
- hospital linen
- payroll for more than 164,000 NSW Health employees
- transport for non-emergency patients
- cleaning of hospitals and ambulance vehicles
- procurement and supply chain services
- equipment and services for people with chronic health conditions or disability to assist them with mobility, communication and self-care.

We thank our dedicated teams for their exceptional work throughout the year in what has been an incredibly testing time across the health service.

Key achievements

- Implemented the Accelerated Savings Program to achieve system-wide savings through procurement.
- Completed the Nutritional Standards operational implementation review.
- Launched Patient Transport Service's Beyond 2020, a service improvement project aimed at improving patient safety, experience and flow; and increasing productivity and sustainability.
- Piloted principles to streamline transport across health services at high cancellation facilities. The program achieved an 84 per cent reduction in on-scene cancellations and a 25 per cent reduction in pick-up times.
- Achieved annual cost savings through the refurbishment and reallocation of clinical equipment using the EnableNSW Equipment Centre refurbishment model.

- Developed a new payment process to ensure that NSW Health complied with the Faster Payment Terms Policy of 80 per cent of small vendor invoices paid within five business days.
- Successfully implemented the new International Dysphagia Diet Standardisation Initiative for thickened fluids across NSW Health.
- Developed the Co-Designing Healthy and Enjoyable Food project framework for food service reform.

NSW HEALTH PATHOLOGY

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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.

Tracey holds Bachelor of Commerce and MBA degrees, and is a member of the Australian Institute of Company Directors. She is committed to leading organisations that make a positive difference in people's lives, and serves on the Board of Life Without Barriers. In 2018, she was awarded an Australian Public Service Medal for outstanding public service to community health in NSW.

Year in review

Faced with drought, bushfire and a global pandemic, our 5000-plus NSW Health Pathology family continued to connect the people of NSW to first-class pathology and forensic services.

We made sure our pathology samples got through bushfire areas when air services and roads were cut, sometimes with police escort. Staff came to work after defending their own properties from fire. Some lost homes; others, livestock; and some were evacuated. But they continued to serve NSW Health Pathology with dedication.

Faced with the COVID-19 pandemic, our staff again showed the extraordinary capability that exists at every level of our organisation, displaying commitment, care and pioneering spirit as we mobilised against this unprecedented threat. Our people worked tirelessly and under enormous and unrelenting pressure to deliver a response that we are proud of.

We quickly established COVID-19 specialist diagnostic testing at 12 dedicated laboratories, and evaluated and deployed new rapid testing platforms to 37 labs, including throughout regional and rural NSW. As at 30 June 2020, we had performed more than 500,000 COVID-19 tests, a testing rate among the highest in the world per capita.

Our inspiring scientists and researchers grew the live virus from an infected patient in February and developed a game-changing serology test by March. They have played a key role helping public health officials determine how the disease spreads.

With around 99 per cent of people tested found to be COVID-19-negative, our IT team pioneered a solution to automatically deliver negative results direct to patients via SMS. Most results were delivered within 24-72 hours of lab testing to more than 300,000 people.

Beyond COVID-19, we launched our inaugural staff awards and advanced our Reconciliation Action Plan. The plan will make a real and lasting change in our organisation by promoting the importance of building meaningful and respectful relationships with Aboriginal and Torres Strait Islander people and their communities.

Thanks to everyone at NSW Health Pathology for your incredible work, expertise and care this year.

Key achievements

- Performed more than 500,000 tests to diagnose and exclude COVID-19. Achieved a testing rate of between 5000 to 10,000 tests per day, among the highest in the world per capita. Developed capability to deliver 9500 tests per day.
- Pioneered the automated delivery of negative COVID-19 results for patients tested at public health clinics and hospitals. The system provided results within 24-72 hours of lab testing to more than 300,000 people.
- Grew the live SARS-CoV-2 virus from infected patients' samples and developed a game-changing serology test used by public health officials to understand the spread of the disease.
- Contributed to the NSW Drug Surveillance Strategy to reduce illicit drug harm by evaluating severe drug toxicity in intensive care patients and working with NSW Police on the monitoring and surveillance of seized drug samples.
- Advanced NSW Health Pathology's Reconciliation Action Plan to progress goals towards increasing wellbeing for Aboriginal and Torres Strait Islander communities.
- Launched our first staff awards program and event to recognise caring, connecting and pioneering staff within the organisation.

- Created a first-of-its-kind Pathology Atlas of Variation which combined NSW Health Pathology and public hospital emergency department data to better understand test ordering and its impact on patient care and outcomes.
- Named by Microsoft as one of Australia's most innovative organisations, recognising a technology trial that securely uploaded encrypted pathology results to the internet. Patients could have blood tests in a variety of settings (including in ambulances, on football fields or during surgery) and clinicians received results in real time.
- Enrolled 25 colleagues in a fifth cohort of the Emerging Leaders program. Alumni were invited back to build skills as coaches and innovators.
- Implemented our Clinical Services Plan — a blueprint for future clinical service models in line with statewide strategies and local customer needs.

eHEALTH NSW

**Tower B, Level 13 Zenith Centre
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Chatswood NSW 2067**

Telephone: 9880 3200

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 1350 staff, Zoran is focused on implementing the eHealth Strategy, 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

During a year marked by bushfires and a pandemic, eHealth NSW continued to work in partnership with NSW Health organisations and industry to progress the delivery of the *eHealth Strategy for NSW Health 2016-2026* and build a sustainable health system that delivers outcomes that matter to patients and the community, is person-centred, digitally enabled, and invests in wellness.

We employed a statewide approach to ICT, coupled with the foundations set by the *eHealth Strategy*, to ensure NSW Health was able to rapidly scale up, leverage and deploy digital solutions for COVID-19.

Our robust digital health infrastructure and systems to support the rapid increase in virtual care delivery and remote working enabled the successful management of increased technology use and reliance.

In delivering the *eHealth Strategy*, we continued to work with districts and networks to deliver key clinical systems and systems that support integrated care. eHealth commenced deployment of the new radiology information system and picture archive and communication system (RIS PACS) which will transform the way thousands of medical imaging studies are captured, used and archived annually. RIS PACS was deployed at four of 58 sites with the remainder to be implemented by 2023. eHealth also delivered and supported several corporate systems, including the workflow and services management platform ServiceNow/SARA (search and request anything) and the recruitment and onboarding solution.

We continued to monitor, review and strengthen NSW Health's information systems and implement measures to ensure cyber security readiness around the clock. eHealth also redeveloped the NSW Health Electronic Information Security Policy to align with the NSW Government Cyber Security Policy.

None of our achievements would be possible if it were not for the work of our NSW Health and industry partners and the dedication of the staff at eHealth NSW. Efforts to embed a strong culture program reinforced an unwavering commitment to enhance the user experience and patient care, enabling us to deliver safer, smarter, stronger digital health systems for NSW Health's staff and patients.

Key achievements

- Supported the COVID-19 response by:
 - building and rapidly deploying a digital triage tool and doubling the number of intensive care unit (ICU) beds supported by electronic record for intensive care (eRIC)
 - increasing videoconferencing for virtual care and remote work
 - creating COVID-19-specific dashboards providing comparable data and analytics across the NSW public health system
 - establishing a rapid ICT review service to assess COVID-19-related offers of assistance.
- Deployed EMR at 186 sites with 22,260 beds now live, and developed, implemented and launched four new digital products within the EMR. Finalised implementation of disaster recovery environments across facilities using the Cerner EMR, minimising the impact to patient care.
- Implemented electronic medications management (eMeds) systems at 73 sites and went live with the second phase of the EMR (EMR2) at 34 additional sites. eMeds is now available at 195 sites across NSW.
- Installed eRIC at two hospitals and 30 ICU beds, bringing the total to 21 hospitals and 422 beds. This year, 24,351 critically ill patients had care recorded via eRIC, eliminating the need for paper-based ICU records.
- Completed a four-year collaboration with NSW Health Pathology to add pathology reports to HealtheNet, which feeds into the national My Health Record.
- Supported NSW Health to provide IT, finance, workforce, project management, procurement, security operations and crisis management services via ServiceNow/SARA. SARA staff raised and managed 446,000 IT incidents, 830,000 HR cases, and 12,000 IT changes.
- Implemented a statewide incident management system *ims+*, on track to be fully rolled out by late 2020 and enabled 45,000 NSW Health staff to complete notifier training.
- Established the Virtual Care Accelerator to ensure patients have access to the best telehealth enabled models of care.
- Implemented a clinical health information exchange to support NSW Health's first public-private partnership at Northern Beaches Hospital, allowing clinicians to digitally share the records of public and private patients.
- Launched three pilots of the Health Grade Enterprise Network, an initiative designed to enhance ICT service quality through common deployment of cabling, networking and wireless technologies, and standards and services across all NSW Health sites.

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 drought, bushfire crisis, and floods, 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

Chief Executive of the District since August 2016, 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.



Year in review

Our District's ability to respond swiftly and effectively to both the NSW bushfires and global COVID-19 pandemic is testament to our preparedness and flexibility, and reflects the resilience and commitment of our staff to provide the best possible care to our coast community.

In early 2020, the District deployed four teams of multi-disciplinary mental health staff — including social workers, occupational therapists, counsellors and nurses — to join colleagues in the Illawarra Shoalhaven Local Health District to provide support to bushfire-affected communities. This was the first time our mental health staff have been deployed to an area outside our District to assist with a disaster response.

The global COVID-19 pandemic was the next significant event to face our District and we refocused our service delivery to respond to the evolving pandemic; directly resourcing intensive care units and emergency departments, while maintaining community-based support and providing care to people with long-term chronic disease. We introduced telehealth models to manage outpatient care and revised our visiting hours and working arrangements to help reduce the risk of COVID-19 spreading. We also opened two COVID-19 testing clinics.

The situation evolved rapidly, and our services quickly adapted and innovated. Our ICT team provided safe and secure remote system access to more than 2000 clinicians in under two weeks, to continue to deliver patient care. Across the District, we installed around 1000 pieces of new IT equipment, including computers and headsets, to support telehealth delivery, while pushing forward other major projects.

We strengthened our partnerships with local residential aged care facilities, increasing nurse practitioner, allied health and Aboriginal health support to residents and staff.

The District celebrated two milestones this year; 50 years of community members volunteering in our health services, and the 75th anniversary of the Gosford Hospital Auxiliary; formed in 1944 while Gosford Hospital was still under construction.

We thank our exceptional staff for their commitment to high quality care and continued hard work to ensure the best possible healthcare for our community.

Construction commenced on the Clinical School and Research Institute for Integrated Care and Population Health, a joint initiative between the District and the University of Newcastle. The new facility will transform the ways in which we look at, develop and deliver healthcare, including integrated care, which is a priority for the District and the focus of the Institute.

Key achievements

- Continued work on the \$200 million redevelopment of Wyong Hospital, including a new six-storey building. This redevelopment will deliver first-class services including a new emergency department, intensive care unit and expanded surgical services.
- Commenced construction on the Clinical School and Research Institute for Integrated Care and Population Health, a joint initiative between the District and the University of Newcastle. The new facility will transform the ways in which we look at, develop and deliver healthcare, including integrated care, which is a priority for the District and the focus of the Institute.
- Commissioned a new Cardiovascular Suite and established a new 24/7 on-call service at Gosford Hospital. This ensures heart attack patients no longer need to be transferred outside the Central Coast after hours and on weekends.
- Achieved a 66 per cent increase in early childhood education and care services meeting the NSW Health Caring for Children nutrition guidelines and a 92.6 per cent success rate of public schools meeting the NSW Healthy School Canteen Strategy by working closely with both services to champion healthy eating for children.
- Achieved a sustained reduction in indwelling urinary catheter usage at both Gosford and Wyong hospitals by embedding effective urology practice to reduce preventable catheter associated urinary tract infections (CAUTI) and implementing the No CAUTI Sustainability Plan.
- Established Violence Abuse and Neglect (VAN) as a clinical stream; a centralised model that enables multidisciplinary clinicians to work and approach challenging issues together, providing more streamlined services to families.
- Partnered with the Primary Health Network to send letters electronically from our hospitals to general practitioners. On average, around 5000 discharge messages were delivered each month, enabling better access to clinical information for care delivery in the community.
- Established an Aboriginal Cultural Lounge and courtyard at Gosford Hospital, where Aboriginal Liaison Officers are located to support patients and families during their hospital stay.
- Reached the finals in the 2019 NSW Health Excellence in Nursing and Midwifery Awards for the Excellence in Innovation in Research category. Wound Management Nurse Practitioner, Dr Anne Purcell, was recognised for her research exploring an innovative way of using EMLA® cream as a primary dressing on painful, chronic lower leg ulcers. The intervention resulted in significant reduction in patients' wound-related pain during dressing-change.
- Vaccinated a record number of staff against influenza as part of the annual Exercise Respect program. Some 5833 staff were vaccinated; 218 more than last year and 1344 more than in 2018.

Demographic summary

Central Coast Local Health District



350,000
residents

Projected to increase to
397,370 by 2031



15% aged 70+

70-84 age group
Projected to increase
by **61%** by 2031



3.8% from Aboriginal or Torres Strait
Islander background

21% born overseas

8.3% speak a language other than
English at home

Darkinjung people are the traditional
custodians of the land

Health issues



Ageing
related



Chronic
disease



Overweight
and obesity



Smoking



Alcohol



Cancers



Respiratory
diseases

Source: Department Planning, Industry and Environment:
2019 population projections.

Far West Local Health District

2-4 Sulphide Street
Broken Hill NSW 2880

Telephone: (08) 8080 1333
Email: FWLHD-Feedback@health.nsw.gov.au
Website: www.fwlhd.health.nsw.gov.au
Business hours: 8:30am-5pm, Monday to Friday

Chief Executive:
Umit Agis
(from January 2020)



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.

Chief Executive: Steve Rodwell
(until November 2019)

Steve Rodwell was the previous Chief Executive of the District from September 2017 until his retirement in November 2019. Steve began his career as a student nurse at Royal Prince Alfred Hospital in 1980. Thank you to Steve for your years of dedicated service to NSW Health.

While the COVID-19 pandemic presented significant operational and clinical challenges, it also created the momentum for developing alternative models of care using telehealth. Use of telehealth increased from 220 sessions per month pre-COVID-19 to 1150 per month, and new models of patient care incorporating technological solutions were embedded into the District's service delivery.

Year in review

The District maintained its focus on quality patient care, successfully managing the COVID-19 pandemic while progressing its program of service and capital improvements.

While the COVID-19 pandemic presented significant operational and clinical challenges, it also created the momentum for developing alternative models of care using telehealth. Use of telehealth increased from 220 sessions per month pre-COVID-19 to 1150 per month, and new models of patient care incorporating technological solutions were embedded into the District's service delivery.

The District was able to rapidly pivot to these new models of care while maintaining a high level of patient care primarily due to the commitment of our exceptional staff.

The creation of additional Aboriginal health practitioner and trainee positions, and the successful appointment of two Aboriginal nursing cadets continued the District's focus on growing our Aboriginal workforce. The District also provided a new position providing targeted specialist support to the communities impacted by drought across the region.

Construction planned to start for the Buronga HealthOne facility on the land of the Barkandji and producing the land agreement for this facility was a first in NSW. Thanks goes to the Barkandji Elders/Nation Group and Health Infrastructure for making this project a reality. During the year the District also successfully completed the refurbishment of the Tibooburra health facility, a much-needed upgrade which has provided a better and more contemporary service to the local community.

The District examined both clinical and corporate governance processes and procedures with the aim of improving operations and augmenting the great work that has been achieved by the existing governance structures. The year closed with achievements underscored by meeting or exceeding targets in a range of performance indicators, including safety, preventable hospitalisations, timeliness and accessibility, and retaining a zero-performance rating (no performance issues).

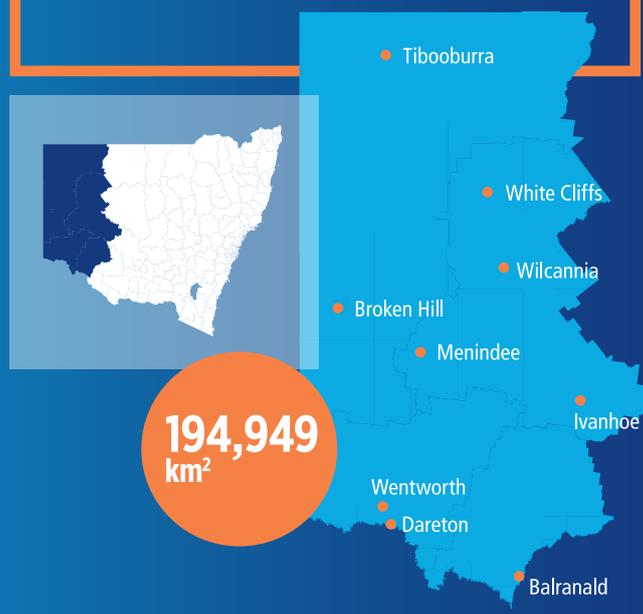
The Board and executive express our sincere thanks and appreciation to all staff for their hard work and dedication in 2019-20 and recognised this work was undertaken within a difficult and often rapidly changing environment.

Key achievements

- Connected and supported people affected by drought by employing a Mental Health Drought Relief Peer Support Worker under NSW Health's At the Farm Gate program in early 2020. This role worked with key organisations including the Royal Flying Doctor Service, Department of Primary Industries and the Rural Adversity Mental Health Program.
- Introduced Aboriginal health practitioner/trainee positions (4.6 FTE) within the Broken Hill Health Service. These after hours, seven-day-a-week positions have made a valuable contribution to the Aboriginal community and the service continues to develop in line with consumer and staff feedback.
- Expanded the Aboriginal workforce with the commencement of two Aboriginal nursing and midwifery cadets, under the NSW Health Aboriginal Nursing and Midwifery Cadetship program. The program provides financial support to enable cadets to complete studies as a registered nurse or registered midwife.
- Implemented telehealth models, developed data capturing mechanisms and provided service continuity through increased telehealth sessions during the COVID-19 pandemic.
- Construction planned to start for the Buronga HealthOne facility, which will provide an enhanced 'hub and spoke' service model including collaborative patient and client care, shared spaces, and use of new technologies to improve access to previously underused specialist services. The District worked with stakeholders including Coomealla Health Aboriginal Corporation, to review service models that respond to community needs.
- Completed the HealthOne Tibooburra initiative, a capital works project for Tibooburra Health Service. This project included refurbishment of the facility and increased contemporary clinical areas to enhance service provision to a remote community.
- Consolidated the Primary Health Care Registered Nurse School Based Service across seven primary and two secondary schools in Broken Hill. The service offers population health screening for all children and coordinates health promotion activities and complex case management. Teams supported schools during COVID-19 home isolation.
- Trained 88 per cent of all early childhood services and 100 per cent of the District's family day care services in the Munch & Move program and met 70 per cent of program practices. Trained 83 per cent of primary schools in the District's Live Life Well at School program and met 70 per cent of program practices.
- Introduced the Specialist Palliative Care Bereavement Counselling Service providing bereavement services to carers and families including visits with palliative care nurses, bereavement packs, individual counselling, grief information sessions, and bereavement groups.
- Created a conducive environment for patients and family receiving inpatient palliative and end of life care by refurbishing the medical ward of the Broken Hill Health Service.

Demographic summary

Far West Local Health District



30,144*
residents

Projected to decrease down to **27,250** by **2031**



18% aged **65+**

Projected to increase to **29%** by **2036**



13% from **Aboriginal or Torres Strait Islander** background

4.5% born overseas

8.9% speak a **language other than English** at home

Barkandji; Wilyakali; Ngijympaa; Muthi Muthi; Wadigali; Malyangaba; and Wangkumara people are the traditional custodians of the land

Health issues



Ageing related



Drought-impacted mental health



Drug and alcohol use



Chronic obstructive pulmonary disease



Diabetes-related conditions



Intentional self-harm

*NSW HealthStats.

Hunter New England Local Health District

Lookout Road
New Lambton Heights NSW 2305

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Email: HNELHD-SRC@health.nsw.gov.au
Website: 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.



The impacts of fire were far reaching, affecting residents, local business operators and staff, both physically and mentally. As well as supporting our own communities, a mental health team was dispatched to assist colleagues in the Illawarra Shoalhaven Local Health District with the fire crisis on the South Coast.

Year in review

This year our District continued to deliver excellence in healthcare amid the demands of ongoing severe drought, bushfires and the COVID-19 pandemic.

The past year brought some of the worst, unprecedented bushfire events in the state, impacting many communities within the District, particularly Forster, Taree, Tenterfield, Glen Innes and the Hunter Valley.

With many towns clouded in smoke, the District was proactive in providing public health messaging to the community, especially for the most vulnerable community members, on how to protect themselves from negative health impacts.

The impacts of fire were far reaching, affecting residents, local business operators and staff, both physically and mentally. As well as supporting our own communities, a mental health team was dispatched to assist colleagues in the Illawarra Shoalhaven Local Health District with the fire crisis on the South Coast.

The COVID-19 pandemic was a significant challenge to our health system; however, the District managed its coordinated response well, focusing on building clinical surge capacity, equipping facilities with crucial personal protective equipment, using new technologies, and continually planning and preparing for adverse events. This ensured that staff, patients and the broader community were informed and as safe as possible.

The District took a proactive approach to COVID-19 screening and testing, completing more than 50,000 swabs in the period to 30 June with 4.5 per cent for Aboriginal and Torres Strait Islander people. The total number of swabs was higher than NSW average testing rates and is testament to the work of our staff in communicating core public health messages throughout the Hunter New England region.

Faced with the challenge of the pandemic, staff rose to the occasion by finding new ways of working that will endure well past the current crisis. This includes using technology to ensure continuity of care while still guaranteeing COVID-19 preparedness and better ways to work as a team.

Despite the challenges, staff continued to put patients first with inspiring resilience and ability to adapt, 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

- Established a six-lane drive-through testing clinic at McDonald Jones Stadium in Newcastle where 7800 tests were completed over 10 days, one of the most successful in NSW.
- Commenced early works for the John Hunter Health and Innovation Precinct. Completed works for new hospitals at Muswellbrook, Tomaree, Manning and Inverell. Completed capital improvement projects at Gloucester, Dungog, Tenterfield, Scone, Cessnock, Belmont, and John Hunter, and a range of mental health facilities across the District.
- Implemented a collaborative Tamworth Hospital Water Recycling Reverse Osmosis Water Initiative that saves 50,000 litres of potable water weekly. To date, more than two million litres of water from the dialysis unit has been processed for reuse.
- Established a new Specialised Intellectual Disability Health Team across Hunter New England and Central Coast Local Health Districts to improve delivery of healthcare to people with an intellectual disability.
- Launched a Virtual Heart Failure service in Greater Newcastle that increased the delivery of heart failure care in line with best practice from 25 per cent of admitted patients to approximately 70 per cent, with a reduction in unplanned readmissions from 10.5 per cent to 6.8 per cent.
- Established a centralised, District-wide COVID Care at Home service using telehealth to optimise accessibility for moderate risk patients and safety for healthcare providers, while minimising unnecessary use of personal protective equipment. Since March 2020, the service has successfully managed 46 referrals.
- Initiated a High Risk Foot service at Tamworth Hospital that has reduced patient travel and improved equity of access for rural patients.
- Awarded the 2019 NSW Health Research and Innovation Award for the John Hunter Children's Hospital Type 1 Diabetes Management Program. For recurrent years HNEKids Endocrine service has achieved the lowest rates of glycated haemoglobin and low levels of associated hypoglycaemia in children.
- Implemented the Acute Incident Response program at John Hunter Hospital to better support emergency department staff dealing with critical incidents. The emergency department team reported a 14 per cent increase in support and an 18 per cent increase in leadership support, while access to debriefing has doubled since the program's inception.
- Created a series of dashboards to provide the District's health executive with access to invaluable and time-critical data to support decision-making in response to COVID-19.

Demographic summary

Hunter New England Local Health District



131,785 km²



952,381[^] residents

Projected to increase to 1,038,920[^] by 2031



14.5% aged 70⁺

70+ age group projected to increase to 18% by 2031

Families and young people
Projected to increase



5.9% from Aboriginal or Torres Strait Islander background

20% born overseas

5% speak a language other than English at home

Kamilaroi, Gomilaroi, Geawegal, Bahtabah, Thungutti, Awabakal, Aniawan, Biripi, Worimi, Nganyaywana, Wonnarua, Banbai, Ngoorabul, Bundjalung, Yallaroj and Darkinung people are the traditional custodians of the land

Health issues



Stroke



Cancer



Gastro-intestinal disease



Kidney disease

Source: HealthStats NSW.

Illawarra Shoalhaven Local Health District

Suite 2, Level 2 67-71 King Street
Warrarong NSW 2502

Telephone: 4221 6899

Email: ISLHD-TRIM@health.nsw.gov.au

Website: www.islhd.health.nsw.gov.au

Business hours: 8:30am-5pm, Monday to Friday

Chief Executive: Margot Mains



Margot Mains began her career as a nurse and held senior leadership roles in 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, and is a member of the Illawarra Health and Medical Research Institute Board. 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.

COVID-19 has changed the world, and life as we know it. One thing that has remained constant in these extraordinary times is our amazing workforce and their focus on patient care. The agility and resilience of staff, coupled with a robust dedication to keep people safe and well, has been inspirational.

Year in review

The second half of 2019-20 has been a most challenging and unprecedented time for us all. For the southern-most part of our District, this commenced with the devastating bushfires which decimated parts of the Shoalhaven, followed shortly by damaging floods in already ravaged areas. The Currowan fire raged for 74 days, burning almost half a million hectares of bushland and destroying 89 homes in the Conjola area. The staff at Milton Ulladulla Hospital were significantly impacted, and we responded by developing a staff wellbeing program and deploying specialist mental healthcare teams to support the local community.

From our emergency bushfire and flood response, the District's focus quickly turned to the COVID-19 pandemic. We immediately established a clinician-led taskforce and an emergency operations centre, and implemented extensive infrastructure changes to support the safe management of all patients. More than 60 staff upskilled to increase intensive care unit capacity, supported by the redeployment of staff and beds, procurement of additional ventilators and other specialised equipment, personal protective equipment supply, and logistics. The District established COVID-19 clinics at our hospitals, and our testing rates have been among the highest in NSW.

The COVID-19 crisis led the District to develop innovative ways to deliver patient care, including alternatives to face-to-face visits. We significantly enhanced our tele-technology to enable online specialist consultations and established a virtual care centre so that patients with COVID-19 or chronic conditions could be managed by clinical teams without needing to leave home. This initiative will continue next year.

This year, the District launched its Health Care Services Plan for the next decade, with a strong focus on community-based care and ensuring timely and appropriate access to local services. Major capital works projects progressed, including construction of the Bulli Hospital and Aged Care Centre, completion of new parking facilities at Shoalhaven Hospital and work on the redevelopment of Wollongong Hospital Children's Ward and Birthing Unit.

This has been a year we will long remember. COVID-19 has changed the world, and life as we know it. One thing that has remained constant in these extraordinary times is our amazing workforce and their focus on patient care. The agility and resilience of staff, coupled with a robust dedication to keep people safe and well, has been inspirational.

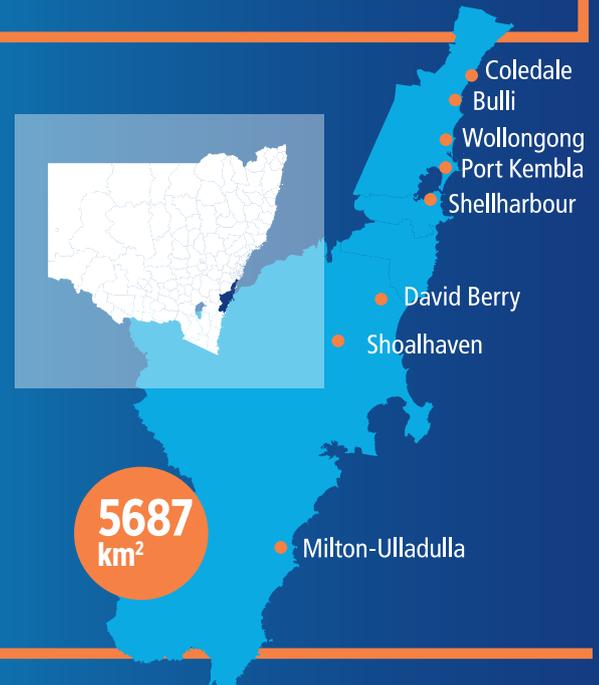
Our local communities have shown tremendous support for our workforce and together we will continue to navigate what the year ahead may bring.

Key achievements

- Commenced planning and early works on two major hospital redevelopments. The upgrade of Shoalhaven Hospital will significantly improve services for people living on the South Coast. At Shellharbour Hospital, early works signalled the start of the facility's redevelopment, which will include an expanded emergency department and increased medical and surgical capacity, including new operating theatres.
- Implemented a new 48-hour face-to-face follow-up program for discharged consumers at Illawarra Community Mental Health Rehabilitation Service and achieved a first in Australia for providing seven-day follow-up.
- Achieved a major milestone in construction of the \$50.4 million (\$16.6 million invested by a community-owned organisation) Bulli Hospital and Aged Care Centre, which will create a centre of excellence focused on geriatric medicine. A topping out ceremony was held to mark reaching the highest point of the building.
- Implemented an internationally recognised standard outcomes set for colorectal cancer, a first for the District. The framework, guided by the International Consortium of Health Outcomes Measurement, was presented at an international conference and received a nomination for both the NSW Health Awards and NSW Premier's Awards.
- Achieved 100 per cent full immunisation coverage for Aboriginal children at five years of age and consistently exceeded 95 per cent vaccination coverage for all local children at five years.
- Developed the My Care Board for use in hospital inpatient wards in support of the clinical handover process. The new tool aims to facilitate better communication among consumers, carers and clinical teams to enable stronger shared decision-making.
- Implemented technologies to improve patient care and experience, including electronic medication records and patient and guest Wi-Fi, and completed the roll-out of the Electronic Record for Intensive Care (eRIC), with implementation at Shoalhaven Hospital.
- Developed the District's first *Consumer Engagement Framework* to guide a robust and consistent approach to improved consumer interaction, feedback and connection with health services.
- Enabled further improvements in integrated care working alongside the South Eastern NSW Primary Health Network (COORDINARE). This work included developing secure messaging capability between GPs and District services to enhance the integration of care.
- Developed a new pathway for disadvantaged local families to be referred to oral health services to improve their access and experience. An oral health waiting list redesign project was also launched to improve patient wait times. This halved the number of patients waiting for their assessment and reduced wait time for dentures from six to two months.

Demographic summary

Illawarra Shoalhaven Local Health District



415,688
residents

Projected increase to
455,000 by 2031



12% aged 70+

70+ age group
projected to increase to
20% by 2031^{^^^}



4% from Aboriginal or Torres Strait
Islander background

17% born overseas

12% speak a language other than
English at home

Tharawal and Yuin people are the
traditional custodians of the land

Health issues



Source: ^PHIDU Social Atlas of Australia 2019. ^^HealthStats accessed 2020.
^^^Ministry of Health HealthApp accessed 2020.

Mid North Coast Local Health District

Morton Street
Port Macquarie NSW 2444

Telephone: 1800 726 997

Email:

MNCLHD-ConsumerRelations@health.nsw.gov.au

Website: www.mnclhd.health.nsw.gov.au

Business hours: 8:30am-5pm, Monday to Friday

Chief Executive: Stewart Dowrick



Stewart Dowrick began his career in healthcare administration at the then Children's Hospital at Camperdown in 1989. He moved to the Central Coast Area Health Service in 1993 and the Mid North Coast Area Health Service in 1999. Since 2000, he has held numerous executive positions with the Mid North Coast and North Coast Area Health Service and was appointed Chief Executive at the beginning of 2011.

Stewart has a particular interest in health service partnership and service partners working together. He holds a Doctorate in Health Studies, and tertiary qualifications from the University of NSW, University of Newcastle and the Australian Institute of Company Directors.

Year in review

The District and its communities had a challenging year. Many members of our community were impacted by the bushfires that caused major devastation across NSW and in particular the Mid North Coast region. Many staff were involved in coordinating the emergency response at public health facilities and volunteered with the NSW Rural Fire Service to protect people and property in the area.

During and after the bushfire emergency, the District's Rural Adversity Mental Health Program provided vital on-the-ground support at evacuation and recovery centres across the District, including empowering the community to access services, and minimise the effects of trauma. We appointed two nurses to work with bushfire recovery services, providing clinical support to affected communities, and we continue to partner with multiple service agencies in the recovery process.

The new \$73 million Macksville District Hospital opened to patients and staff on 26 May 2020, increasing the District's capacity to meet the healthcare needs of the Nambucca Valley. The hospital, located three kilometres north of the Macksville town centre, includes 42 inpatient beds in single and double rooms, an emergency department, maternity unit, Tresillian residential unit, community and allied health, and day procedure beds and treatment spaces. As COVID-19 restrictions were in place at the time of opening, the integrated multi-media unit produced a video presentation which took the community on a virtual tour of the new hospital. This was viewed more than 19,000 times in three weeks.

The District also welcomed several new executives during the year including the Kempsey District Hospital Executive Officer and Director of People and Culture.

More than 4500 staff and volunteers provide health and support services throughout the Mid North Coast community and we recognise their outstanding work to improve health outcomes of our patients, clients and staff.

It is through their commitment and dedication that these remarkable accomplishments are possible.

More than 4500 staff and volunteers provide health and support services throughout the Mid North Coast community and we recognise their outstanding work to improve health outcomes of our patients, clients and staff.

Key achievements

- Opened the new Macksville District Hospital to patients and staff on 26 May 2020, months before it was scheduled to be completed.
- Implemented a swift response to the COVID-19 pandemic. This included opening assessment clinics, coordinating a community call centre, providing visitor screening stations in all facilities, redirecting staff to areas of most need, providing guidance on infection control practices and ensuring the wellbeing of staff. The response also included educating and informing the community on all aspects of protection against the virus.
- Officially launched the \$17.9 million Port Macquarie Base Hospital Mental Health Unit Expansion in August 2019. The project was undertaken in three stages: construction of a new Mental Health Inpatient Unit, refurbishment of community mental health office space for staff, and conversion of the former inpatient unit into a community mental health space. Consultation with mental health staff, consumers, carers and members of the local Aboriginal community was a key component of the project.
- Maintained an Aboriginal workforce of 5.7 per cent, through continued focus on the affirmative action strategy and ongoing work with schools and registered training organisations to support pathways that lead to careers in health.
- Achieved a milestone in mid-June 2020 when the \$194 million Coffs Harbour Health Campus Expansion Project celebrated construction of the multi-storey clinical services building reaching its highest point. The occasion was celebrated with a traditional 'topping out' ceremony of hoisting a tree to the highest point of the building.
- Won a 2019 NSW Health Award in the Supporting Our People category for Care Partners – Changing the Language and Culture of Care program at Dorrigo Multi-Purpose Service. The District was a finalist in a further four categories.
- Delivered the 'Your Health Link National Photographic Competition' which continued to grow and promote the benefits of healthy lifestyle choices to communities across Australia. The competition was created in response to a need to increase health literacy and encourage healthy living, and is part of a broader suite of 'Your Health Link' programs designed to connect the community to evidence-based health information.
- Hosted the annual 'Harmony in Health' Expo at Coffs Harbour in September 2019. The free expo provided information about health and support services, and access to relevant government agencies, health organisations, community groups and services, with the aim of improving social inclusion, health and wellbeing for multicultural community members.
- Developed and implemented the Mid North Coast Childhood Obesity Prevention and Management Action Plan which outlines a comprehensive collaborative approach for addressing childhood obesity on the Mid North Coast.

Demographic summary

Mid North Coast Local Health District



11,335
km²



216,705*
residents

Projected to increase to
241,116 by **2031**



16% aged 70+

70+ age group
Projected to increase
to **23%** by **2031**



5.7% from **Aboriginal or Torres Strait Islander** background

11% born overseas

5% speak a **language other than English** at home

Gumbaynggirr, Dughutti, Birpai and Nganyaywana people are the traditional custodians of the land

Health issues



Mental health illnesses



Age-related cardiac diseases



Age-related pulmonary diseases



Age-related diabetes



Age-related renal disease



Age-related dementia

Source: *NSW 2016 Population Projections – Department Planning, Industry and Environment. Australian Bureau of Statistics 2016.

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. Commencing 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.

In 2019-20, our community's resilience shone. We thank the staff, volunteers, carers and community members who contributed to the health and wellbeing of our communities.

Year in review

It has been an extraordinary year across the District, with our communities tested by continuing drought, devastating bushfires and the impact of the COVID-19 pandemic.

In January, communities throughout the Snowy Valley region and along the southern border were affected by fires. Twelve facilities were impacted, and we took action to relocate aged care residents and acute patients from Tumut, Batlow and Tumbarumba hospitals to safe facilities in the District.

We were pleased to work alongside clinicians deployed from Northern Sydney and Sydney local health districts, to support fire-affected communities. Our clinicians and allied health team worked in bushfire-affected towns, while mobile care teams provided support and counselling. The effects of smoke were also felt across the District and our public health team educated the community on ways to deal with poor air quality.

The District saw 185 properties destroyed, a further 50 damaged, and more than 750 rural landholders impacted. Recovery efforts and supports, including four bushfire clinicians, the Rural Adversity Mental Health Program and other partners, continue to support the health and wellbeing of our drought and fire-affected communities.

In March 2020, we instigated the Health Emergency Operations Centre, to oversee our response to the COVID-19 pandemic. Our response focused on increasing emergency department capacity, hospitalisations, critical care requirements, and the roll out of six COVID-19 respiratory clinics, two mobile clinics, and pop-up clinics in areas of outbreak.

Our redevelopment projects continued across the region. Construction of the \$431 million Wagga Wagga Health Service Redevelopment reached the final stages, with the new Stage 3 Ambulatory Care Building scheduled for completion in early 2021. Work also commenced on the \$250 million Griffith Base Hospital Redevelopment and the new \$50 million Tumut Hospital, and we focused on bringing doctors, medical specialists and other health workers into our communities.

The District launched *Our People Our Future 2.0* in 2019 to foster a culture of excellence and develop a motivated workforce connected to our goals and purpose. Fostering a culture of excellence requires consistent leadership, and with that in mind, we held Fever Workshops throughout the year to develop and strengthen our leadership practices.

In 2019-20, our community's resilience shone. We thank the staff, volunteers, carers and community members who contributed to the health and wellbeing of our communities.

They enrich the lives of our patients, residents and communities, during challenging and complex circumstances. We are proud of the care, compassion and dedication our people continued to show our communities.

Key achievements

- Developed *MapMyRecovery*: an online interactive map as part of the Murrumbidgee Mental Health and Drug and Alcohol Alliance initiative. The map identifies and links mental health, drug and alcohol providers within the Murrumbidgee region. The portal contains information about emergency or crisis support, and contacts for clinical and allied health staff.
- Delivered the state pilot *ims+* roll out across the District. Every staff member can access an incident reporting system that enables feedback after incident investigation. A total of 3348 District staff have completed training in incident notification and 58 frontline managers have completed the manager training.
- Implemented an Aboriginal Cultural Self-Assessment tool in partnership with the Centre for Aboriginal Health. The self-assessment has assisted 24 sites and services identify ways to strengthen cultural engagement with their local Aboriginal communities.
- Held the inaugural *Nurse Camp* in September 2019, an initiative to encourage high school students to remain in the region and take up a career in nursing. The immersive experience showcased rural nursing career pathways and included practical scenarios.
- Successfully relocated patients, residents and staff from Tumut, Batlow and Tumbarumba hospitals when the District was impacted by bushfires and undertook welfare checks to ensure the safety of our community.
- Implemented clinician-led communities of practice, linking clinicians across the District and leading the COVID-19 response in hospitals, residential aged care services and community services. Approximately 78 public and private residential aged care services linked up to provide care for this vulnerable group.
- Created 'M-Teams', a local model of clinical leadership and education to help protect patients, consumers, staff and the community against potential transmission of COVID-19. The teams provide wellness checks, education, support and clinical leadership.
- Developed and implemented new models of care including the Orthopaedic Criteria Led Discharge model to streamline patient's hospital journey and allow recovery at home; and the Four Bed Delirium Unit model of care at Wagga Wagga Base Hospital, providing care and support to patients diagnosed with delirium.
- Launched the Marrambidya* Leadership Program in October 2019, with more than 60 people participating in a foundational leadership workshop. The program was co-designed and delivered in partnership with the Health Education and Training Institute.
- Partnered with the Riverina Murray Regional Alliance (RMRA) to develop the RMRA Local Decision Making Ngunggiyalali (Accord), representing local Aboriginal people, to improve outcomes for Aboriginal communities within the Riverina Murray region.

*Marrambidya is the local Wiradjuri word for Murrumbidgee. The District acknowledges the traditional custodians of the land by naming the NSW Health leadership program Marrambidya.

Demographic summary

Murrumbidgee Local Health District



245,196*
residents

Projected to increase to
247,773 by 2031



19.6% aged 65+

65+ age group
Projected to increase
to **25.5%** by 2031



4.8% from Aboriginal or Torres Strait
Islander background

6.1% speak a language other than
English at home

Wiradjuri, Yorta Yorta, Baraba Baraba,
Wemba Wemba and Nari Nari people
are the traditional custodians of the land

Health issues



*Estimated Resident Population (2019 ABS).

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 was appointed as the Chief Executive, Nepean Blue Mountains Local Health District in January 2011. Kay holds tertiary qualifications in marketing and economics and brings more than 20 years' health management experience in New Zealand to the role. As a resident of the District, Kay is passionate about working in partnership with the community, clinicians and the District Board towards her vision to provide extraordinary patient experience and a high performing culture.

The District opened a new chemotherapy day ward, treatment spaces and radiation equipment for cancer patients as part of Stage 1 of the Nepean Redevelopment, and worked with consumers to co-design new therapeutic spaces for mental health patients within the Nepean Mental Health Centre.

Year in review

This year was an extremely challenging one for our District, with bushfires and floods, followed by the COVID-19 pandemic. During late 2019 and early 2020, the District experienced some of the worst bushfires to impact the region in many years. Many staff were directly affected, both as NSW Rural Fire Service volunteers, and homeowners risking loss of property, while other staff managed the emergency health response, supported aged care facilities to evacuate, and kept health services operating efficiently.

This camaraderie and determination of spirit continued when COVID-19 struck in late January 2020. The pace of change throughout the first few weeks and months was extreme, and the team quickly responded to prepare our hospitals and provide testing and care to those who needed it. Testing rates were high and positive cases low, however 19 lives were sadly lost in an outbreak within a local residential aged care facility and we acknowledge this loss for our community.

While the District, hospital and health service staff demonstrated CORE values daily during the crises, staff commitment to healthcare innovation and compassionate care was evident during 2019-20. This included the publication of world-leading research, new treatment spaces and equipment, and new mobile services.

We supported staff to increase their physical activity and fruit and vegetable intake with a 'Get Healthy at Work' initiative. Staff also shared in the 2019 NSW Premier's Award for providing world-class service for the Patient Experience pilot project at Nepean Hospital's Emergency Department.

We thank our staff for their unwavering dedication and care under pressure and resilience during a time of personal risk and uncertainty, change and loss.

Key achievements

- Implemented a comprehensive emergency response to the COVID-19 pandemic via the District's Public Health Unit and instigated the District's Incident Management Team. Our clinics tested 37,000 people and our 'Hospital in the Home' service treated 163 COVID-19 positive patients remotely, making more than 2500 telehealth calls.
- Pre-emptively evacuated Springwood Hospital for 10 days and supported five residential aged care facilities to evacuate their facilities during the emergency bushfire response from November 2019 to January 2020. The 512,000-hectare Gospers Mountain fire entered the Lithgow area and burnt much of nearby Dargan.
- Opened a new chemotherapy day ward, third radiation therapy bunker and 15 new treatment spaces for the Nepean Cancer Care Centre as part of Stage 1 of the Nepean Redevelopment.
- Launched a mobile dental clinic to provide students from more than 50 schools in the Penrith, Blue Mountains and Hawkesbury Local Government Areas with free dental examinations, cleaning and fluoride treatments, as part of the NSW Health Primary School Mobile Dental Program.
- Piloted the Get Up Get Dressed Get Moving program to reduce the negative effects of prolonged bed rest and support patient recovery by helping them go home from hospital sooner. The program doubled the number of patients up, dressed and moving across three wards at Nepean Hospital.
- Enhanced the therapeutic environment within the Nepean Mental Health Centre with newly designed courtyard spaces and renovated rooms co-designed with consumers and carers.
- Professor Ralph Nanan of Nepean Hospital published world-leading research in Nature Communications indicating preeclampsia, one of the most common complications during pregnancy, may be reduced by a healthy high fibre diet.
- Provided more than 2300 telehealth consultations with patients in their homes during the COVID-19 outbreak — an increase of 377 per cent on the same period last year, and received excellent feedback from clinical staff and patients on this way of providing care.
- Improved the health of staff via a Get Healthy at Work initiative. Participants increased their uptake of vegetables by 60 per cent and their physical activity by 63 per cent over the six-week challenge.
- Received the 2019 NSW Premier's Award for providing world-class service for the Patient Experience pilot project of which Nepean Hospital Emergency Department was one of the first pilot sites.

Demographic summary

Nepean Blue Mountains Local Health District



380,996
residents

Projected to increase to
529,457 by 2036



9.2% aged 70+

70+ age group
Projected to increase
to **14.3%** by 2036



5000 babies born



4.3% from Aboriginal or Torres Strait
Islander background

18.2% born overseas

11.8% speak a language other than
English at home

Darug, Gundungarra and Wiradjuri people are the traditional
custodians of the land

Health issues



Ageing
population



Chronic
disease



Overweight
and obesity



Smoking



Diabetes

Sources: Australian Bureau of Statistics (ABS), Regional Population Growth, Australia; Australian Bureau of Statistics, Census of Population and Housing 2011 and 2016; HealthStats (2017); Department of Planning, Industry and Environment 2019 population projection for the year 2036; Social Health Atlas of Australia.

Northern NSW Local Health District

Crawford House, Hunter Street
Lismore NSW 2480

Telephone: 6620 2100

Website: www.nnswlhd.health.nsw.gov.au

Business hours: 8:30am-5pm

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 post-graduate 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.

Our District fast tracked implementation of telehealth for allied health services and provided an in-reach service at aged care residential facilities to care for residents in place, reducing the need for hospital transfers and potential virus exposure.

Year in review

The devastating bushfires of 2019 affected regions from Tweed to Grafton and resulted in a natural disaster being declared in our District. Many staff had to evacuate and residents at Multi-Purpose Services (MPS) within the District also required evacuation to hospitals or other MPS.

During the peak of the fires, a 'virtual health' emergency operations centre (EOC) provided regular situational reports to the Chief Executive and Health Services Functional Area Commander. We maintained regular contact with the State Health Emergency Operations Centre and our Health Liaison Officers were embedded in multi-agency EOCs at Casino, Grafton and Tweed.

Two Rural Adversity Mental Health Program (RAMHP) coordinators provided psychological support to affected individuals and our interagency partners. The RAMHP team continue to lead the District's response and our disaster recovery team continue to address community needs and are actively involved in the recovery effort.

Bushfire activities were rapidly followed by the emerging COVID-19 pandemic and we established a multi-pronged response. In early April 2020, the District opened the COVID EOC, with daily briefings from all services and external partners, including police and ambulance.

We established four hospital testing clinics at Tweed, Lismore Base, Byron Central and Grafton Base, and reassigned staff to work in patient support, visitor screening and emergency departments. We trained 150 staff in a COVID surge education program for intensive care units and embedded dedicated intubation teams at Tweed, Lismore and Grafton. The District employed 115 new casual staff across nursing and allied health, including additional Patient Experience Officers in Grafton, Ballina, Lismore and Tweed.

Our District fast tracked implementation of telehealth for allied health services and provided an in-reach service at aged care residential facilities to care for residents in place, reducing the need for hospital transfers and potential virus exposure.

Public health staff provided community guidance on public health orders, quarantine restrictions and physical distancing and we communicated via staff forums, emails, dedicated websites, media releases, and community briefings to keep our public informed.

During the year, the District achieved several infrastructure milestones. We opened Evans Head HealthOne on 11 February 2020, while Tweed Valley Hospital received final planning approval in June 2020, with the \$673.2 million development on track to open in 2023. Other works included the construction of a new helipad at Maclean District Hospital, completion of the Lismore Base Hospital Stage 3 Redevelopment, and commencement of the new Grafton Base Hospital Ambulatory Care Centre, due for completion in July 2020.

The commitment and dedication of health staff to keeping our community safe has been second to none. Every team in our District has been affected and we thank all staff who have worked incredibly hard to adapt and respond with professionalism and care.

Key achievements

- Opened the Evans Head HealthOne facility which provides clinical rooms, gymnasium and treatment spaces for community and allied health services, including chronic disease management, cardiac rehabilitation and respiratory groups, group child and family therapy, podiatry, dietetics and diabetes education.
- Delivered the Nursing and Midwifery Emerging Leaders program, training future clinical, education, managerial and research leaders. Eighteen nurses completed the 12-month program. A research symposium in November 2019 showcased the research of nurses and midwives.
- Established Aboriginal outreach influenza clinics in partnership with Aboriginal Medical Services, our Aboriginal Health Unit, the North Coast Public Health Unit and Aboriginal communities. The clinics provided 131 flu vaccines to Aboriginal adults, provided infant immunisation, and reinforced public health messaging about COVID-19. Following the program's success, clinics will be delivered annually.
- Launched the new Community Engagement Framework, developed with community members, staff, and the District Board, to oversee engagement across the District. In November 2019, the District and North Coast Primary Health Network co-hosted a community health conference in Ballina facilitated by Dr Norman Swan, and attended by 150 people.
- Piloted the Let's Get Physical toolkit at Kurrajong Mental Health inpatient unit in January 2020. The project provided a standardised approach to addressing metabolic syndrome among patients in mental health units and improved compliance rates for metabolic monitoring audits from 18 to 64 per cent. The toolkit was rolled out across all District mental health services.
- Launched the Knee and Hip Arthritis Service, providing care for patients with osteoarthritis, improving joint pain and function in two out of three patients, and reducing the need for surgery. The project, piloted at Tweed Community Health, won the Secretary's Award for Value Based Healthcare at the 2019 NSW Health Awards and has been rolled out across the District.
- Trained 60 mental health and alcohol and other drugs clinicians in dialectical behaviour therapy. This training enabled clinicians to provide a coordinated, evidence-informed response to people with a diagnosed personality disorder. Individual therapy and group programs are now available.
- Launched our Disability Inclusion Action Plan 2019-2023. Early achievements include disability awareness training, a successful pilot project employing people with a disability, and the development of a recruitment guide for managers.
- Held a debutante ball at Angourie Resort, Yamba in August 2019 for 18 children and young people in Out of Home Care. The Out of Home Care team, Department of Communities and Justice and agencies in Northern NSW staged the event, which was funded by a Big Ideas grant from the District.

Demographic summary

Northern NSW Local Health District



20,732 km²



298,248 residents

Projected to increase to 319,755 by 2031



22.2% aged 65+

65+ age group
Projected to increase to 30.7% by 2031



4.5% from Aboriginal or Torres Strait Islander background

20.6% born overseas

3.9% speak a language other than English at home

Bundjalung, Githabul, Gumbaynggirr, and Yaegl people are the traditional custodians of the land

Health issues



Smoking in pregnancy



Alcohol



Overweight and obesity



Suicide and self-harm



Cancers



Circulatory disease



Injury and poisoning

Sources: 1. NSW Department of Planning, Industry and Environment, New South Wales State and Local Government Area Population Projections, 2016. 2. Australian Bureau of Statistics, Census of Population and Housing, 2016.

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

This year saw the District and its staff face unprecedented trials, as bushfires and the COVID-19 pandemic impacted our community following our support to victims of the New Zealand volcano disaster.

As the pandemic emerged, staff across our hospitals took rapid action in readiness for a potential influx of critically ill patients.

Many nurses undertook training in intensive care unit skills, telehealth capacity was expanded, and hospitals transformed emergency departments, set up COVID-19 clinics and wards, and increased intensive care unit capacity.

The response is a credit to the commitment of our staff to put quality patient care first. The camaraderie, courage and energy displayed was uplifting during a very difficult time.

Staff rose to meet these challenges admirably, while maintaining excellent patient care during a year of tremendous achievements.

Outcomes for a range of diseases, including pancreatic cancer, remain among the best in the state. Our joint venture with The University of Sydney in the Kolling Institute of Medical Research is a critical part of our research.

The District's advances in research were also highlighted through the launch of Northern Lights sessions. Our musculoskeletal team led the way, describing important advances being made in the battle against arthritis, followed by a showcase on our cutting-edge cancer research.

Our infrastructure continued to evolve, with Mona Vale's Palliative Care and Geriatric Evaluation and Management buildings almost complete, complementing the impressive rehabilitation facilities and Urgent Care Centre on site. Hornsby Ku-ring-gai Hospital is also close to completing an upgrade, which will see an improved emergency department and expanded outpatient services in a new clinical services building, allowing patients to access more treatments, such as chemotherapy, closer to home.

Our hospitals continued to set quality benchmarks across NSW, with a series of strong performances reported by the Bureau of Health Information.

In an Australian first, the Clinical Health Information Exchange went live, enabling key patient information to be shared between District electronic medical record systems and the Northern Beaches Hospital. This is a huge benefit to patients and staff, allowing safer and more seamless access to patient information.

The achievements of our remarkable staff members were recognised by our peers across the state, with innovative projects winning two categories at the 2019 NSW Health Awards and a Premier's Award.

It has been an extraordinary year, and we thank all staff, volunteers, patients and friends of our District for their hard work to make these achievements possible.

Many nurses undertook training in intensive care unit skills, telehealth capacity was expanded, and hospitals transformed emergency departments, set up COVID-19 clinics and wards, and increased intensive care unit capacity.

Key achievements

- Launched the *Research Strategy 2019-2024*. After extensive consultation, the District's first such strategy outlines a coordinated, strategic approach to support quality research that will underpin improved patient care and community wellbeing.
- Won the 2019 NSW Health Awards Transforming Patient Experience category for the Oncology Telephone Hotline, developed to support people living with cancer. The hotline achieved an 11 per cent reduction in cancer patients seeking emergency department care.
- Opened the Tom Reeve Academic Surgical Clinic at Royal North Shore Hospital. An initiative to honour the hospital's inaugural Professor of Surgery, the clinic will provide opportunities for surgical outcomes research and clinical trials in a supportive academic environment.
- Took out the 2019 NSW Health Awards Patient Safety First category for the 'Walking the Milky Way' project, developed by the Royal North Shore Neonatal Intensive Care Unit to improve feeding regimens for premature babies. The initiative has reduced the need for intravenous nutrition and achieved a zero central line infection rate.
- Opened Hornsby Ku-ring-gai Hospital's new Medical Imaging Department offering MRI services for the first time, as well as reaching a milestone in its redevelopment, with a 'topping out' ceremony to mark the highest point being reached on the six-storey clinical services building.
- Delivered adaptive radiotherapy for cancer patients at the Royal North Shore Hospital using new artificial intelligence technology. The first hospital in the Asia-Pacific region to use this technology, it has enabled reduced planning time and faster, more accurately targeted therapy.
- Launched Hornsby Ku-ring-gai Hospital's Winter WATCH program to reduce infections, prevent falls and improve communication during the busy winter period. Allied health, nursing and midwifery, and medical teams focused on key activities to deliver safe, quality care.
- Continued the Hornsby Ku-ring-gai Hospital solar panel project. One of the largest in NSW Health, the project will save the hospital almost \$250,000 in electricity bills in its first year of operation.
- Implemented the 'Ask the Question' campaign using an animated video to encourage staff to understand the importance of asking consumers if they identify as Aboriginal and Torres Strait Islander, in order to enhance the delivery of culturally appropriate care.
- Featured in the 2019 NSW Premier's Awards for Outstanding Cancer Research. Northern Sydney Cancer Centre won the Outstanding Cancer Clinical Trials Unit award and The Australian Pancreatic Genome Initiative won the Wildfire Highly Cited Publication award.

Demographic summary

Northern Sydney Local Health District



969,723
residents

Projected to increase to
1.1 million by 2030*



11.7% aged 70+

70+ age group
Projected to increase
to **13.6%** by 2030



0.4% from Aboriginal or Torres Strait Islander background

37% born overseas

25.8% speak a language other than English at home

Cammeraygal, Guringai and Dharug people are the traditional custodians of the land

Health issues



Source: *2016 NSW State and Local Government Area Population Projections.

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

Website: www.seslhd.health.nsw.gov.au

Business hours: 8:30am-5pm, Monday to Friday

Chief Executive: Tobi Wilson

Tobi Wilson was appointed Chief Executive in April 2019, previously holding senior executive roles within the NSW, South Australian and Victorian health systems. He started his career as a physiotherapist and holds a Master of Health Service Management.



Tobi is committed to driving change in how health services are delivered into the future, transitioning care closer to the patient's home and improving the wellbeing of the community through innovative use of technology. He is an advocate for empowering local decision making and ensuring patients and their families are engaged in driving improvement in services.

In line with one of the District's key priorities to foster research and innovation, we opened the Microbiome Research Centre at St George Hospital, allowing researchers to investigate how disturbances in the microbiome occur and how this causes disease.

Year in review

The year presented both great rewards and exceptional challenges for our District, with many achievements across a wide range of services.

With the new year came the devastating impact of the bushfires on communities throughout NSW and our District deployed staff to provide expert healthcare and support to bushfire-affected communities. As part of a statewide response, our mental health teams delivered specialist care to communities on the Far South Coast while dedicated nursing staff relieved colleagues impacted by the fires in the Illawarra Shoalhaven area.

Frontline and support staff continued to provide safe, quality healthcare and essential services to our community during the COVID-19 pandemic. Staff across the District undertook detailed planning, including regularly reviewing emergency department and intensive care unit capacity, staff capacity and training, and supplies of critical medical equipment, to streamline management of patients with acute respiratory illness.

This year, 242,809 people attended emergency departments across the District. Almost 45,200 operations were performed, there were more than 179,680 admissions and 179,875 discharges, while 7726 babies were delivered at the Royal Hospital for Women, St George and Sutherland hospitals.

We celebrated key milestones, including 60 years of pioneering treatment at Australia's first drug and alcohol centre, The Langton Centre, 125 years of caring at St George Hospital and partnering with the Mindgardens Neuroscience Network, which integrates treatments and research for mental health, and alcohol and drug disorders.

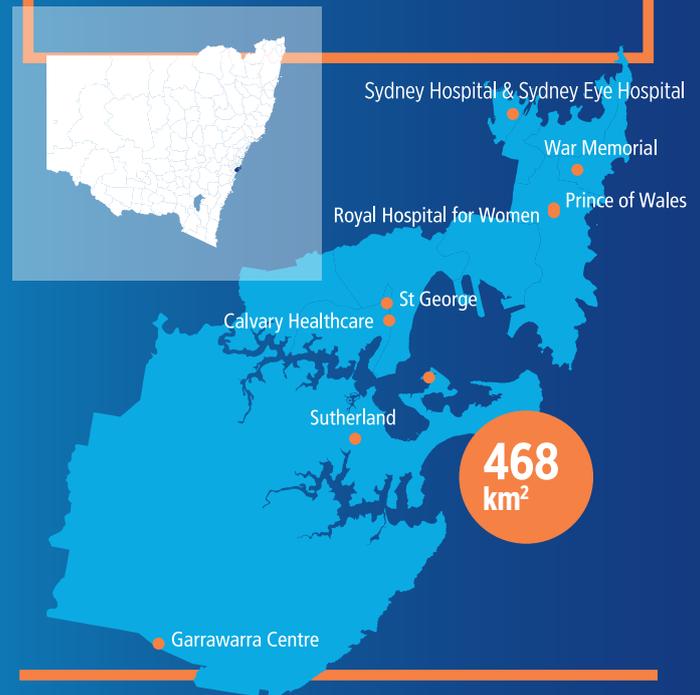
Thanks to our staff for their skill, compassion and dedication, and special acknowledgment to our teams who stepped up during exceptional circumstances; travelling to bushfire-affected areas and continuing to work tirelessly during the pandemic to keep our patients and each other safe. Thanks also to our volunteers who help us deliver services, and our community partners who work with us to improve the population's health.

Key achievements

- Managed COVID-19 screening for more than 89,650 returning air passengers, in cooperation with Sydney Airport Corporation and federal agencies. Processes and screening tools were developed to ensure community safety, timely screening, and referral for swabbing if required.
- Established the NSW Telestroke Service at Prince of Wales Hospital, connecting stroke neurologists to regional and remote patients via telehealth. In partnership with the Agency for Clinical Innovation and eHealth NSW, the service provides lifesaving, 24/7 access to specialist assessment, diagnosis and treatment planning, improving patient care and outcomes.
- Launched the Fertility and Research Centre at the Royal Hospital for Women to provide first-class fertility preservation services for people with a cancer diagnosis or rare genetic conditions. The centre is an Australian first, combining the latest research on preservation and assisted reproduction services.
- Opened the new birth unit at St George Hospital providing eight birth rooms with baths for women in labour, two acute observation rooms and new neonatal monitoring technology.
- Finalised design and advanced construction for the Prince of Wales Hospital Integrated Acute Services Building (IASB). The IASB will deliver state-of-the-art infrastructure to support innovative approaches to acute healthcare and translational research; providing purpose-built facilities that support contemporary clinical practice.
- Established the Multidisciplinary Stable Diabetic Eye Disease Screening Clinic at Sydney Hospital and Sydney Eye Hospital to enable greater access to diabetic eye screening and improved treatment planning, patient care and outcomes for patients with low risk diabetic eye disease.
- Delivered rapid implementation of telehealth at scale across the District. Between January and May 2020, more than 4500 videoconference sessions, including individual consultations, group exercise classes, the Aboriginal Healthy Lifestyle Program and mothers' groups, helped provide equitable access to patient-centred care.
- Increased completion of growth and development checks and facilitated linkages with co-located early childhood services for migrant and refugee populations via the Rockdale Hub, an integrated child and family health service.
- Implemented the Hospital in the Home (HITH) model of care at St George Hospital to enhance community access to acute and sub-acute care. The first site to trial the use of e-meds in the HITH setting, the service was pivotal in providing follow up and management of positive COVID-19 patients for acute monitoring in the community.
- Created a checking-in tool to support communication and wellbeing for staff during the COVID-19 pandemic. The tool prompted safety conversations to ensure delivery of safe, compassionate, patient-centred care.

Demographic summary

South Eastern Sydney Health District



959,100
residents

Projected to increase to **1,071,930** by **2031**



11% aged **70+**

Projected to increase to **13.3%** by **2031**



1% from **Aboriginal or Torres Strait Islander** background

40% born overseas

50% speak a **language other than English** at home

Dharawal, Gadigal, Wangai, Gweagal and Bidjigal people are the traditional custodians of the land

Health issues



Diabetes



Hypertension



Cancer



Musculo-skeletal disease



Dementia



Mental health

Source: Department Planning, Industry and Environment: 2019 population projections and HealthStats NSW.

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 Service and an Honorary Doctorate from the University of NSW.

Leading more than 15,000 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.

We increased our intensive care capacity and provided more virtual care and telehealth, with our cancer services delivering more than 6000 telehealth consultations from March to June 2020.

Year in review

In a year like no other, hundreds of people were evacuated, and the rural village of Balmoral destroyed, as the South Western Sydney community faced devastating bushfires. The efforts of our staff who volunteered to fight fires and provide on-the-ground healthcare and mental health support in our community and neighbouring districts in the south of the state was truly inspirational. While we continued to support our community through our ongoing bushfire response, we quickly shifted our focus to the COVID-19 pandemic.

In these unprecedented times the District's commitment to high quality, safe care remained a priority throughout the year. Our COVID-19 clinics, pop-up testing and health screening at our facilities and services kept our community safe.

Our staff have embraced this once-in-a-lifetime opportunity to transform our care. We embedded virtual care into our future practice which has formed a key new direction in the District's *2018-2022 Strategic Plan* at its mid-point review. The pandemic also highlighted the effectiveness of our Transforming Your Experience strategy, which included risk huddles and leader rounding sessions to support, reassure and inform our staff.

Our hospital redevelopments are making excellent progress with a historic capital investment of more than \$3 billion. The \$632 million Stage Two Campbelltown Hospital Redevelopment has transformed the hospital site, with main works well underway, including opening of the \$34 million multi-level carpark and relocation of the Drug Health Service in modern facilities. The site will also be home to the Macarthur Medical Research Centre, a key partnership with the District, which will drive research into some of the region's most pressing health conditions.

Bowral & District Hospital celebrated 130 years of serving the community, and the \$68.7 million Stage One Redevelopment which is nearing completion, will deliver healthcare in a state-of-the-art building for many more years to come.

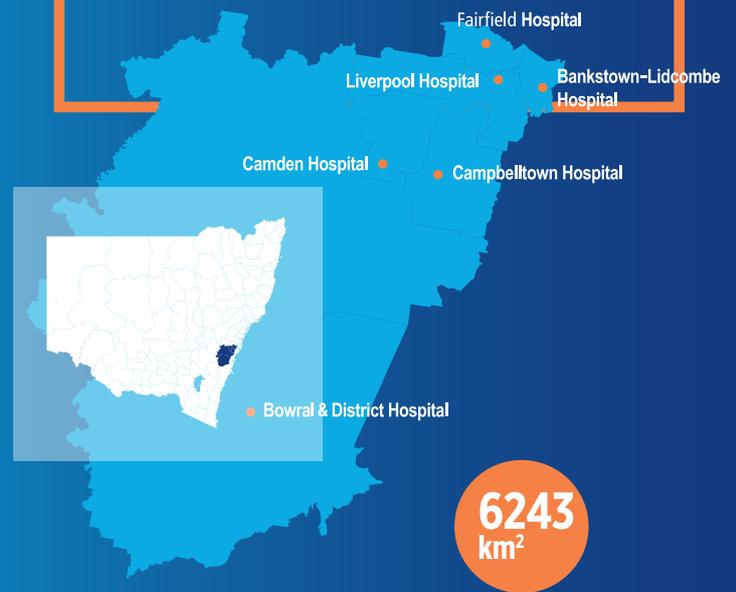
We are extremely proud of our staff this year. They provided essential support throughout the bushfires, and showed their dedication to the safety of their patients and community during the COVID-19 pandemic. Their incredible teamwork and commitment to their patients' care every day was inspirational, and we thank them for their outstanding work.

Key achievements

- Produced the *South West: Our Health Report*, an in-depth health needs analysis of the District's population now and into the future, in collaboration with the South Western Sydney Primary Health Network.
- Initiated \$700,000 in telehealth facilities at Liverpool, Campbelltown and Bankstown-Lidcombe hospitals, integrating the latest digital imaging, information technologies and videoconferencing to improve patient care.
- Continued construction on more than \$3 billion of infrastructure projects, including the redevelopments at Bowral & District Hospital (\$68.7 million), Campbelltown Hospital (\$632 million), Bankstown-Lidcombe Hospital emergency department (\$25 million) and the \$740 million Liverpool Health and Academic Precinct. Planning for the new \$1.3 billion Bankstown Hospital is also well underway.
- Installed the \$5 million, Australian-first 'five ring' digital PET-CT scanner (Positron Emission Technology-Computerised Tomography) at Liverpool Hospital to help pinpoint cancers with advanced accuracy.
- Opened the \$7 million Macarthur Community Mental Health Service redevelopment as a primary centre of community-based mental health services for Campbelltown, Camden and Wollondilly local government areas.
- Launched the Bankstown Aboriginal Community Health Centre following a refurbishment to provide a range of holistic care services, including chronic care, mental health and allied health services outreach.
- Built on the District's research objectives including appointing a new Director of Clinical Trials in conjunction with the Ingham Institute to grow the number of research groups conducting clinical trials, and establishing a Clinical Trials Centre to attract Phase 1 trials and invest in clinical trials that meet community needs.
- Opened the \$7 million emergency department redevelopment at Fairfield Hospital, including more acute and sub-acute treatment spaces, fast-track bays and treatment rooms, new triage, waiting and reception areas, and amenities in an open-plan layout.
- Completed a five-year information management strategy to deliver safe quality care, and healthier communities through predictive and proactive insights.
- Received more than 6800 responses through the My Experience Matters survey as part of our Transforming Your Experience strategy, where patients are encouraged to give real-time feedback online to help identify opportunities to improve care.

Demographic summary

South Western Sydney Local Health District



1,051,964
residents

Projected to increase to
1.2 million by 2036



9.2% aged 70+

70+ age group
Projected to increase
by **53%** by 2026¹



1.7% from **Aboriginal or Torres Strait Islander** background

43% born overseas²

45% speak a **language other than English** at home

Tharawal, Gundungurra and Dharug people are the traditional custodians of the land

Health issues



Cancer



Diabetes



Asthma



Ischaemic heart disease



Mental health



Bone or joint condition



Long-term injury

Sources: 1. NSW Department of Planning, Infrastructure and Environment. NSW 2019 Population Projections. 2. Australian Bureau of Statistics (ABS), Census of Population and Housing 2016.

Southern NSW Local Health District

Peppertree Lodge
Queanbeyan Hospital Campus
Collett Street
Queanbeyan NSW 2620

Telephone: 6150 7999

Email:

SNSWLHD-OfficeOfTheCE@health.nsw.gov.au

Website: www.snswlhd.health.nsw.gov.au

Business hours: 8:30am-5pm, Monday to Friday

Chief Executive: Margaret Bennett (from March 2020)



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.

Chief Executive: Andrew Newton (until August 2019)

Andrew Newton was Chief Executive from November 2017 to August 2019. Thanks to Andrew for your years of service to the District.

The District also had two interim Chief Executives: Judy Constable from August 2019 to January 2020 and Terry Clout from 13 January to 13 March 2020.

Year in review

Staff and local communities across the District have been faced with many extraordinary challenges throughout the past 12 months. On the back of crippling drought, the District bore the brunt of the devastating bushfires which burnt through millions of hectares of bush and farmland, claimed seven lives on the South Coast, destroyed 280 homes and decimated several communities including Cobargo.

Meanwhile in the Eurobodalla, Batemans Bay and Moruya hospitals both came under direct threat from the fires. The District established an Emergency Operations Centre (EOC) in January 2020, to lead its response and coordinate efforts with other agencies. The amazing work by our staff continues to this day as they help local communities rebuild.

We were also extremely grateful to staff from Sydney Local Health District who volunteered to support their colleagues in the bushfire-affected areas.

The bushfires were followed by flooding in early February 2020, which mainly impacted the Far South Coast area of the District. While thankfully short-lived, this occurred while the District was undertaking preparations for the COVID-19 pandemic. The EOC was re-established in March 2020, to coordinate the response across the District. The District has moved to ensure the innovations and relationships established during this period become business as usual in order to improve the healthcare we provide to local communities.

During these exceptional circumstances, the District continued its unprecedented growth in infrastructure, with more projects planned or underway. This extensive investment by the NSW Government included \$150 million for redevelopment of Goulburn Health Service, \$18.6 million to refurbish Cooma District Hospital and \$8 million to redevelop Yass Hospital. The District also finalised the Braidwood Multi-Purpose Service redevelopment and in August 2019, reopened Pambula Hospital following a \$2.6 million refurbishment. Ongoing work continues on a District restructure which will provide further improvements to service delivery and the quality of our patient care.

We would like to thank our staff and communities for their commitment and resilience in the past 12 months, and we look forward to providing the highest level of care to our communities in 2020-21.

Our response to the COVID-19 pandemic included training staff, establishing assessment clinics, conducting a comprehensive community awareness campaign and testing more than 11,000 people, with 55 positive cases recorded.

Key achievements

- Continued unprecedented growth in infrastructure capital investment throughout the District. Commenced redevelopment of the Goulburn Health Service in early 2020 and continued the redevelopment of Braidwood Multi-Purpose Service.
- Completed construction of an environmentally therapeutic courtyard at South East Regional Hospital Mental Health Inpatient Unit, co-designed by consumers.
- Commenced work on a District Healthcare Services Plan.
- Implemented the Reported Patient Experience and Outcomes Measures project. Data collected from the project is being used to improve patient experience in real time.
- Completed the rollout of guest and patient Wi-Fi across all hospital facilities, implemented a central intake call centre, completed an external website, and commenced development of an intranet site.
- Implemented all Leading Better Value Care Tranche 1 initiatives and continued to transition into ongoing clinical practice. Commenced and rolled out Tranche 2 initiatives across the District.
- Formed an agreement with South Western Sydney Local Health District to partner with Goulburn Hospital intensive care unit. Under this agreement, Campbelltown Hospital provides 24/7 advice and medical supervision for critically ill patients. Campbelltown also provided clinical placements for intensive care unit nursing staff from Goulburn.
- Delivered a clinical improvement project at Queanbeyan Hospital which increased 'Code Black' responsiveness, enhancing patient safety.
- Implemented the clinical and corporate codesigned Managing Underperformance Framework, providing a dynamic process to help managers address underperformance within their teams, and re-launched the District Medical Staff Executive Council to assist senior medical staff to be heard and to foster medical engagement and leadership.
- Commenced implementation of TRIM, a centralised electronic records management system, eliminating the need for paper-based personnel files to improve corporate records management.

Demographic summary

Southern NSW Local Health District



200,176
residents*

Projected to increase to
206,903 by 2031



25% aged 60+

60+ age group
Projected to increase
by **47%** by 2031



3.5% from Aboriginal or Torres Strait
Islander background

13% born overseas²

6.1% speak a language other than
English at home

**Gundungurra, Ngunawal, Ngarigo
and Yuin** people are the traditional
custodians of the land

Health issues



Overweight
and obesity



Diabetes



Breast cancer
and prostate
cancer

Source: Department Planning, Industry and Environment:
2019 population projections. ABS statistics 2016.

Sydney Local Health District

Level 11, King George V Building
83 Missenden Road
Camperdown NSW 2050

Telephone: 9515 9600
Email: slhd-esu@health.nsw.gov.au
Website: slhd.nsw.gov.au
Business hours: 8:30am-5pm, Monday to Friday

Chief Executive:
Dr Teresa Anderson AM
FIPAA, B.App Science
(Speech Pathology) PhD



Dr Teresa Anderson is an internationally recognised speech pathologist, with more than 35 years of experience as a clinician and health service executive. She was recognised for her contribution to NSW Health in 2018, appointed a Member of the Order of Australia (AM).

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

Sydney Local Health District has a proud history of being at the forefront during times of adversity. This year, our staff provided care and support to victims of the New Zealand volcano disaster, and joined the bushfire response in Southern NSW and Murrumbidgee local health districts.

But it is was our COVID-19 response that touched every part of our organisation. In January we implemented our emergency operations governance protocols and increased our Public Health Unit capacity to more than 100 staff who undertook contact tracing and surveillance, and informed decision making. We established the state's first COVID-19 testing clinic at Royal Prince Alfred Hospital (RPA), followed by 12 other dedicated locations, testing almost 90,000 people.

We put digital measures in place including video conferencing for telehealth, holding 15,724 virtual meetings between February and June. The District set up special health accommodation, caring for almost 1800 people in quarantine, and screened arrivals at airports, ports and Central Railway Station.

We screened and vaccinated more than 1100 people, homeless or living in boarding houses, at 11 wellbeing clinics, tested and provided outreach to 4000 people living in aged care facilities, and delivered nearly 10,000 meals to elderly people or people with disabilities. Demand for telephone interpreting increased by 77 per cent during COVID-19 with Sydney Health Care Interpreter Service receiving more than 63,707 requests and spending almost 46,000 hours interpreting for patients and their loved ones.

More than 6000 babies were born at RPA and Canterbury hospitals this year. Almost 4500 of those babies have a digital health record for life, following implementation of Powerchart Maternity at RPA and Canterbury hospitals in October 2019.

Outpatient services cared for more than 1.7 million people; 169,344 in our emergency departments, and nearly 40,000 arriving by ambulance. Our 20 community health services delivered care to more than 33,500 adult clients at our service locations, 10,440 clients in their homes and to almost 40,000 children. The District conducted 588 active clinical trials in more than 68 departments, with more than half being international studies.

The District celebrated both the 90th anniversary of Canterbury Hospital and RPA being named in the top 100 hospitals worldwide by Newsweek, one of only four Australian hospitals to be recognised.

This year has not been easy. But together, our staff and the people of our District have demonstrated the resilience and strength of our community. Thank you to everyone who is part of this incredible team.

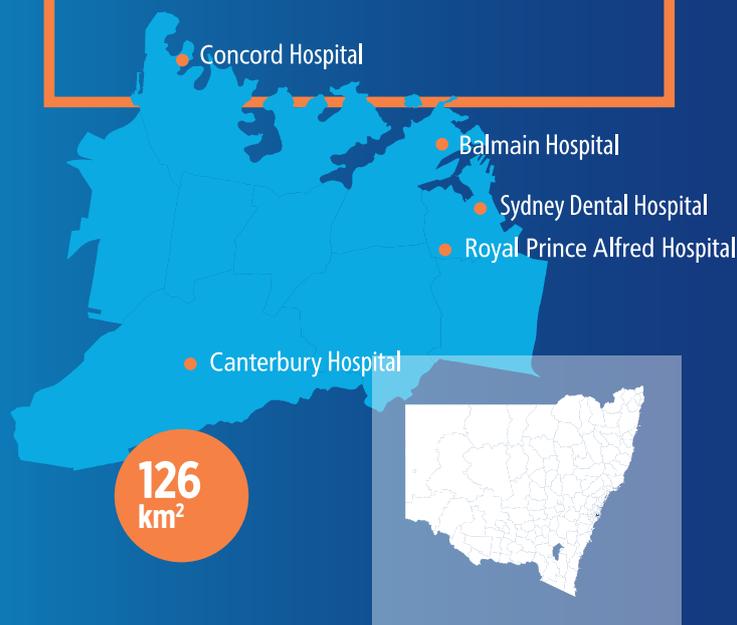
In February we launched the state's first virtual hospital, rpavirtual. In the first four months of operations, rpavirtual staff cared for more than 1000 patients, 600 who were COVID-19 positive, the highest number of COVID-19 patients cared for by a single service in NSW.

Key achievements

- Launched a comprehensive response to COVID-19:
 - established the first NSW COVID-19 testing clinic on 30 January
 - tested almost 90,000 people at 12 locations between January and July
 - supported screening and testing at Sydney International Airport, Sydney Domestic Airport, Central Railway Station and NSW Ports
 - provided special health accommodation for almost 1800 people in quarantine
 - tested more than 420 people in residential aged care facilities
 - provided screening, flu shots and food to more than 1100 people who are homeless or otherwise vulnerable
 - increased Public Health Unit capacity to more than 100 staff for contact tracing and surveillance
 - provided virtual care to almost 600 COVID-19 positive patients.
- Deployed almost 60 staff, including nurses, doctors, mental, allied, oral and environmental health professionals to Southern NSW and Murrumbidgee local health districts to support the bushfire emergency.
- Celebrated staff voting our District one of the best places to work in NSW, with the highest engagement index (67 per cent) and highest culture index (71 per cent) of any local health district in NSW in the 2019 People Matter Employee Survey.
- Implemented PowerChart Maternity at RPA and Canterbury hospitals and celebrated the birth of Charlene Nguyen at Canterbury Hospital, the first baby born in NSW to have a fully-integrated digital health record for life.
- Launched RPA Virtual Hospital in February 2020, the first of its kind in NSW. Within four months staff had cared for more than 1000 patients.
- Opened the National Centre for Veterans' Healthcare at Concord Hospital, Australia's first comprehensive care centre, providing world-class integrated care to veterans, including medical and allied health services.
- Continued the \$341 million redevelopment of Concord Repatriation General Hospital and \$6.5 million Canterbury Hospital Emergency Department Expansion. Planned for upgrades to Canterbury Hospital, the first of two tertiary mental health Mothers and Babies Units, and the \$750 million redevelopment of RPA.
- RPA selected as the state's first Immune Effector Cell Therapy Centre, to perform CAR-T infusion for haematological malignancies. The first infusion for acute lymphoblastic leukaemia occurred in June 2020.
- Launched the Specialist Team Intellectual Disability Sydney (STRiDeS), a multidisciplinary team to improve health services and outcomes for people with intellectual disability in Sydney and Western Sydney local health districts and the Primary Health Network.
- Implemented a range of wellbeing programs for staff through the MDOK and district-wide WellMD Centre.

Demographic summary

Sydney Local Health District



700,000 residents*

with more than one million people coming into the District each day to work, study and visit



Projected to increase to **910,000** by 2031[^]



15% aged **70+**



70+ age group Projected to increase by **65%** by 2031[^]



1.1% from **Aboriginal or Torres Strait Islander** background

44% born overseas born overseas with **more than 220 countries of birth**

55% speak a **language other than English** at home

Gadigal, Wangal and Bediagal people are the traditional custodians of the land

Health issues



Sources: *Australian Bureau of Statistics 2016.
[^]Dept of Planning and Environment 2016.

Western NSW Local Health District

29 Hawthorn Street
Dubbo NSW 2830

Telephone: 6809 8600

Email: WNSWLHD-Communications@health.nsw.gov.au

Website: www.wnswlhd.health.nsw.gov.au

Business hours: 8:30am-5pm, Monday to Friday

Chief Executive: Scott McLachlan

Scott McLachlan leads a team driven by a commitment to improve health outcomes for rural people, and deliver compassionate, high quality and connected health services.



Aboriginal and Torres Strait Islander people make up more than 13 per cent of the Western NSW Local Health District population and 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

The past year has been one of the most demanding for our communities and for our healthcare team. Most of our communities have been profoundly affected by the ongoing drought, some by bushfires and floods, and all have been required to adapt to new ways of living and working due to the COVID-19 pandemic.

The team's resilience and ability to innovate has never been in doubt, however these last 12 months have tested us in extraordinary ways and our District has reached a point of substantial maturity which has been reflected in several developments.

By the end of 2019-20, our hospitals accepted more than 180,000 emergency presentations, performed more than 10,000 elective surgeries, admitted more than 87,000 people to hospital, and saw more than 881,000 patients through outpatient and community services.

The District has shown an outstanding level of effective collaboration across our operational, clinical, and corporate teams during the COVID-19 pandemic. We innovated our virtual services, both strategically, and as a tactical response to the situation, providing almost 90,000 telehealth services up to the month of May 2020; 17 per cent involving Aboriginal patients.

The District also developed a well-articulated plan for how our services would respond to increased infection rates during the pandemic. We commissioned testing clinics in most of our communities and developed two mobile testing services. Our work with other community stakeholders and service providers throughout the pandemic positioned us well in the event of an escalation.

This year we examined new ways of working with our communities to provide healthcare closer to home. Our District has a raft of virtual services in development or deployment that are designed to maximise the reach and impact of our staff. These services include Virtual Allied Health, Virtual Clinical Pharmacy, Virtual Rural Generalist Service, and vCare including a roll out of remote monitoring.

We continued our focus on working in partnership with other service providers and Aboriginal communities to improve the health of Aboriginal people.

In the past year we implemented our Aboriginal Yarning Project at 18 sites, embedded our Arts & Signage Project to improve the cultural safety of our facilities, and engaged with around 800 people through our partnership with the Ngangkari traditional healers.

The District's staff has shown an incredible commitment to providing high quality patient care in what has been an evolving and constantly changing health landscape.

In the past year we implemented our Aboriginal Yarning Project at 18 sites, embedded our Arts & Signage Project to improve the cultural safety of our facilities, and engaged with around 800 people through our partnership with the Ngangkari traditional healers.

Key achievements

- Improved services across the District, including the commission of the new Mudgee Hospital ahead of schedule and within budget, new services such as a public CT imaging service, ongoing redevelopment of Dubbo Hospital (Stage 4) and the Western Cancer Centre Dubbo, completion of the Cobar Hospital Redevelopment, and commencement of work on the Lightning Ridge HealthOne service.
- Achieved 5.3 per cent of Hospital in the Home separations, well above the state target of 3.5 per cent.
- Designed and implemented a Mental Health in the Home pilot program in May 2020 in partnership with communities, receiving 19 referrals and 14 admissions to date. Feedback has been positive, and staff have observed faster recovery times in some consumers.
- Implemented an eight-week trial of a virtual GP clinic co-located at Dubbo Health Service to better manage emergency department presentations. Care was provided to 83 patients, 21 per cent of whom were Aboriginal people.
- Instigated a virtual new parent group to support vulnerable and isolated parents and children, with 89 new parents and families registered in the first four courses.
- Created the Virtual Rural Generalist Service, providing 24/7 virtual medical support to rural and remote hospital services. The innovative model of care has had high uptake from rural facilities across the District, with 7788 phone calls and eMR consult requests from February to May 2020.
- Launched the Specialist Intellectual Disability Team which will provide a virtual service across three rural and remote local health districts.
- Implemented the District's first competitive small grants program, 'Pitch It' with nine projects receiving funding from sponsors.
- Implemented a 'Keep Doing' series of brief teaching resources for improved communication and safety in the COVID-19 environment.
- Improved the systems and processes underpinning the District's safety culture, including appointing Safety Culture Consultants to prioritise issues around personal safety and security, and introduced an Aboriginal Employee Assistance Program counsellor to create a more culturally safe support system for Aboriginal staff.

Demographic summary

Western NSW Local Health District



278,800
residents

Projected to increase to **298,316** by 2036



12% aged 70⁺

70-84 age group
Projected to increase by **58%** by 2036



13% from Aboriginal or Torres Strait Islander background

7.8% born overseas

4% speak a language other than English at home

Barindji, Barrinbinja, Barundji, Gunu, Kamilaroi, Muruwari, Wailwan, Wiradjuri and Wongaibon people are the traditional custodians of the land

Health issues



Cardiovascular disease



Diabetes



Cancers



Alcohol related deaths



Suicide and self-harm



Smoking

Source: *Health of the Population Report. Western NSW Health Needs Assessment. Health Intelligence Unit, Western NSW Local Health District, June 2020.

Western Sydney Local Health District

Hawkesbury Road Westmead Hospital
Westmead NSW 2145

Telephone: 8890 9000

Email: WSLHD-OfficeOfTheCE@health.nsw.gov.au

Website: www.wslhd.nsw.gov.au

Business hours: 8:30am-5pm, Monday to Friday

Chief Executive: Graeme Loy



During the past 14 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.

As the designated home of the NSW Infectious Diseases Unit, Westmead Hospital was the first in NSW to provide care for a patient with COVID-19 in January 2020.

Year in review

Infrastructure growth, impactful research, focus on staff wellbeing and an incredible response to a global pandemic have been the themes for our District in 2019-20.

We achieved many service delivery milestones throughout the year, including the introduction of Western Sydney's first home birth service, launching an osteoarthritis clinic at Auburn Hospital, delivering 100,000 diabetes screening tests in our emergency departments, gaining reaccreditation of Westmead Hospital Intensive Care Unit, and establishing the Horizons Group to build strong relationships with clinicians and executive for future planning.

Our focus on Aboriginal health included quit smoking programs, support for Aboriginal women and children, and the creation of an Aboriginal Health Advisory Committee. The District also launched a program for young people with severe mental health issues, and was pleased to accept a \$1 million grant from Google for Westmead heart research.

As the designated home of the NSW Infectious Diseases Unit, Westmead Hospital was the first in NSW to provide care for a patient with COVID-19 in January 2020.

Our COVID-19 clinics have tested more than 90,000 people in the District, and we embraced telehealth and videoconferencing care service models during the pandemic. We provided home care for patients with COVID-19 and mobile screening for our vulnerable and high-risk populations. The District also provided approximately 10,000 interpreting sessions for returned travellers spending 14 days in hotel quarantine.

Our staff are the cornerstone of everything we do, and this year, we continued to deliver our cultural transformation project and build our cultural strategy. We focused on staff wellbeing during COVID-19, with more than 5100 interactions via drop-in centres, coaching and ward visits, giving our staff a safe space to talk. Our mental health staff proudly supported regional communities during the bushfire crisis, with deployments to affected areas.

We look back on the year as one characterised by significant milestones. Congratulations to our staff for their contributions and we look forward to a bright 2020-21.

Key achievements

- Developed an integrated regional plan in partnership with WentWest, the Western Sydney Primary Health Network, to lead the improvement of mental health and suicide prevention services in Western Sydney.
- Introduced the Watchlist, a tool that enables automated and instant notification of discharge prescriptions to pharmacists, and electronic transmission of prescriptions. A national first for a public hospital, the tool decreased patient discharge time by 29 minutes (28 per cent) down to 76 minutes within its first six weeks.
- Commenced a partnership agreement in January 2020 between our District, the NSW Ministry of Health, and WentWest, to support delivery of care in the community. Two models of care, Value Based Urgent Care and Cardiology in the Community, were developed to ensure patients receive safe and timely care.
- Developed a three-year Allied Health Strategic Plan 2019-2022, targeting hospital avoidance, servicing vulnerable patients, progressing digitally enabled models of care and focusing on a data driven performance culture.
- Completed the \$700 million multi-award-winning expansion of Blacktown and Mount Druitt Hospital. The new Acute Services Building includes a specialised mental health sub-acute unit, emergency department, hybrid and digital operating theatres, intensive care, maternity, birthing suites and centre for newborn care.
- Implemented a touch screen patient engagement system. The Patient and Carer Experience Team partnered with suppliers, Hills, to create an interactive experience for patients to access our patient safety video at the bedside. This provides patients and carers with relevant safety information for their hospital stay in a similar format to airline passenger safety video announcements.
- Continued work on the more than \$1 billion Westmead Redevelopment (including the Westmead Hospital redevelopments and Stage One of The Children's Hospital at Westmead), the biggest health infrastructure project in NSW, which included finalising construction of the 14-storey Central Acute Services Building.
- Continued cultural transformation across the District, including designing a culture strategy, establishing a steering committee, recruiting an external culture partner and forming a Culture Reference Group to support culture change management. Culture change is being driven across eight project clusters, and approximately 100 projects.
- Allocated personal devices to junior medical staff, encouraging technology driven problem solving and allowing staff to overcome challenges in the workplace.
- Held a unique, all-inclusive Safety Symposium for staff to talk about safety in the workplace, hear from experts in the field and generate ideas on how the organisation can promote a safe work place for all.

Demographic summary

Western Sydney Local Health District



1853 km²

Mount Druitt
Blacktown
Westmead
Cumberland
Auburn



1,000,000 residents

Projected to increase to 1.35 million by 2031



8.5% aged 70+

70+ age group
Projected to increase to 10.5% by 2031



1.3% from Aboriginal or Torres Strait Islander background

46.8% born overseas

50% speak a language other than English at home

Darug people are the traditional custodians of the land

Health issues



Diabetes



Chronic disease



Overweight and obesity



Asthma

Sources: HealthStats NSW. Australian Bureau of Statistics population census 2016.



Appendix

Appendix 1

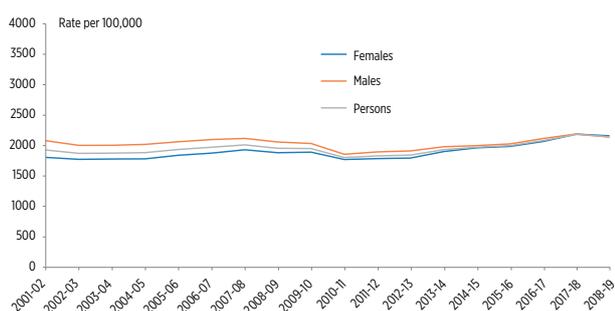
Health statistics

Early disease management

Aboriginal and non-Aboriginal children fully vaccinated at five years of age

See page 14.

Potentially preventable hospitalisations



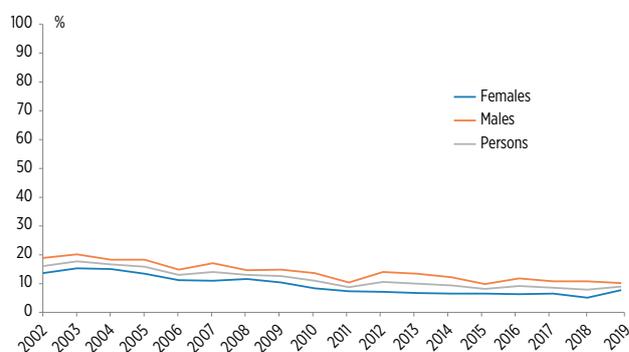
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

Potentially preventable hospitalisations are those conditions for which hospitalisation is considered potentially avoidable through preventive care and early disease management, usually delivered in an ambulatory (walk-in) setting, such as primary 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, it means the hospitalisation may have been prevented by timely and appropriate provision of primary or community-based healthcare. Reducing hospitalisations may involve vaccination, early diagnosis and treatment, and/or ongoing management of risk factors and conditions in community settings. Rates of potentially preventable hospitalisations have been stable over time, with rates for males and females converging in recent years.

Smoking

Daily smoking in adults aged 16 years and over

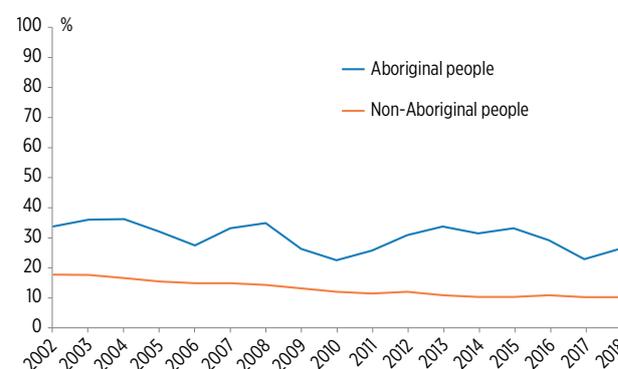


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

In 2019, 11.2 per cent of NSW adults were daily smokers. While there has been a long-term reduction in smoking, since 2015, daily smoking rates have remained relatively stable. A similar long-term reduction in current (daily or occasional) smoking has also been observed, with 15.5 per cent of adults reporting either daily or occasional smoking in 2019.

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.

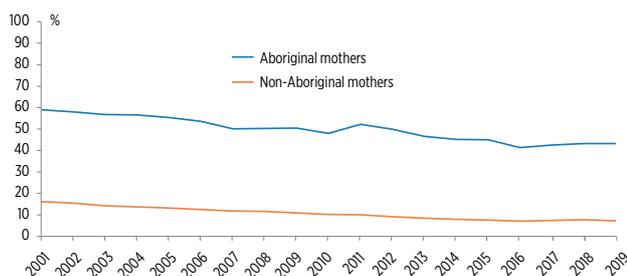
Daily smoking by Aboriginality, people aged 16 years and over



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. During 2018, the rate of daily smoking in people aged 16 years and over in NSW was 26.4 per cent for Aboriginal people, and 10.1 per cent for non-Aboriginal people.

Smoking during pregnancy by Aboriginal and non-Aboriginal mothers

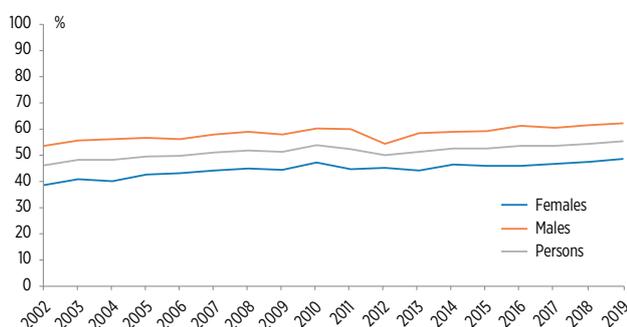


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

The proportion of mothers that reported smoking at some time during pregnancy has remained stable in recent years at around nine per cent. In 2019, 8.8 per cent of mothers reported any smoking during pregnancy. Of those mothers who smoked during pregnancy in 2019, 19 per cent stopped smoking in the first half of pregnancy. In 2019, 43.2 per cent of Aboriginal mothers reported smoking at some time during pregnancy, compared to 7.1 per cent of non-Aboriginal mothers.

Overweight and obesity

Overweight or obesity in adults aged 16 years and over



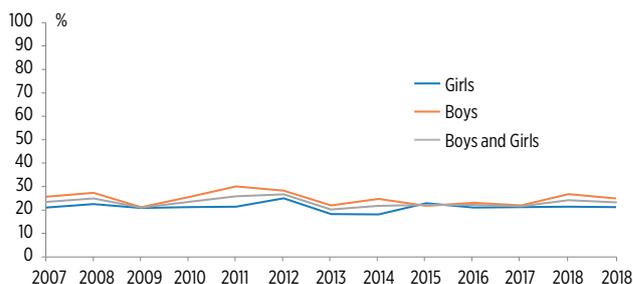
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

Between 2010 and 2019, the rate of overweight and obesity in the population has gradually increased from 53.6 per cent to 55.2 per cent of adults in NSW. Underlying this trend, the rate of overweight has remained fairly stable (32.8 per cent in both 2010 and 2019). However, the obesity rate has increased from 20.8 per cent to 22.4 per cent over this 10-year period.

In 2019, 55.2 per cent of adults aged 16 years and over (62.1 per cent of men and 48.4 per cent of women) were overweight or obese in NSW. Further, 32.8 per cent of adults (39.6 per cent of males and 26.1 per cent of females) were overweight in 2019 and 22.4 per cent (22.5 per cent of males and 22.3 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 5 to 16 years

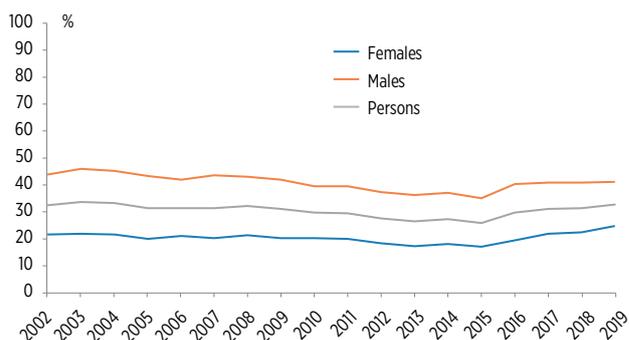


Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

The prevalence of overweight and obesity in children has been relatively stable in NSW since 2009, with a current prevalence of 23 per cent in children aged five to 16 years (2019). 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.

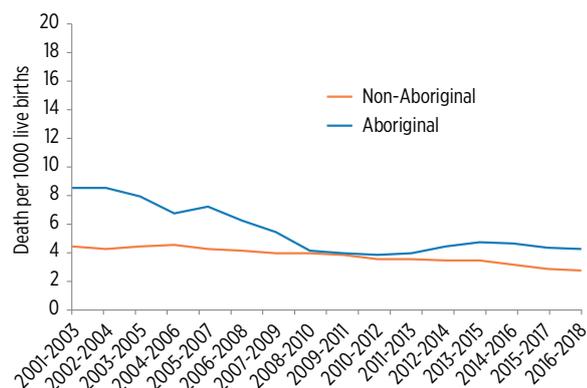
In 2019, the NSW Population Health Survey found that 32.8 per cent of adults aged 16 years and over (41.2 per cent of men and 24.8 per cent of women) consumed more than two standard alcoholic drinks on a day when they drank alcohol. While alcohol consumption at levels that pose a long-term health risk has been in decline over the last ten years in NSW to 2015, since 2015 rates have increased.

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 (NHMRC) 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.

Aboriginal health

Infant mortality rates by Aboriginality



Source: Australian Bureau of Statistics. Deaths. Catalogue number 3302.0. Canberra: ABS, latest available year. HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

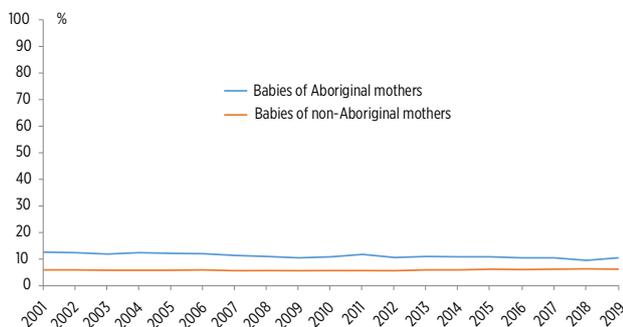
The infant mortality rate is the number of infant deaths per 1000 births. During 2016-18, an average of 27 deaths per year for Aboriginal infants under one year of age were registered in NSW. Over the period 2001-03 to 2016-18, there was a substantial fall in Aboriginal infant mortality and a reduction in the gap in mortality between Aboriginal and non-Aboriginal infants.

The slight widening of the gap in mortality between Aboriginal and non-Aboriginal infants in recent years is not statistically significant. Rather, small changes in the number of infant deaths, combined with delays with birth registrations in NSW (affecting the denominator) can cause fluctuations in annual mortality rates as shown in the trend line on the chart. The mortality rate among Aboriginal infants in NSW is low compared to other Australian states and territories.

First antenatal visit before 14 weeks by Aboriginal and non-Aboriginal mothers

See page 13.

Low birth weight babies born to Aboriginal and non-Aboriginal mothers



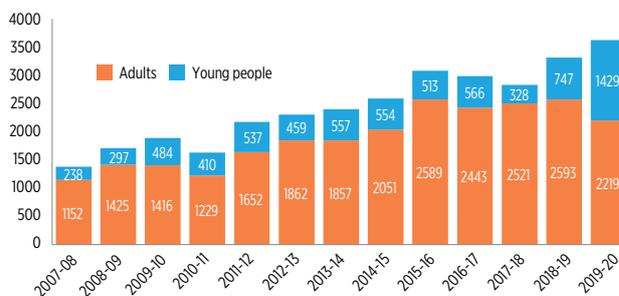
Source: HealthStats NSW, Centre for Epidemiology and Evidence, NSW Ministry of Health.

In NSW in 2019, the proportion of low birth weight liveborn babies among Aboriginal mothers was 1.7 times higher than the proportion among non-Aboriginal mothers. Between 2001 and 2019, the proportion of low birth weight babies born to Aboriginal mothers has decreased from 12.5 per cent to 10.3 per cent.

Smoking in pregnancy is associated with an increased risk of low birth weight. Over the same period, the proportion of Aboriginal mothers who reported smoking at some time during pregnancy fell from 59 per cent in 2001 to 43.2 per cent in 2019.

Mental Health

Adults and young people with mental illness diverted from custody into community treatment



Source: Justice Health and Forensic Mental Health Network

In 2019-20, 2219 (80 per cent) of recommended adults and 1429 (98 per cent) of recommended young people with mental illness were diverted from custody to community-based care by the Justice Health and Forensic Mental Health Network (excludes diversions by Hunter New England Local Health District).

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

See page 29.

Re-admission to a mental health acute service within 28 days



Source: Health Information Exchange, NSW Ministry of Health

This indicator shows the proportion of separations from an Acute Public Mental Health unit which were followed by a readmission within 28 days to any NSW Acute Public Mental Health unit.

NSW hospital performance

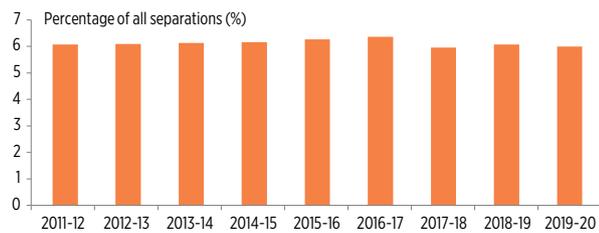
Elective Surgery Access Performance target – percentage of patients admitted for elective surgery within clinically recommended timeframe

See page 25.

Percentage of emergency department patients treated within benchmark times across three triage categories

See page 23.

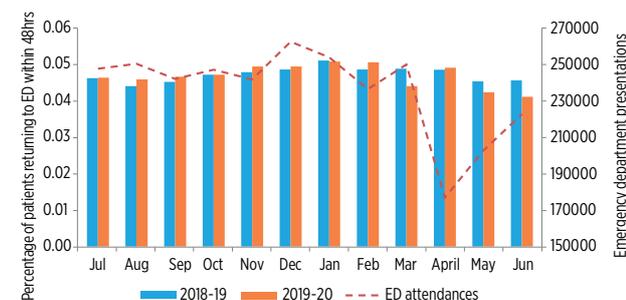
Unplanned re-admission within 28 days of separation



Source: Health Information Exchange, NSW Ministry of Health

Unplanned readmissions in 2019-20 have remained stable with a very small reduction on the results of the previous year. Districts and networks continue to investigate to further understand why readmissions occur, so that strategies can be established to address this. This data reflects the volume of unplanned readmissions within 28 days and does not provide an indication of whether or not these readmissions were preventable or unexpected.

Re-presentation to the same emergency department within 48 hours



Source: Health Information Exchange, NSW Ministry of Health

The percentage of re-presentations increased slightly in 2019-20 compared to 2018-19. This shows that emergency departments are maintaining high levels of clinical care. Districts and networks continued to focus on improving patient flow in both emergency department and hospital wards, and investments in specific models of care are contributing to continual improvements in patient care.

Emergency Treatment Performance (ETP) – percentage of patients with total time in an emergency department of ≤ four hours

See page 23.

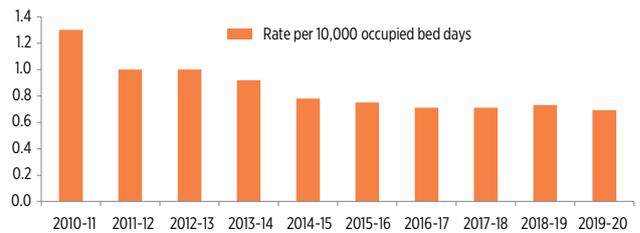
Transfer of Care (TOC) Performance – percentage of patients whose care was transferred from ambulance staff to emergency department staff within 30 minutes



Source: Health Information Exchange, NSW Ministry of Health

In 2019-20, the state target of 90 per cent of patients whose care is transferred from ambulance staff to hospital staff within 30 minutes was achieved in the period from March to June 2020 with prior months falling just 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.

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 0.69 per 10,000 occupied bed days in 2019-20. 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 2020
Medical	12,997
Nursing	49,889
Allied health	11,084
Other professional and paraprofessionals	3,064
Scientific and technical clinical support	6,909
Oral health practitioners and therapists	1,369
Ambulance officers	4,644
SUB-TOTAL CLINICAL STAFF	89,956
Corporate services	5,428
Clinical support	17,389
Hotel services	8,579
Maintenance and trades	856
Other	329
SUB-TOTAL OTHER STAFF	32,582
TOTAL	122,538

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, Ambulance Service of New South Wales, eHealth NSW and Albury Base Hospital. 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.

Number of full-time equivalent staff (FTE) employed in other NSW Health organisations	JUNE 2020
NSW Health organisations supporting the public health system*	1,797
Health Professional Councils Authority	143
Mental Health Review Tribunal	34

*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 2017	JUNE 2018	JUNE 2019
Medical	11,705	12,137	12,503
Nursing	47,282	48,286	49,353
Allied health	10,240	10,445	10,697
Other professional and paraprofessionals	3,086	3,057	3,093
Scientific and technical clinical support	6,607	6,650	6,758
Oral health practitioners and therapists	1,272	1,332	1,337
Ambulance officers	3,947	4,150	4,241
SUB-TOTAL CLINICAL STAFF	84,138	86,056	87,983
Corporate services	5,148	5,248	5,219
Clinical support	15,812	16,340	17,118
Hotel services	8,254	8,189	8,271
Maintenance and trades	912	865	864
Other	333	349	330
SUB-TOTAL OTHER STAFF	30,459	30,991	31,801
TOTAL	114,597	117,047	119,784

Source: State Management Reporting Service (SMRS). **Notes:** 1. FTE calculated as the last fortnight in June, paid productive and paid unproductive hours. 2. Includes full-time equivalent (FTE) salaried staff employed with local health districts, Sydney Children's Hospitals Network, Justice Health and Forensic Mental Health Network, NSW Health Pathology, HealthShare NSW, Ambulance Service of New South Wales, eHealth NSW and Albury Base Hospital. 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. Albury Base Hospital transferred to the management of Victoria from July 2009 and has been included in all years for reporting consistency. 5. Rounding of staff numbers to the nearest whole number in this table may cause minor differences in totals. 6. Backdated adjustments are included in all years. 7. IT project implementation staff are included in clinical support.

Number of full time equivalent staff (FTE) employed in the NSW public health system	JUNE 2017	JUNE 2018	JUNE 2019
NSW Health organisations supporting the public health system*	1,458	1,584	1,787
Health Professional Councils Authority	104	112	134
Mental Health Review Tribunal	29	29	31

Source: State Management Reporting Service (SMRS). *June 2017 to June 2019 includes NSW Ministry of Health, Clinical Excellence Commission, Bureau of Health Information, Health Education and Training Institute, Agency for Clinical Innovation, Health Administration Corporation - Health Infrastructure, Health System Support Group and Cancer Institute NSW.

Registered practitioners in NSW

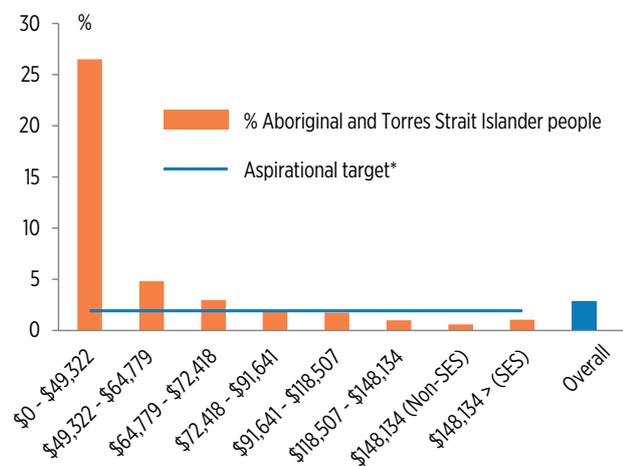
PROFESSION	NSW ¹
Aboriginal and Torres Strait Islander Health Practitioner	179
Chinese medicine practitioner	1,989
Chiropractor	1,886
Dental practitioner	7,272
Medical practitioner	38,003
Medical radiation practitioner	6,025
Midwife	1,506
Nurse	112,094
Nurse and midwife ²	8,300
Occupational therapist	6,643
Optometrist	2,001
Osteopath	607
Paramedic	5,089
Pharmacist	10,335
Physiotherapist	10,850
Podiatrist ³	1,565
Psychologist	13,186

Source: Australian Health Practitioner Regulation Agency, June 2020. Notes: 1. The 2019-20 data includes practitioners registered on the temporary pandemic sub-register created in response to the COVID-19 pandemic. 2. Registrants who hold dual registration as both a nurse and a midwife. 3. Throughout this report, the term 'podiatrist' refers to both podiatrists and podiatric surgeons unless otherwise specified.

Aboriginal staff as a proportion of total staff

See page 33.

Aboriginal staff by salary band



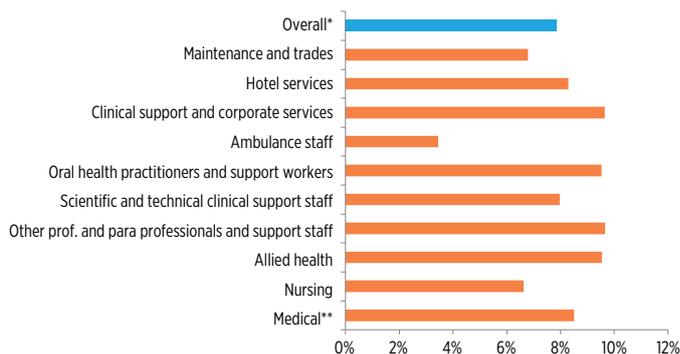
Source: PSC data collection 2019-20. Note: NSW Public Health System. Excludes Third Schedule Facilities. *Note from the PSC Diversity Report 2019 – the NSW Public Sector Aboriginal Employment Strategy 2014-17 introduced an aspirational target of 1.8 per cent Aboriginal employment by 2021 for each of the sector's salary bands. If the aspirational target of 1.8 per cent is achieved in salary bands not currently at or above 1.8 per cent, the cumulative representation of Aboriginal employees in the sector is expected to reach 3.3 per cent (original overall target is 2.6 per cent).

Staff turnover

Factors influencing staff turnover include remuneration and recognition, employer/employee relations and practices, workplace culture and organisational structure. Monitoring turnover rates over time enable the identification of areas of concern and development of strategies to reduce turnover.

The desired outcome is to reduce turnover rates within acceptable limits to increase staff stability. For June 2020, the staff turnover rate was 7.9 per cent – a decrease from 8.1 per cent in June 2019.

Non-casual staff turnover rate by treasury group – FY 2019-20

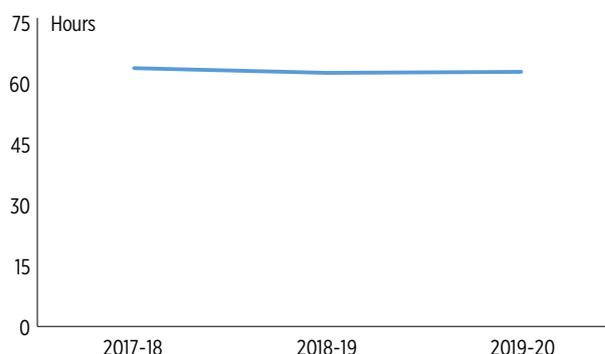


Source: PSC Data Collection. Note: * Excludes Third Schedule Facilities, 'Other' Treasury Group and Junior Medical Officers. ** Excluding Junior Medical Officers (JMOs are on a term contract). Health system average inclusive of all local health districts, the NSW Ministry of Health, Health Pillars, HealthShare NSW, eHealth NSW, Justice Health and Forensic Mental Health Network, Sydney Children's Hospitals Network, NSW Health Pathology, Cancer Institute NSW, Albury Hospital and NSW Ambulance.

Sick leave

Effective people management and monitoring helps reduce the amount of sick leave staff take. This in turn helps reduce the need for, and cost of, replacing staff and prevents the potential negative effect on service delivery where replacement staff are not readily available. Sick leave per FTE increased slightly from 62.37 hours per FTE in 2018-19 to 62.65 hours per FTE in 2019-20.

Sick leave hours per FTE



Source: MOH-Statewide Management Reporting System (SMRS). Note: Excludes Third Schedule Facilities and casual employees. Average inclusive of all local health districts, the NSW Ministry of Health, Health Pillars, HealthShare NSW, eHealth NSW, the Justice Health and Forensic Mental Health Network, Sydney Children's Hospitals Network, NSW Health Pathology, Cancer Institute NSW, Albury Hospital and NSW Ambulance.

Overseas visits

The schedule of overseas visits is for Ministry employees travelling on Ministry-related activities. The reported instances of travel are those sourced from general operating funds or from sponsorship arrangements, both of which require Ministry approval.

NAME	POSITION	REASON FOR TRAVEL
Ms Elizabeth Koff	Secretary, NSW Health	Leading the Healthcare Innovation Trade Delegation, Israel and accompanying the Minister for Health and Medical Research on a Study Tour, Scandinavia.
Ms Susan Pearce	Deputy Secretary, Patient Experience and System Performance	Attending and presenting at the Australian British Health Catalyst 2019, UK.
Mr Michael Gendy	Chief Procurement Officer, Strategic Procurement	ANZSOG Executive Fellows Program, New Zealand and Singapore.
Ms Cathryn Cox	Executive Director, Strategic Reform and Planning	ANZSOG Executive Fellows Program, New Zealand and Singapore.
Ms Jacqueline Worsley	Executive Director, Government Relations	ANZSOG Executive Fellows Program, New Zealand and Singapore.
Ms Meredith Claremont	A/Executive Director, Population Health	Acting as Minister Hazzard's proxy to attend the meeting of the Australian and New Zealand Ministerial Forum on Food Regulation, New Zealand.
Ms Anne O'Neill	Director, Office for Health and Medical Research	Attending the Investment Review Committee meeting of the Medical Research Commercialisation Fund, New Zealand.
Mr Andrew Milat	Director, Evidence and Evaluation	Presenting at the Irish Physical Activity Research Collaboration Project Workshop and Symposium, Ireland.
Ms Louise Fisher	Director, Systems Integration Monitoring and Evaluation	Attending a study tour organised by Ernst and Young, New Zealand.
Ms Samantha Moubarak	Senior Manager, Systems Integration Monitoring and Evaluation	Attending a study tour organised by Ernst and Young, New Zealand.
Mr Dennis Meijer	Senior Policy Analyst, Health Protection	Attending core subjects of the Executive Master's in Public Administration program, Singapore and New Zealand.

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
Body stress	8	2	3	1	0	0	0	2
Slip, trip, fall	2	3	3	1	2	0	6	3
Hitting objects	0	0	1	1	0	0	1	0
Psychological	2	0	2	5	2	0	6	4
Motor vehicle	0	0	0	0	0	0	0	1
Other	1	0	0	2	0	0	0	0
TOTAL	13	5	9	10	4	0	13	10

NSW Ministry of Health – Number of new claims each year

INJURY OR ILLNESS	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
New claims	13	5	9	10	4	0	13	10

Key policies 2019–20

The following policies were implemented in 2019-20.

POLICY NUMBER	POLICY NAME
PD2019_042	Staff Specialist Emergency Physicians – Remuneration Arrangements for the Period to June 2020
PD2019_043	Training, Education and Study Leave (TESL) for Staff Specialists
PD2019_027	Employment Arrangements for Medical Officers in the NSW Public Health Service
PD2019_044	Work Health and Safety – Limiting Staff Exposure to Ionising Radiation
PD2019_055	Clinical Academics Employed in the NSW Health Service
PD2019_059	Industrial Consultative Arrangements in the NSW Health Service
PD2019_010	Leave Matters for the NSW Health Service

Award changes and industrial relations claims

Wage increases

The Ministry conducted all industrial negotiations under the provisions of the Public Sector Wages Policy 2011. The negotiations resulted in increases of 2.5 per cent per annum for salaries and salary-related allowances for most health service employees.

In June 2020, the NSW Government sought to implement a 12-month pause on wage increases for public sector employees. Industrial negotiations under the provisions of the Public Sector Wages Policy 2011 are continuing.

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 first year of the commitment this year.

Patient Transport Service–Crib Break arbitration

Following an application by the Health Services Union for a \$28 allowance, the NSW Industrial Relations Commission granted HealthShare NSW Patient Transport Officers a 'Crib Away Allowance' of \$22 when employees are required to take their paid crib break at a location other than the station at which they commenced work. The Commission held there were changes to work practices and productivity savings to fund the allowance.

Ambulance new classifications – Non-Clinical Duty Operations Manager (Call Centre) arbitration

The NSW Industrial Relations Commission granted the Ministry's application for a new Non-Paramedic Duty Operations Manager award classification and associated pay rate.

Ambulance – major industrial case for enhanced pay and conditions for NSW paramedics

In December 2019, the Australian Paramedic Association lodged a major industrial case for a wage increase of approximately 20 per cent for paramedics (over three years), as well as enhanced conditions (eight weeks annual leave instead of six, a claim for 49 hours per annum for mental wellbeing leave, and an additional 8.5 hours of sick leave), enhanced break provisions, upgraded classifications, and additional allowances and enhanced facilities in stations, such as beds.

Ambulance – disturbance allowance

The NSW Industrial Relations Commission declined to grant the Australian Paramedic Association's application for a recommendation for the disturbance allowance to be paid where an officer is on call and recalled. The Commission held that the award does not provide for such benefit.

Broken Hill Award application

The Ministry filed an award application for the staff of the Broken Hill Health Service which was the subject of an eight-day hearing in the Industrial Relations Commission in May 2020 with closing submissions on 14 August 2020. The award seeks to grandfather beneficial conditions existing staff presently have while employing new staff under the relevant state award. The award will replace an unregistered 1997 industrial agreement between the parties.

Sexual Assault Workers dispute

In August 2019, the Industrial Relations Commission handed down its decision concerning the application of the 'on call' and 'call out' provisions in the Public Hospitals (Professional and Associated Staff) Conditions of Employment (State) Award 2019 for Sexual Assault Workers. The Commission determined staff were reasonably compensated for work done while on call but that the recall payment should start at time of leaving home rather than arrival at hospital. The Health Services Union appealed the decision. Leave to appeal was not granted.

NSW Health Pathology classifications

Following negotiations with the Health Services Union, the Ministry introduced two new classifications to the Health Employees (State) Award. The award variation was completed in April 2020 to include the Forensic Mortuary Technician and the Senior Forensic Mortuary Technician, its descriptors and its rates applicable from 1 January 2020.

Security trials in hospitals

The Health Services Union threatened industrial action across NSW Health on 1 August 2019 in the form of work stoppages. An Industrial Relations Commission dispute was notified and conciliated, resulting in more limited stop-work action and the government trialling additional proactive security arrangements at three NSW Health hospitals (Blacktown, Gosford and Wyong). The results of these arrangements are being considered alongside the recommendations from the review into security in hospitals.

Assistants in Medicine determination

The Ministry successfully implemented an Assistants in Medicine determination in April 2020, to assist in the response to the COVID-19 pandemic. The determination was made after discussion with multiple unions which led to an amicable outcome. This determination created a new position with accompanying conditions of employment for final year medical students to assist Medical Officers in local health districts.

VMO determination (pandemic leave and telehealth)

The Ministry recognised that Visiting Medical Officers (VMOs) as contractors did not have access to paid sick leave during the COVID-19 pandemic. After discussions with the Australian Medical Association, the Ministry implemented a determination in March 2020 that provided paid pandemic leave for VMOs as well as the ability for VMOs to be remunerated when using telehealth.

ASMOF Accommodation Policy dispute

The Australian Salaried Medical Officers Federation of NSW (ASMOF) lodged a dispute in the NSW Industrial Relations Commission seeking to prevent changes to the NSW Health accommodation provisions and looking to mandate dedicated enclosed offices be provided to staff specialists. The matter proceeded to arbitration and a decision was issued by the Commission in September 2019, in favour of the Ministry enabling the changes to the accommodation provisions.

Public Service senior executives 2019-20

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	2019		2020	
	FEMALE	MALE	FEMALE	MALE
Band 4	1	0	1	0
Band 3	3	3	4	3
Band 2	16	4	16	9
Band 1	43	26	48	27
TOTALS	63	33	69	39
	96		108¹	

1. The figures include those who provided backfill for executives on leave or on secondment, as well as the incumbent. For 2020, there were 12 additional Public Service senior executive (PSSE) assignments in support of the COVID-19 pandemic response. There were 99 PSSE roles (including three term roles created for COVID-19), and nine additional temporary senior executive assignments as a consequence of the pandemic response. The 108 roles represent 0.09 per cent of the NSW Health workforce.

BAND	RANGE 2020	AVERAGE REMUNERATION	
		2019	2020
Band 4	\$487,051 – \$562,650	\$559,000	\$599,000
Band 3	\$345,551 – \$487,050	\$467,518	\$476,182
Band 2	\$274,701 – \$345,550	\$307,052	\$308,744
Band 1	\$192,600 – \$274,700	\$215,411	\$221,628

22 per cent of the Ministry of Health's employee related expenditure in 2020 was related to senior executives, compared with 21 per cent in 2019.

Appendix 3

Public hospital activity levels

Selected data for the year ended June 2020 Part 1^{1,2}

LOCAL HEALTH DISTRICTS	SEPARATIONS	PLANNED SEPARATION PER CENT	SAME DAY SEPARATION PER CENT	TOTAL BED DAYS	AVERAGE LENGTH OF STAY (ACUTE) ^{3,6}	DAILY AVERAGE OF INPATIENTS ⁴
Justice Health and Forensic Mental Health Network	1,054	96.0	63.9	68,427	13.1	187
Sydney Children's Hospitals Network	50,209	50.8	48.6	209,081	4.0	573
St Vincent's Health Network	43,933	53.2	57.6	182,750	3.5	501
Sydney Local Health District	164,378	48.0	47.4	611,685	3.0	1,676
South Western Sydney Local Health District	234,795	44.5	46.3	835,358	2.9	2,289
South Eastern Sydney Local Health District	185,491	41.5	46.7	643,669	2.8	1,763
Illawarra Shoalhaven Local Health District	91,755	37.9	39.7	380,855	3.1	1,043
Western Sydney Local Health District	175,077	45.3	47.8	652,119	2.9	1,787
Nepean Blue Mountains Local Health District	84,573	36.3	38.4	334,678	3.3	917
Northern Sydney Local Health District	115,445	35.0	39.5	524,422	3.1	1,437
Central Coast Local Health District	89,239	38.0	41.7	322,382	3.0	883
Hunter New England Local Health District	216,645	44.7	42.3	774,775	3.0	2,123
Northern NSW Local Health District	99,057	45.7	47.6	315,785	2.6	865
Mid North Coast Local Health District	72,942	46.4	47.0	268,674	3.1	736
Southern NSW Local Health District	48,551	50.4	48.2	149,115	2.3	409
Murrumbidgee Local Health District	63,935	48.2	41.4	212,728	2.5	583
Western NSW Local Health District	84,499	41.0	43.6	289,592	2.6	793
Far West Local Health District	8,484	51.8	50.4	26,020	2.4	71
TOTAL NSW	1,830,062	43.7	45.0	6,802,115	3.0	18,636
2018-19 Total	1,912,489	43.2	44.2	7,276,803	3.1	19,936
PERCENTAGE CHANGE (%)⁸	-4.3	0.5	0.8	-6.5	-3.5	-6.5
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 2020 Part 2^{1,2}

LOCAL HEALTH DISTRICTS	OCCUPANCY RATE ⁵ JUNE 20	ACUTE BED DAYS ⁶	ACUTE OVERNIGHT BED DAYS ⁶	NON-ADMITTED PATIENT SERVICE EVENTS ⁷	EMERGENCY DEPARTMENT ATTENDANCES
Justice Health and Forensic Mental Health Network	n/a	12,113	11,448	34,076	n/a
Sydney Children's Hospitals Network	92.1%	197,477	173,467	528,120	88,788
St Vincent's Health Network	103.8%	139,164	114,512	366,166	51,243
Sydney Local Health District	87.4%	469,764	392,921	1,574,261	169,170
South Western Sydney Local Health District	95.3%	663,221	554,933	1,206,375	291,080
South Eastern Sydney Local Health District	95.9%	475,349	396,787	1,338,907	242,128
Illawarra Shoalhaven Local Health District	84.6%	259,377	223,106	713,240	156,735
Western Sydney Local Health District	99.7%	492,240	409,366	1,382,296	193,710
Nepean Blue Mountains Local Health District	87.7%	261,329	229,028	671,623	127,079
Northern Sydney Local Health District	96.8%	333,558	289,389	1,064,822	229,632
Central Coast Local Health District	93.6%	250,964	213,908	695,237	141,592
Hunter New England Local Health District	73.2%	614,134	522,905	2,388,676	417,738
Northern NSW Local Health District	90.6%	247,950	200,914	623,463	205,830
Mid North Coast Local Health District	90.3%	213,525	179,487	562,088	131,589
Southern NSW Local Health District	67.7%	102,897	79,648	335,237	110,905
Murrumbidgee Local Health District	73.0%	157,049	130,659	444,183	146,315
Western NSW Local Health District	79.0%	210,385	173,625	713,948	192,132
Far West Local Health District	67.5%	19,281	15,026	117,965	24,817
TOTAL NSW	88.4%	5,119,777	4,311,129	14,760,683	2,920,483
2018-19 Total	93.6%	5,536,493	4,706,766	16,367,143	2,980,872
PERCENTAGE CHANGE (%)⁸	-5.2%	-7.5	-8.4	-9.8	-2.0
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

Notes to tables: 1. Data sourced from Health Information Exchange (HIE). The number of separations include care type changes. 2. Activity includes services contracted to private sector. Data reported as at 09/09/2020. 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. The low volume for Justice Health and Forensic Mental Health Network is based on definitional changes from previous years. Pathology services are not included. Source: EDWARD. 8. Planned separations, same day separations and occupancy rates are percentage point variance from 2018-19.

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 2019-20 in relation to:

- achievements during the reporting period in mental health service performance
- data relating to the use of mental health resources.

Table 1 provides data against a set of measures for hospital activities related to hospital separations (same day and overnight) and community contacts. Activity measure is based on all acute, sub-acute and non-acute mental health facilities.

Table 2 provides rates for three national key performance indicators. These indicators measure

effectiveness (28-day readmission rate), appropriateness (seclusion rate) and continuity of care (seven-day post-discharge community care) in acute mental health services.

Table 1 includes indicators only for services directly funded through the Mental Health program. National reports on mental health also include data from a small number of services funded by other funding programs (e.g. Primary Care, Rehabilitation and Aged Care). Therefore, the numbers reported here may differ from those in national reports (for example Report on Government Services, Mental Health Services in Australia, National Mental Health Report).

Table 1. Mental Health – hospital and community activity

Public psychiatric hospitals, co-located psychiatric units in public and specialist mental health community team activity.

LOCAL HEALTH DISTRICT/ NETWORK/HOSPITAL	SAME-DAY SEPARATIONS ³	OVERNIGHT SEPARATIONS ⁴	SPECIALIST MENTAL HEALTH COMMUNITY CONTACTS ⁵
	2019-20	2019-20	2019-20
Justice Health and Forensic Mental Health Network	2	476	400,480
Sydney Children's Hospitals Network	26	424	46,355
St Vincent's Health Network	69	1,370	44,797
Sydney Local Health District	953	3,659	325,939
South Western Sydney Local Health District	227	3,998	525,374
South Eastern Sydney Local Health District	97	3,041	603,998
Illawarra Shoalhaven Local Health District	54	2,417	283,820
Western Sydney Local Health District	425	3,837	401,110
Nepean Blue Mountain Local Health District	129	1,987	177,160
Northern Sydney Local Health District	249	2,796	860,513
Central Coast Local Health District	44	1,613	547,810
Hunter New England Local Health District	160	5,047	466,683
Northern NSW Local Health District	27	1,600	334,601
Mid North Coast Local Health District	20	1,599	134,112
Southern NSW Local Health District	79	1,389	183,365
Murrumbidgee Local Health District	10	929	173,138
Western NSW Local Health District	34	1,647	340,848
Far West Local Health District	8	219	68,985
NSW - TOTAL	2,613	38,048	5,919,088
2018-19	2,512	39,244	5,828,793
2017-18	3,511	40,254	5,676,819
2016-17	4,056	42,008	5,227,475
2015-16	3,198	38,214	4,637,955

Source: Health Information Exchange, NSW Ministry of Health. **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 sometime be reported due to use of surge beds to cope with high demands. **3.** 'Same-day Separations' are those where the hospital episode begins and ends on the same day. **4.** 'Overnight Separations' are episodes of hospital care where the person stays at least one night in hospital, and are concluded by discharged, death, transfer to another hospital or change to a different type of care at the same hospital. **5.** Ambulatory mental health care includes all care provided by specialist mental health services for people who are not inpatients of mental health units at the time of care.

Table 2. Mental Health – Acute Indicators

Rates of 28 days readmission, 7 days post discharge community care, seclusion rate, duration and frequency in mental health service

LOCAL HEALTH DISTRICT/ NETWORK/HOSPITAL	28 DAY READMISSION RATE 2019-20 (%) ¹	7 DAY POST- DISCHARGE COMMUNITY CARE RATE 2019-20 (%) ²	SECLUSION RATE 2019-20 ³	SECLUSION AVERAGE DURATION 2019-20 ⁴	SECLUSION FREQUENCY 2019-20 (%) ⁵
Justice Health and Forensic Health Network	21.0	20.7	67.9	16.3	56.8
Forensic Hospital	7.7	15.4	67.9	16.3	56.8
Long Bay ⁶	10.8	27.0			
MRRC ⁶	24.5	20.3			
Mulawa ⁶	23.2	17.9			
Sydney Children's Hospitals Network	20.6	81.7	2.3	2.5	1.7
Children's Hospital at Westmead	22.8	84.8	1.4	0.4	1.2
Sydney Children's Hospital Randwick	18.3	78.4	3.1	3.3	2.2
St Vincent's Health Network	20.4	71.1	2.5	1.4	1.7
St Josephs	25.6	74.4	0.0	0.0	0.0
St Vincents	20.0	70.9	3.3	1.4	1.8
Sydney Local Health District	15.6	75.0	10.6	8.8	6.8
Concord	17.8	72.8	13.7	9.2	9.4
Royal Prince Alfred	12.4	78.4	4.2	6.5	2.8
South Western Sydney Local Health District	16.6	73.9	7.7	6.9	4.9
Bankstown	18.6	75.1	6.7	2.6	5.0
Braeside	7.0	59.2	0.0	0.0	0.0
Campbelltown	15.8	75.0	5.1	1.4	3.5
Liverpool	17.0	72.7	13.3	10.4	6.7
South Eastern Sydney Local Health District	15.5	85.3	2.2	3.2	1.5
Prince of Wales	16.1	84.6	1.1	7.0	1.0
St George	14.7	83.9	2.0	1.5	1.4
Sutherland	15.5	89.0	5.6	2.1	3.3
Illawarra Shoalhaven Local Health District	14.3	85.0	9.7	3.9	5.9
Shellharbour	15.7	84.5	12.0	4.1	7.3
Wollongong	12.7	85.7	6.5	3.6	4.2
Western Sydney Local Health District	17.3	81.2	6.0	11.9	4.9
Blacktown	15.0	84.5	3.0	9.4	1.9
Cumberland	19.3	77.6	8.8	12.2	7.2
Westmead	14.6	88.9	0.0	0.0	0.0
Nepean Blue Mountain Local Health District	17.8	69.8	4.4	4.0	3.6
Blue Mountains	11.7	70.7	0.4	0.5	0.6
Nepean	18.9	69.7	5.3	4.0	4.1
Northern Sydney Local Health District	11.1	85.4	2.7	2.1	2.6
Greenwich	3.4	84.6	0.0	0.0	0.0
Hornsby	13.3	84.4	4.5	1.6	3.8
Macquarie	11.0	87.7	0.7	1.9	1.3
Royal North Shore	9.5	86.4	2.1	3.7	1.8
Central Coast Local Health District	11.6	82.9	7.5	3.7	5.4
Gosford	13.1	81.1	7.4	3.2	5.3
Wyong	10.7	83.8	7.5	4.0	5.5

LOCAL HEALTH DISTRICT/ NETWORK/HOSPITAL	28 DAY READMISSION RATE 2019-20 (%) ¹	7 DAY POST- DISCHARGE COMMUNITY CARE RATE 2019-20 (%) ²	SECLUSION RATE 2019-20 ³	SECLUSION AVERAGE DURATION 2019-20 ⁴	SECLUSION FREQUENCY 2019-20 (%) ⁵
Hunter New England Local Health District	13.4	74.0	5.9	4.5	3.8
Armidale	11.6	92.4	0.0	0.0	0.0
HNE Mater	13.6	71.0	7.0	5.6	4.7
John Hunter	20.1	96.8	1.5	3.5	0.7
Maitland	8.5	69.8	8.9	2.5	6.2
Manning	10.1	75.3	2.9	3.1	2.7
Morisset	0.0	88.5	0.0	0.0	0.0
Tamworth	17.3	69.3	5.6	2.2	2.4
Northern NSW Local Health District	11.3	69.9	5.3	6.5	3.5
Lismore	8.0	67.8	6.6	6.9	4.1
Tweed	14.6	71.9	3.5	5.6	2.8
Mid North Coast Local Health District	17.4	77.3	2.0	9.7	1.9
Coffs Harbour	17.1	74.2	2.3	12.3	2.5
Kempsey	14.0	82.8	0.0	0.0	0.0
Port Macquarie	20.8	79.8	2.4	1.9	1.8
Southern NSW Local Health District	15.5	76.7	6.4	1.9	2.7
Goulburn	16.4	78.3	9.2	1.6	3.2
South East Regional	12.8	72.1	0.9	6.9	1.0
Murrumbidgee Local Health District	11.0	84.8	4.1	1.3	2.2
Wagga Wagga	11.0	84.8	4.1	1.3	2.2
Western NSW Local Health District	9.2	71.6	4.1	1.0	2.2
Bathurst	5.5	81.2	0.0	0.0	0.0
Dubbo	12.7	67.7	1.9	1.3	1.7
Orange Health Service	9.5	69.1	5.4	1.0	2.8
Far West Local Health District	13.6	92.8	19.7	4.9	8.2
Broken Hill	13.6	92.8	19.7	4.9	8.2
NSW - TOTAL	15.0	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)
2015-16	14.8	66	8.8 (8.7)	5.3 (9.5)	6.0 (6.0)

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 1,000 occupied bed days. **4.** Duration: Average duration of acute seclusion episodes (hours per episode). **5.** Frequency: Percent of acute mental health hospital stays where seclusion occurred. Note: **3,4,5.** NSW rate, duration and frequency for seclusion is calculated by including or excluding Justice Health. Figures in parentheses include Justice Health. **6.** Use of seclusion is not reported by NSW Health due to shared model of service delivery with Corrective Services NSW.



Compliance & 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 re-admission to hospital.

CORE values

The values that underpin all NSW Health activity: Collaboration, Openness, Respect and Empowerment.

Dementia

A general and worsening loss of brain power such as memory, understanding and reasoning.

Diabetes

Refers to a group of syndromes caused by a malfunction in the production and release of insulin by the pancreas, leading to a disturbance in blood glucose levels. Type 1 diabetes is characterised by the abrupt onset of symptoms, usually during childhood, and inadequate production of insulin, requiring regular injections to regulate insulin levels. Type 2 diabetes is characterised by gradual onset commonly between 50 and 60 years old; and is usually able to be regulated through dietary control.

e-learning

Education and training undertaken in electronic media, especially over the internet.

Elective surgery

There are several categories of elective surgery.

- Category 1: Admission within 30 days desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency.
- Category 2: Admission within 90 days desirable for a condition which is not likely to deteriorate quickly or become an emergency.
- Category 3: Admission within 365 days acceptable for a condition which is unlikely to deteriorate quickly, and which has little potential to become an emergency.

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 Innovation's interactive health data portal, where users can explore, discover and compare information about the performance of the NSW health care 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 anytime 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' post-graduate experience, extending to a medical graduate working in a graduate training period of five to 10 years.

Key performance indicators

Indicators that measure agency effectiveness in achieving program objectives.

Leading Better Value Care

A statewide program to identify and scale evidence-based initiatives for specific conditions. It focuses on managing conditions in the most appropriate setting and is accelerating value based healthcare in NSW.

Live Life Well at 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 health care providers, such as doctors and hospital staff, access to a patient's important health information from anywhere at any time.

National Disability Insurance Scheme (NDIS)

A national system of disability support focused on the individual needs and choices of people with disability, their families and their carers. Provides access to support services and funding support.

Neonate

An infant less than four weeks old.

NSW Patient Survey Program

A NSW Health program of multiple surveys to ask people across the state about their recent experience with the public health care system, supporting improvement across the system and within individual care organisations.

Nurse practitioner

A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The role includes assessment and management of clients using nursing knowledge and skills and may include the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations.

Oncology

The study and treatment of cancer and tumours.

Osteoarthritis

Occurs when the cartilage between joints breaks down. This can cause chronic pain and stiffness, physical disability, functional impairment and social and vocational difficulties.

Osteoporosis

A chronic disease that reduces bone density and strength causing ongoing pain, reduced mobility, loss of function and a lower quality of life.

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.

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.

Specialty Health Networks

Two specialist networks operate across NSW with a focus on children's and paediatric services, and forensic mental health. A third network operates across the public health services provided by three Sydney facilities operated by St Vincent's Health Australia.

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.

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 re-fracture 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.

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.

